



ADDITIONAL CURRENCY DATA

Name: _____

1. EDUCATION QUALIFICATIONS (list any additional qualifications related to occupational therapy not included on application)

Educational Institution	Location	Year of Graduation	Diploma/Degree

2. WORK HISTORY (list any paid occupational therapy positions held within the last ten years)

Employer	Address	Employed from/to	Total hours worked



3. CONTINUING EDUCATION (list all courses or workshops related to occupational therapy attended in the last ten years)

Title	Dates	Duration

4. UNPAID PROFESSIONAL OCCUPATIONAL THERAPY HISTORY (in the last ten years)

Description	Location	Dates	No. of unpaid hours provided

5. COMMENTS: _____

This form must be signed using the **digital signature** option, or printed and signed in writing.

Applicant's Signature: _____

Date: _____