MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE
301 SOUTH PARK, 4th FLOOR
PO BOX 200513
HELENA MT 59620-0513
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CONTENT DOCUMENTATION FORM FOR DEEP MODALITIES

SPECIFIC HOUR REQUIREMENTS ARE FOUND IN THE RULES

NAME: _____

LAST FIRST MIDDLE MAIDEN

DAYTIME PHONE _____ OTHER PHONE _____

The following are the requirements needed to apply for deep agent modality specialty. Please complete and check off the needed items for board review.

☐ 20 hours of instruction/training in sound physical agent modalities. (Please list below the courses and hours achieved and include certificates of attendance.) Use additional sheets if necessary.

1. _____
2. _____
3. _____

☐ 20 hours of instruction/training in electrical agent modalities. (Please list below the courses and hours achieved and include certificates of attendance.) Use additional sheets if necessary.

1. _____
2. _____
3. _____

☐ Hand Therapy Certification (replaces the need for the 5 electrical and 5 sound proctored treatments listed below). Please provide HTC Certificate.

☐ 5 proctored treatments with electrical agent modalities. (Include sign off from proctor).

☐ 5 proctored treatments with sound agent modalities. (Include sign off from proctor).

☐ 5 hours of topical medication education. (Include certificate of attendance).

☐ 1 proctored treatment of direct application of topical medication. (Include sign off from proctor).

☐ 2 proctored treatments of phono. (Include sign off from proctor).

☐ 2 proctored treatments of ionto. (Include sign off from proctor).

APPLICANT'S SIGNATURE
AND LICENSE NUMBER: _____

PROCTOR'S SIGNATURE
AND LICENSE NUMBER: _____