

**PHYSICAL AGENT MODALITY
DOCUMENTATION COMPLIANCE LOG**

Name: _____ **License Number:** _____

The following documentation is a record of compliance with the Code of Maryland Regulations (COMAR) 10.46.06 for the use of an electrical physical agent modality.

Modality Type: _____

A. Didactic Education (15 hours relative to electrical physical agent modalities which includes a minimum of: 5 hours specific to ultrasound, and 5 hours specific to electromuscular stimulation):

Date	Activity Description	# of	Certificate of
		Hours	
			Attached

Hours
must total
15.

B. Patient Treatments (5 patient treatments for each specific modality):

Patient	Treatment Description	Instructor Initials & Date
1.		
2.		
3.		
4.		
5.		

To maintain licensure records, complete this compliance log. Documentation must be maintained for the duration of the licensee's professional career in occupational therapy. For additional information, please reference COMAR 10.46.06 Competency Requirements for Physical Agent Modalities. You may also contact the Board office at (410) 402-8560 or www.dhmd.maryland.gov/botp.