

MARYLAND BOARD OF OCCUPATIONAL THERAPY

SPRING GROVE HOSPITAL CENTER ● 55 WADE AVENUE ● TUERK BUILDING, 2ND FLOOR
BALTIMORE, MARYLAND 21228 ● Phone 410-402-8560 ● Fax 410-402-8561
www.health.maryland.gov/botp

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. 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 on (410) 402-8554 or www.health.maryland.gov/botp.

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	Number of Hours	Certificate of Completion 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.		