ARKANSAS OCCUPATIONAL THERAPY ASSOCIATION

AROTA is updating membership information. Please fill out the information below and return to: AROTA, PO Box 22082, Little Rock, AR, 72221.

It is very important that you include your email address. Important information is emailed to members throughout the year. Also, please include your primary area of practice and the age group of your clients. In this year's membership directory, we will be including a section that will list members grouped by their primary area of practice.

Thank you for taking the time to help us update your information.

Name: _____
First M I Last

Home Address: _____
Address

_____
City State Zip

_____
Phone Email Address

Work Address: _____
Company Name

_____
Address

_____
City State Zip

_____
Phone Fax

Education: _____
Degree(s) University(s) Year(s)

Certifications: _____
Title(s) Year(s) Certified

Which address would you like listed in this year's Membership Directory? _____Home _____Work

Please indicate your primary areas of practice:

Acute Care	Community Re-entry	Education	Ergonomics	Hands
Home Health	Inpatient Hospital	Mental Health	Outpatient	Preschool Setting
Private Practice	Orthopedics	Rehabilitation	Residential	Schools
Skilled Nursing Facilities				

List the current age group of clients servicing: _____