



OTA \$120 Application fee 2 year license expires May 2014 **Office Use only:**
(If you do not need license until March 2013 pay only \$70) Payment made on _____ by check No _____

OCCUPATIONAL THERAPY ASSISTANT LICENSE APPLICATION

- ❖ Return signed, complete form with \$120 or \$70 check or money order payable to the "OT Licensing Board"
- ❖ Have Statement of Supervision form signed and filed with Board prior to working as an OTA in Oregon.
- ❖ Send OT school transcripts if just took NBCOT exam; not required if by endorsement from another state.
- ❖ Have verification sent to Oregon from NBCOT and any state where you have ever been licensed.

License Expires May 31, 2014

PERSONAL INFORMATION

1.	FIRST NAME	MI	LAST NAME	Other names used:
	Male	Female		
2.	PREFERRED MAIL ADDRESS	Note: Correspondence will be mailed to preferred address.	SOCIAL SECURITY NO. (See Privacy Notification below)	BIRTH DATE
	<input type="checkbox"/> HOME			
	<input type="checkbox"/> WORK			
3.	HOME ADDRESS (MAILING: STREET OR PO BOX)			HM. PHONE
4.	CITY	Home STATE	HM. ZIP	
5.	E-MAIL ADDRESS (We save costs by use of e-mail; we do not give it out unless required by law; please keep it updated)			

EMPLOYMENT INFORMATION

6.	FACILITY	Temp Co?	POSITION
7.	WK. ADDRESS (MAILING: STREET OR PO BOX)		WK. PHONE
8.	WK. CITY	WK. STATE	WK. ZIP

EDUCATION

9.	COLLEGE / UNIVERSITY WHERE OT DEGREE RECEIVED	CITY / STATE	
10.	DEGREE	AREA OF STUDY	GRADUATION DATE

LICENSURE & HISTORY INFORMATION

11.	<input type="checkbox"/> Have you passed the National Certification Exam? Indicate NBCOT # _____ <input type="checkbox"/> If not, what is your scheduled date to take exam: _____ Be sure to have the NBCOT exam results or verification sent directly to the Oregon Board	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Have you ever been licensed in any other state? <input type="checkbox"/> List those state(s) and have verification sent from the state(s) to the Oregon Board. States: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	<input type="checkbox"/> Were you licensed under another name? <input type="checkbox"/> If "Yes", list state(s) and name(s) if different from this application	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please answer each question by putting a check in the appropriate box. You must answer each question with either a "Yes" or "No" response. **If you answer Yes**, please provide a detailed explanation on a separate sheet of paper of the circumstances, include relevant dates, jurisdiction and/or parties involved, and sign and date the page.

14. Have you ever been cited, arrested, charged with or convicted of a crime, offence or violation of law in any state or by the Federal Government even if those charges were dismissed? Yes No
15. Have you ever been the subject of a complaint or lawsuit regarding your Occupational Therapy or any other professional practice? Yes No
16. Are there any unresolved or pending actions or complaints against you with any professional licensing or certifying authority? Yes No
17. Have you ever voluntarily surrendered any license or certification? Yes No
18. Have you ever been sanctioned by a professional licensing or certifying authority? Yes No
19. Have you ever had limitations or restrictions placed on a professional license or certification? Yes No
20. Do you have any condition that in any way impairs or may impair your capacity to perform duties of an Occupational Therapist with reasonable skill and safety? Yes No

PRIVACY ACT NOTIFICATION: Use of Social Security Number

Oregon law authorized the State Occupational Therapy Licensing Board to request that you voluntarily allow the Board to use your Social Security Number for identification purposes in maintaining records, obtaining grades and exam scores, child support enforcement, tax administration and collection purposes, verification of licensure for employment, and verifying disciplinary or criminal background. Failure to allow your Social Security Number to be used for any of these purposes will not be used as a basis to deny you any right, benefit, or privilege provided by law. Your Social Security Number will be kept confidential by the board and used only for the purposes described above.

STATEMENT OF SUPERVISION

- OT Assistants: check that you have enclosed your Statement of Supervision form.
- I have not yet submitted my Statement of Supervision form because I am not yet working in Oregon. I will submit the Statement of Supervision form prior to starting work as an OT Assistant in Oregon.

SPECIALTY AREAS

Please check your area(s) of practice.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Education | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Pediatric | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Sensory Integration | <input type="checkbox"/> Other _____ |

SB 786 QUESTIONNAIRE

ETHNICITY (Select one):				<input type="checkbox"/> I do not wish to provide the following information.			
<input type="checkbox"/> Caucasian		<input type="checkbox"/> African American		<input type="checkbox"/> American Indian/Alaskan Native			
<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Hispanic					
OTHER: _____							
LANGUAGES (Other Than English)				SELECT ALL THAT APPLY			
<ul style="list-style-type: none"> • Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No • Spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No • Written? <input type="checkbox"/> Yes <input type="checkbox"/> No • Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No 				<input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> American Sign Language <input type="checkbox"/> French <input type="checkbox"/> Tai <input type="checkbox"/> German			

CONTINUING EDUCATION ACTIVITIES

Please check the web site at www.otlb.state.or.us to find more information about CE. You need to show that you have 30 points of Continuing Education points (CE) for the last two years. The exception is a new applicant who has just taken the NBCOT examination. If you are not licensed anywhere, please contact the Director.

Points	CE Activity and Date	Points	CE Activity and Date

SIGNATURE OF APPLICANT

I agree to obey the laws, rules and regulations of the Oregon Occupational Therapy Licensing Board and to maintain the honor and dignity of the profession. I understand and agree that my license may be suspended or revoked by the Board at any time if I have made any false statements in this application or provided any false information, which resulted in the approval of my license application. I hereby certify that I am able to competently and safely perform the essential functions and duties of an Occupational Therapist.

I hereby declare that the information in this application, including any and all attachments, is true to the best of my knowledge and belief, and that I understand it is subject to penalty for perjury.

X

Applicant Signature

Date

Return Application, fee & documents to: OT Licensing Board 800 NE OREGON St., Suite 407 Portland, OR 97232

Oregon

Occupational Therapy Licensing Board

OT Assistant Supervision Form

All OT Assistants are required to file a Supervision Form signed and dated by both the Assistant and the Supervising OT. It is the responsibility of the OT Assistant to have the Supervision Form filed with the OTLB prior to start of work.

OT Assistant	Name _____	E-mail _____
(Please print)	(Please print)	
<p>Affidavit: I certify that I have read and understand my responsibility to work in Oregon only under the supervision of a licensed Occupational Therapist. If my supervisor changes, it is my responsibility to provide the Board with an up-to-date signed Statement of Supervision form prior to start of work. I agree to abide by the provisions of Oregon Administrative Rules Chapter OAR 339-010-0035. See www.oregon.gov/OTLB/CE.shtml for more information.</p>		
Signature _____	Date _____	Date _____ supervision to begin:

Adding new Supervisor

Replacing _____ Date supervision ended _____
 (Name of supervisor being replaced) (for former supervisor)

Supervising OT:	Name _____	E-mail: _____
(Please print)	(Please print)	
<p>Affidavit: As the OT Supervisor I certify that I will provide supervision and consultation for the OT Assistant named above as required in OAR 339-010-0005. "Supervision" of an OT Assistant is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. <u>The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives.</u></p>		
Date _____	Signature _____	Date _____ supervision to begin:

Facility where the supervision to occur: _____ Telephone _____

Address: _____ Telephone _____

Company through which employed (if different from facility): _____

You may mail, fax or scan and e-mail the Supervision Form to Board office.
 See the web site for AOTA guidelines at www.oregon.gov/otlb/CE.shtml

Oregon OT Licensing Board
 800 NE Oregon St. Suite 407
 Portland, OR 97232
 Tel: 971-673-0198 Fax: 971-673-0226