



**OREGON
OCCUPATIONAL THERAPY ASSISTANT
LICENSING BOARD**

800 NE Oregon St., Suite 407, Portland, Oregon 97232
Telephone: 971-673-0198 Fax 971-673-0226 E-mail: otlb.info@state.or.us
Web site: www.otlb.state.or.us Director: Felicia.M.Holgate@state.or.us

INSTRUCTIONS FOR APPLICATION FOR O T ASSISTANT LICENSE

Oregon Revised Statutes (ORS 675.220 states “No person shall practice occupational therapy or purport to be an occupational therapist or occupational therapy assistant, or as being able to practice occupational therapy, or to render occupational therapy services or use the abbreviations designated by the Occupational Therapy Licensing Board ORS 675.320 unless the person is licensed in accordance with ORS 675.210 to 675.340.”

IF YOU HAVE A DISABILITY THAT REQUIRES SPECIAL MATERIALS, SERVICES OR ASSISTANCE, PLEASE CONTACT THE BOARD OFFICE AT 971-673-0198 SO THAT APPROPRIATE ACCOMODATIONS CAN BE ARRANGED. FOR THE HEARING IMPAIRED, THE BOARD MAY BE REACHED THROUGH THE OREGON RELAY SERVICE 1-800-735-2900.

QUALIFICATIONS AND PROCESS FOR LICENSURE

1. Have successfully completed an educational program in occupational therapy recognized by the Board.
2. Have successfully completed two months of supervised field work experience.
3. Have passed to the satisfaction of the Board an examination adopted by the Board (NBCOT).
4. Have the required Continuing Education (30 points of CE in the last two years)
5. Signed and completed the application form. Send payment for the license fee. Make check or money order payable to the Oregon OT Licensing Board and return with your application to: **Oregon OT Licensing Board, 800 NE Oregon St. Suite 407, Portland, Oregon 97232** Your cancelled check will be your receipt.

DOCUMENTATION THAT MUST BE INCLUDED

1. **NBCOT verification** of having taken and passed the certification examination must come directly from NBCOT. There is an expedited process explained on the attached form letter).
2. Letter of Verification from States where you were licensed in the last five years: Contact the states in which you are currently licensed/certified/registered or in which you have been during the last five years and request a letter of verification be mailed directly to this office. You can use the form letter attached. Please make additional copies as needed. **NOTE:** Most states charge a fee so be sure to check their procedures.
3. Send verifications to: Oregon OT Licensing Board, 800 NE Oregon St. Suite 407, Portland, OR 97232.
4. Notarized signature of your supervising Occupational Therapist (form enclosed). **YOU MAY NOT WORK UNTIL THE FORM IS RECEIVED BY THE BOARD.**

Processing of your Application

After all the required documentation is received and approved, you will be issued an occupational therapy assistant license to practice in Oregon. We will try to issue your license within three days of receipt of all required documentation with your application and fee. All licenses issued by the Board now will expire May 31, 2008. License fees are not pro-rated. Please contact the Board if you have any questions or check the web site at www.otlb.state.or.us

Instructions

OREGON OT Licensing Board

800 NE Oregon St., Suite 407, Portland, Oregon 97232

Telephone: 971-673-0198 Fax 971-673-0226

E-mail: otlb.info@state.or.us

Web site: www.otlb.state.or.us

Director: Felicia.M.Holgate@state.or.us

Your license will be valid until: May 31, 2008

Please Check One:

I am currently licensed out-of-state

[OC 0208] \$ 80

OR I am licensed in Oregon

[OC 0206] \$ 60

833 PCA 42001 Total: _____

I hereby apply for license to practice as an **Occupational Therapy Assistant** in the State of Oregon under the provisions of ORS 675 and the rules of the Oregon Occupational Licensing Board pertaining thereto:

Name: _____
Last First M.I. Maiden

Have you ever used another name other than the above to make this application? Yes No

If Yes, please list every other name you have ever used: _____

Address _____
Street and No City State Zip County

Telephone: _____
Home Cell Work

E-mail address (to send you information from the Board online, but not given out) _____

Social Security No: _____ Under ORS 675.210 the OT Licensing Board requests that you voluntarily supply your SS # on your application. Your SSN will be used as a primary identifier to locate your records in our database and may be provided to other state agencies. In the event the Board takes action against your license, your name and SS# will be provided to NBCOT and HIPDA.

Date of Birth: _____ NBCOT Examination Date: _____ Certification # _____

Specialty Areas; Please check your area(s) of practice:

- Dev. Disability Mental Health Rehab Education
- Pediatrics Sensory Integration Geriatrics Physical Disability
- Home Health Private Practice Hand Other _____

List **state(s)** in which you are currently licensed/registered/certified and mail verification request form to them:

State: _____ Date of Issue: _____ Expiration Date _____ License # _____

List other state(s) where you have been licensed/registered/certified **in the last five years** and mail them form:

State: _____ Date of Issue: _____ Expiration Date _____ License # _____

COLLEGE AND PROFESSIONAL STUDIES:

Institution(s): Name & address:

Dates attended:

Degree & Major:

1. _____

2. _____

PROFESSIONAL EMPLOYMENT:

Are you currently practicing OT? Yes No

Present Employer and Mailing Address Full/PT Position/Title Dates Supervisor Name/Address

Past employment history (most recent first)

Past Employer and Mailing address Full/PT Position/Title Dates Supervisor Name/Address

1. _____

2. _____

CONTINUING EDUCATION (List CE activities in the last three years (you need 30 in last 2 years) :

Type Points Date:

ETHNIC AND BILINGUAL INFORMATION: SB 786 passed by the 2001 Oregon legislature is designed to identify populations under-served by health care professionals. Regulatory agencies are required to collect and maintain licensee's racial, ethnic & bilingual information and report it to the legislature. Providing information is voluntary; we encourage you to participate.

ETHNIC BACKGROUND

Asian/Pacific Islander

Black (not Hispanic)

Hispanic

American Indian/
Alaskan Native

White (not Hispanic)

Other (Multi-Ethnic)

Identify: _____

Are you Bilingual: Yes No

Languages spoken or written fluently:

Spanish

French

Italian

German

Scandinavian

Identify: _____

Arabic

Persian

Indian/Pakistan

Dutch

Slavic

Identify: _____

Sign Language Yes No

Russian

Greek

Turkish

Hebrew

Japanese

Chinese

Korean

Thai

Cambodian

Vietnamese

Other

PERSONAL HISTORY INFORMATION

Have you ever:

- 1. Been convicted of a felony _ Yes _ No
- 2. Been charged with a felony that has yet to be dismissed _ Yes _ No
- 3. Been charged with a felony and pled guilty to or been convicted of a lesser charge (e.g. misdemeanor) _ Yes _ No
- 4. Been charged with a felony and agreed to a stipulation or settlement in lieu of conviction? _ Yes _ No
- 5. Been charged with a felony, had the felony dismissed, and then been convicted of a lesser charge (e.g. misdemeanor) FOR THE SAME INCIDENT _ Yes _ No
- 6. Been subject of a complaint or lawsuit regarding your OT practice _ Yes _ No
- 7. Had conditions/restrictions place on your license _ Yes _ No
- 8. Voluntarily surrendered or resigned a professional license _ Yes _ No

If the answers any questions above is “yes” please attach a separate sheet of paper and provide a full explanation of the matter, charge(s), dates, locations, address of legal jurisdiction (city, county, state) including present status and/or resolution.

Please check on:

- Enclosed is a “Statement of Supervision” signed by my supervisor. I am aware that it is my responsibility to notify the Board office if my supervisor changes and to provide a current “Statement of Supervision”.
- I am not currently working as an Occupational Therapy Assistant in Oregon; therefore, I do not have a signed Statement of Supervision. I will provide one before I begin employment in Oregon and update it.

I am aware that a license must be issued prior to my employment as an occupational therapy assistant. I certify that the foregoing application to be true and correct, cognizant that any falsification could result in denial, suspension and/or revocation of license.

Signature: _____ **Date** _____

**Please make your check or money order payable to the: Oregon OT Licensing Board and submit this completed application to: Oregon OT Licensing Board, 800 NE Oregon St. Suite 407
Portland, OR 97232**

To Applicant: The Oregon OT Licensing Board requires verification of licensure from any state in which you are licensed or in which you have been licensed during the last five years. Please mail this letter requesting the status of your licensure to the relevant state occupational therapy licensing Board(s). Note: Most states require a fee with this service. In order not to delay the licensing process check the requirements of each state.

LETTER OF LICENSE VERIFICATION

I _____ am applying for an occupational therapy license in Oregon. This is a letter of request and authorization for you to provide any information in my files, favorable or otherwise, directly to: **Oregon OT Licensing Board,
800 NE Oregon Street, Suite 407,
Portland, Oregon 97232**

To State Licensure Board: Please provide the following information. If you have another form you use to send the same information this form does not need to be used.

Name of Licensee: _____ License No _____ Exp Date _____

Licensed as Occupational Therapist OT Assistant

Licensed by: NBCOT/AOTCB Exam State Board Exam Reciprocity from _____ State
Date of Initial Licensure _____

Has the Board received any complaint information regarding the license? Yes No

Have conditions been placed on the license? Yes No

If Yes, provide information relative to disciplinary action(s) including charges, date of action and resolution:

_____ Signature

_____ Title

_____ Name of Licensing Board

_____ Address

_____ Telephone

_____ Date

STATE SEAL

Request for State License Verification Form

Verification of Certification Request Form

You can also check for this form on their web site at www.nbcot.org

Common Questions Regarding NBCOT verification of Certification to State Boards and other Agencies

Who is NBCOT?

The National Board for Certification in Occupational Therapy, Inc. (NBCOT) is the independent national credentialing agency that certifies persons as Occupational Therapist Registered OTR or Certified Occupational Therapy Assistant COTA.

Score Information

If a state or other agency is asking for your score report, you will need to place your order with our testing agency, Professional Examination Services (PES). You may obtain an order form on our Web site: www.nbcot.org NBCOT does not report scores. It is in your best interest to contact the board in the state in which you are applying for licensure to see which service it requires. You should ask "Do I need a score report or a verification letter?" **Please note, if you were certified prior to 1985, your score information cannot be reported; however, you can request a verification letter.

Verification Fee and Processing Information

The fee for each verification letter request is \$30.00. NBCOT will accept a personal check, money order, or credit card payment – Visa or MasterCard. Requests submitted without the required fee will be returned. There is a \$30.00 fee for any returned check. Verification fees are non-refundable. Please allow 5-10 business days for your request to be processed and mailed. A confirmation postcard will be mailed to you.

Where should I send my request?

- Credit card payments via fax: If you are paying by credit card, you may fax this form to (301) 869-8492. Our fax machine is available 7 days a week, 24 hours a day. You are faxing to a secure location.
- Personal Check, Money Order, CreditCard, non-fax: Please mail your request to our bank lock box, **not** our street address.

Submit request to:

NBCOT, Inc.
Attn: Verification Letter
P.O. Box 64971
Baltimore, MD 21264-4971

- NO Phone Orders of Any Type are Accepted

Can I provide an overnight envelope to a state board?

YES. If you wish to provide a pre-paid, addressed, overnight/2-day (Fed-Ex, UPS, Express, priority) envelope to a state board or agency, please send your request along with payment to our street address: NBCOT, Inc.

Attn: Verification Letter
800 South Frederick Ave. Suite 200
Gaithersburg, MD 20877

The name on my NBCOT record

If your name is different from what our certification records reflect, and you want the verification notice processed in your new name, the NBCOT requires legal documentation of the name change (i.e., marriage license, divorce decree, or court order). Submit an original certified copy or a notarized photocopy) i.e., copy the document and have it notarized) to reflect your change in name. Please attach your name change documentation to your verification request.

- If you are submitting a name change, you must **mail** your entire request (name change documents, fees, and this form) to the Baltimore, MD address. Faxed requests **CANNOT** be honored.

NBCOT Verification of Certification Request Form

Side 2 of 2

To request a letter verifying your NBCOT certification, complete this form. Please print or type your request. The letter NBCOT produces will include: Your name, your certification number, the day-month-year you were certified, the day-month-year you are certified through (renewal date), your status as either an OTR or COTA and a disciplinary comment. **REMEMBER: THIS LETTER IS PROCESSED ONLY IF YOU HAVE TAKEN AND PASSED THE CERTIFICATION EXAMINATION.**

Please check one – I have A) Faxed my verification request ____ B) Mailed my verification request ____

- If you have faxed your request, please allow ample processing time (one week) to verify receipt of your request.

FULL NAME

CERTIFICATION NUMBER

STREET ADDRESS

CIRCLE ONE: **OTR OR COTA**

CITY, STATE, ZIP CODE, COUNTRY

HOME AREA CODE/PHONE NUMBER

SOCIAL SECURITY NUMBER

DAYTIME AREA CODE/PHONE NUMBER

EMAIL ADDRESS

DATE OF BIRTH (Month/Day/Year)

STATE BOARD, EMPLOYER OR AGENCY TO
RECEIVE VERIFICATION REQUEST
(If 2 or more state boards, please abbreviate –
e.g. MD and VA):

ADDITIONAL INFORMATION

1. Please do **not** enclose a self addressed stamped envelope (.37) cent SASE) to your state Board.
2. Verification letters **cannot and will not be faxed.**
3. Please include the date you have taken the exam.
Month/Year: _____
4. Please check here if you have enclosed name change documentation.

METHOD OF PAYMENT (\$30.00 per letter)

A) Visa____ MasterCard____

Credit Card Number:

Expiration Date: Month____ Year____

Amount of Credit Card Charge: _____

Signature: _____
(required for credit card requests)

Credit Card Billing Statement Address: _____

If I have enclosed name change documentation and would like my notarized/certified documentations returned, I have enclosed a Self-Addressed Stamped Enveloped _____

QUESTIONS REGARDING VERIFICATION REQUEST

Please feel free to contact NBCOT directly at 301-990-7979 x 3131 or via e-mail: lillia.gill@nbcot.org

Verification Letter Order Date _____

B) Check____ Money Order____

STATEMENT OF SUPERVISION

I certify that I will provide supervision/consultation as defined in OAR 339-010-0005 (1) and (2) for the occupational therapy assistant named below.

339-010-0005: "Supervision", 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. **The occupational therapist is responsible for the practice outcomes and documentation to accomplish the goals and objectives.** (Emphasis added)

***Supervising OT Signature Must Be Notarized**

Print Name of OT Assistant	Print Name of Supervisor OT
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Signature of OT Assistant	Signature & License No. of Supervising OT *
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Date Signed	Date Supervision to Begin	Date Signed
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Employer's Name	Telephone
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Address

Please return this form after it has been completed to:

Occupational Therapy Licensing Board • Suite 407, 800 NE Oregon, • Portland, OR 97232
Telephone: (971) 673-0198 • FAX: (971) 673-0226

If your supervisor changes, it is your responsibility to provide the Board with an up-to-date "Statement of Supervision" signed by your new supervisor.

NOTARY PUBLIC: In the State of _____, County of _____

Subscribed and sworn to before me this ____ day of _____, 200____

Signed _____

Notary Public for _____ State;
Commission Expires on _____

(SEAL)