



OT Application Fee \$175 for a two year expires May 2014  
(If you do not need license until March 2013 pay only \$100)

**For office use only:**  
Payment made on \_\_\_\_\_ by check No \_\_\_\_\_

## OCCUPATIONAL THERAPY LICENSE APPLICATION

- ❖ Return signed, complete form with \$175 or \$100 check or money order payable to the "OT Licensing Board".
- ❖ 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. BIRTH DATE  
 HOME See Privacy Notification  
 WORK

3. HOME ADDRESS (MAILING: STREET OR PO BOX) HM. PHONE

4. CITY Home STATE HM. ZIP

5. E-MAIL ADDRESS (We save \$ by use of e-mail; we do not give it out unless required by law; please keep it updated)

### EMPLOYMENT INFORMATION

6. FACILITY POSITION  
Temp Co?

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 (month/year)\_

### LICENSURE & HISTORY INFORMATION

11. Have you passed the National Certification Exam? Indicate NBCOT # \_\_\_\_\_ Yes  No   
 If not, what is your scheduled date to take exam: \_\_\_\_\_  
**Be sure to have NBCOT exam results or verification sent directly to the Oregon Board.**

12. List any other state(s) where you have ever been licensed and give years licensed:  
 Indicate if you worked under another name. **Be sure to have each state send a verification to Oregon.**

State & years: State & years: State & years:

State & years: State & years: State & years:

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.

13. 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
- 
14. Have you ever been the subject of a complaint or lawsuit regarding your Occupational Therapy or any other professional practice? Yes  No
- 
15. Are there any unresolved or pending actions or complaints against you with any professional licensing or certifying authority? Yes  No
- 
16. Have you ever voluntarily surrendered any license or certification? Yes  No
- 
17. Have you ever been sanctioned by a professional licensing or certifying authority? Yes  No
- 
18. Have you ever had limitations or restrictions placed on a professional license or certification? Yes  No
- 
19. 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

Under Oregon and Federal law ORS 25.785 and 42 USC – 666(a)(13), the Occupational Therapy Licensing Board is authorized to obtain your Social Security Number for identification and legal purposes in maintaining records, obtaining grades and exam scores, child support enforcement, federal and state tax administration, reporting final disciplinary actions to the Health Integrity and Protection Data Bank, and verifying disciplinary or criminal background. Failure to provide your Social Security Number can be a basis for the OT Licensing Board to refuse to issue, renew, or reinstate the license. Your Social Security Number will be kept confidential by the Board and used only for the purposes described above.

### 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 _____         |

### PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH Please check

- |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |                                                                                                                                                                                   |                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Written? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> | <input type="checkbox"/> American Sign Language<br><input type="checkbox"/> Arabic<br><input type="checkbox"/> Farsi<br><input type="checkbox"/> French<br><input type="checkbox"/> Hmong | <input type="checkbox"/> German<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Mandarin<br><input type="checkbox"/> Romanian | <input type="checkbox"/> Russian<br><input type="checkbox"/> Spanish<br><input type="checkbox"/> Tagalog<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## RACE and ETHNICITY

**RACE (Select one):**

<input type="checkbox"/> American or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Decline to Answer
<input type="checkbox"/> Asian	<input type="checkbox"/> White / Caucasian	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other (Multi-Ethnic)	

**ETHNICITY (Select one):**

<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Decline to Answer
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## CONTINUING EDUCATION ACTIVITIES

Please check the web site at [www.otlb.state.or.us](http://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.

✕

  
**Applicant Signature** **Date**

**Return Application, fee & documents to: OT Licensing Board 800 NE OREGON ST., # 407 Portland, OR 97232**