



OT Application Fee \$100 or after March 2012 pay \$175 for a 2 year license which expires May 2014.

Payment made on \_\_\_\_\_ by check No \_\_\_\_\_

OCCUPATIONAL THERAPY

LICENSE APPLICATION

- Return signed, complete form with \$100 (or \$175) 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, 2012; and then May 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 WORK (See Privacy Notification below)
3. HOME ADDRESS (MAILING: STREET OR PO BOX) HM. PHONE
4. CITY Home STATE HM. ZIP
5. E-MAIL ADDRESS (We use of e-mail for Board purposes only and 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. 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. Have you been licensed in any other state? Yes No
List those state(s) and have verification sent from the state(s) to the Oregon Board:
States:
13. Were you licensed under another name? Yes No
If "Yes", list state(s) and name(s) if different from this application

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
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16. Are there any unresolved or pending actions or complaints against you with any professional licensing or certifying authority? Yes  No
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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.

### 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

<b>ETHNICITY (Select one):</b> <input type="checkbox"/> <b>I do not wish to provide the following information.</b>			
<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		
<b>OTHER:</b> _____			
<b>LANGUAGES (Other Than English)</b>		<b>SELECT ALL THAT APPLY</b>	
• Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Laotian
• Spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Russian
• Written? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Korean	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> French
• Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Tai		<input type="checkbox"/> German

## 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.

X

**Applicant Signature**

**Date**

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