



OREGON OCCUPATIONAL THERAPY 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 OCCUPATIONAL THERAPY 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 six 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 for 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.

Processing of your Application

After all the required documentation is received and approved, you will be issued an occupational therapy 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, but we do issue a one year or two year license depending on the timing of the application. 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

Please Check One:

Out-of-state applicant
[OC 0202] \$ 120

OR In state of Oregon
[OC 0201] \$ 85

Your license will be valid until: May 31, 2008

Amount Paid: \$

Your license will be valid until: May 31, 2008

*I hereby apply for license to practice **Occupational Therapy** 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 for 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.

**I am aware that a license must be issued prior to my employment as an occupational therapist.
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: Oregon OT Licensing Board and submit this completed application to: OT Licensing Board, 800 NE Oregon St. Suite 407, Portland, OR 97232

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Provide any additional information as needed below:

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 Date of Initial Licensure _____
 State Board Exam
 Reciprocity from _____ State

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

NBCOT (National Board for Certification in Occupational Therapy, Inc.)
Verification of Certification Request Form

NBCOT
Side 1 of 2

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.

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

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 your 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.

- 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

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.

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.

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.

- 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.

Submit request to:

OT 2007 License Application

NBCOT Verification of Certification Request Form

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

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

DATE OF BIRTH (Month/Day/Year)

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 ____