

LETTER OF STATE 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:

This form does not have to be used; you can use your own state form for license verification.

Please provide the following information:

Licensee Name: _____ 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 on disciplinary action(s) (charges, date of action and resolution)

Title

Signature

Name of Licensing Board

STATE SEAL

Address

Telephone

Date

Request for State License Verification Form