

**BEFORE THE OCCUPATIONAL THERAPY LICENSING BOARD
OF THE STATE OF OREGON**

AFFIDAVIT OF APPLICANT

I, _____ having been duly sworn do hereby affirm that:

1. I am an applicant for initial licensure by the Oregon Occupational Therapy Licensing Board.
2. I understand that I am required by law to provide the Board with my social security number issued by the Social Security Administration.
3. I do not now have, nor have I ever had, a social security number.
4. I do not have a social security number because I am not required by the laws of the United States to have or obtain a social security number for the following reason:

5. I understand that if I obtain a social security number after submitting this Affidavit to the Board that I agree to notify the Board of my social security number within 21 days of receiving the number.

6. I understand that falsification of this Affidavit is grounds for revoking my license.

Applicant

Dated this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____