



The OT Application fee is currently \$175 for a 2 year license, good through May 31, 2018. If you do not need your license until **March 1st, 2017**, pay only \$100 for a 1 year license.

For office use only: Payment made on _____ by Check No _____

OCCUPATIONAL THERAPIST LICENSE APPLICATION

- ❖ Return signed, complete form with check or money order payable to the "Oregon OT Licensing Board".
- ❖ Have state verification(s) sent to Oregon from any state where you have ever been licensed and worked.
- ❖ Send OT school transcripts IF you just took NBCOT exam; not required if entering by endorsement from another state.
- ❖ Pass the New Oregon Law/Ethics exam required for **all** new applicants.
- ❖ If you are a new graduate, pay to have NBCOT scores transferred to Oregon.

License Expires May 31, 2018

PERSONAL INFORMATION

1.	FIRST NAME	MI	LAST NAME	Other names used:
	Male		Female	
2.	PREFERRED MAIL ADDRESS <input type="checkbox"/> HOME <input type="checkbox"/> WORK	Note: Correspondence will be mailed to preferred address.		SOCIAL SECURITY NO. <small>See Privacy Notification</small>
3.	HOME ADDRESS (MAILING: STREET OR PO BOX)			PHONE
4.	CITY	Home STATE		Home 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)			

FUTURE OREGON EMPLOYMENT (LEAVE BLANK IF UNKNOWN)

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	GRADUATION DATE (month/year)
	AREA OF STUDY	

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: _____

12. List every state you have been licensed and worked. Include 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
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14. 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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15. Are there any unresolved or pending actions or complaints against you with any professional licensing or certifying authority? Yes No
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16. Have you ever voluntarily surrendered any license or certification? Yes No
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17. Have you ever been sanctioned by a professional licensing or certifying authority? Yes No
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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 _____ |

Do you use telehealth in your practice? Yes No

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH Please check

- | | | | |
|---|---|-----------------------------------|--------------------------------------|
| • Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> American Sign Language | <input type="checkbox"/> German | <input type="checkbox"/> Russian |
| • Spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Arabic | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| • Written? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Tagalog |
| • Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> French | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Vietnamese |
| | <input type="checkbox"/> Hmong | <input type="checkbox"/> Romanian | <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

An applicant who has been licensed over 3 years, and is applying by **endorsement, from another state**, must show they have 30 points of CE within the last two years, **-OR-** indicate their NBCOT certification is current by providing the expiration date _____. A **new applicant** does not need any CE the first year. Please check the website at www.otlb.state.or.us for more information on CE.

Oregon has a one-time legislative requirement of 7 CE points on pain management, due within 2 years of licensure. This includes a required online pain management module and 6 additional hrs on pain. Please list any pain management course you have completed within the last two years to count towards the 6 additional hours. For more information on the pain management requirement see <http://www.oregon.gov/oha/OHPR/PMC/Pages/index.aspx>.

Points	Date, Course and who it was given by.	Points	Date, Course and who it was given by.

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