



For Office Use Only: 833-420-Revenue Code 0210 License Application Fee \$25 Payment made on _____ by check No _____

LIMITED PERMIT LICENSE APPLICATION
OCCUPATIONAL THERAPY ___ or OCCUPATIONAL THERAPY ASSISTANT ___

Return signed, complete form with \$25 check or money order payable to the "OT Licensing Board".

- ❖ Have school transcripts sent directly to the Oregon OT Licensing Board.
- ❖ Send copy of your Authorization to Test letter from NBCOT (forward E-mail or faxed copy is sufficient).
- ❖ Have signed "LP Statement of Supervision" filed in the OTLB office prior to working under the LP.

LP License Expires 90 days from date of NBCOT Eligibility to Test Letter

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 See Privacy Notification
 WORK

3. HOME ADDRESS (MAILING: STREET OR PO BOX) HM. PHONE

4. CITY Home STATE HM. 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)

EDUCATION

COLLEGE / UNIVERSITY WHERE OT DEGREE RECEIVED CITY / STATE

DEGREE AREA OF STUDY GRADUATION DATE

LICENSURE & HISTORY INFORMATION

Have you signed up to take the National Certification Exam? Indicate date: _____ Yes No

Have you received and included your Eligibility to Test letter from NBCOT? Yes No

If not, when do you plan to take exam: _____

I certify that everything in this application form is true and correct, cognizant that any falsification could result in denial, suspension, and/or revocation of my permit/license. I am aware that a license must be issued and approved prior to practicing Occupational Therapy in Oregon.

Signature: _____ Date: _____

LICENSE APPLICATION for OCCUPATIONAL THERAPY ___ or OT Assistant ___

For office Use only: Payment made on _____ by check No _____



BE SURE TO FILL OUT THIS REGULAR APPLICATION FORM AND INCLUDE IT WITH THE LP FORM

Fee for **OT** license is **\$175** for 2 year license, expires May 31, 2018.
Fee for **OT Assistant** license is **\$120** for 2 year license, expires May 31, 2018.

- ❖ Return signed, completed form.
- ❖ Send fee (either for OT or OT Assistant) payable to the "OT Licensing Board".
- ❖ Have school transcripts for all newly licensed applicants sent to the Oregon Board.
- ❖ Pay to have NBCOT scores sent to Oregon.

License Expires May 31, 2018

PERSONAL INFORMATION

1. FIRST NAME MI LAST NAME
Male Female
2. PREFERRED MAIL ADDRESS **Note:** Correspondence will be mailed to preferred address. SOCIAL SECURITY NO. BIRTH DATE
 HOME See Privacy Notification
 WORK
3. HOME ADDRESS (MAILING: STREET OR PO BOX) HM. PHONE
4. CITY Home STATE HM. ZIP
5. E-MAIL ADDRESS (We save costs by use of e-mail; we do not give it out unless required by law; please keep it updated)

EMPLOYMENT INFORMATION

6. FACILITY 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

BACKGROUND QUESTIONS

Please answer each question by putting a check in the appropriate box. You must answer each question with a "Yes" or "No" response. **If you answer Yes**, 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.

11. 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
12. Have you ever been the subject of a complaint or lawsuit regarding your Occupational Therapy or any other professional practice? Yes No
13. Are there any unresolved or pending actions or complaints against you with any professional licensing or certifying authority? Yes No
14. Have you ever voluntarily surrendered any license or certification? Yes No
15. Have you ever been sanctioned by a professional licensing or certifying authority? Yes No
16. Have you ever had limitations or restrictions placed on a professional license or certification? Yes No
17. 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

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 _____ |

PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH Please check

- | | | | |
|--|---|---|---|
| <ul style="list-style-type: none"> • Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No • Spoken? <input type="checkbox"/> Yes <input type="checkbox"/> No • Written? <input type="checkbox"/> Yes <input type="checkbox"/> No • Fluent? <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> American Sign Language
<input type="checkbox"/> Arabic
<input type="checkbox"/> Farsi
<input type="checkbox"/> French
<input type="checkbox"/> Hmong | <input type="checkbox"/> German
<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Romanian | <input type="checkbox"/> Russian
<input type="checkbox"/> Spanish
<input type="checkbox"/> Tagalog
<input type="checkbox"/> Vietnamese
<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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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.

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.

✕ _____
Applicant Signature Date

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



TO THE SUPERVISOR
OF THE LIMITED PERMIT HOLDER

For OT & For OT Assistant

1. Please complete this section by printing legibly. Please provide the full name of the employing agency.
2. The supervisor certifies that the permittee will be employed and work under the supervision of an Oregon-licensed occupational therapist and that the expiration date of the limited permit will be noted and observed.
3. The limited permit is valid only until the Board receives results of the certification the exams. **Should the Limited Permit Holder Fail the Certification Exam, the Limited Permit Immediately Is Void and Must Be Surrendered upon Receipt Of Exam Scores. The Limited Permit Cannot Be Renewed.**
4. Limited permit holders require at least **routine supervision** (direct contact at least every two weeks at the work site with interim supervision occurring by other methods, such as telephone or written communication).

I certify that I will provide supervision as defined in OAR 339-010-0005(1)(b) for the limited permit holder named:

OAR 339-010-0005(1) states that "Supervision" is a process in which two or more people participate in a joint effort to promote, establish, maintain and/or evaluate a level of performance. The occupational therapist is responsible for the program outcomes and documentation to accomplish the goals and objectives.

OT/OA Limited Permit applicant Information ◦	Supervisor Information ◦
Print Name of Applicant	Print Name of Supervising OT
Date Supervision To Begin	Signature & License No. Of Supervising OT
Employer's Name	Telephone
Applicant E-mail	OT E-mail
Employer's Address	

After this Statement of Supervision form has been completed, please mail it either with your Limited Permit Application, or separately, to:

Occupational Therapy Licensing Board * Suite 407, 800 NE Oregon, * Portland, OR 97232

Telephone: (971) 673-0198 * Fax: (971) 673-0226

www.otlb.state.or.us