



INITIAL APPLICATION FOR LICENSURE

(Read the Instructions before completing the application. Please print or type all information.)

Check one:

- Occupational Therapist (OT)
 - Occupational Therapy Assistant (OTA)
- Are you applying for Limited Permit?
 Yes or No

<i>Board Use Only</i>

Section I: Personal Data

A. Last Name		B. First Name		C. Middle Name	
D. Other Names Used		E. Have you ever submitted an application to this Board under another name? <input type="checkbox"/> Yes. If yes, what name? _____ <input type="checkbox"/> No.			
F. Residence Address: Street No., Apt. No. (cannot be a P.O. Box) (*Mandatory- Please see application instructions)		City	State	Zip Code	
G. Address of Record: Street No., Apt. No., P.O. Box (Please see application instructions)		City	State	Zip Code	
H. Home Telephone Number () ()	I. Business Telephone Number () ()	J. Social Security Number (SSN) (*Mandatory- Please see application instructions) _____ - _____ - _____			
K. Email address	L. Date of Birth (mm/dd/yy)	M. Driver's License Number/State	N. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Section II: Current/Previous License, Registration and Certification

(You **must** submit a "Letter of Good Standing" from each jurisdiction in which you hold a license.)

A. Are you now or have you ever been licensed/registered/certified as an occupational therapist, occupational therapy assistant or held any other health related license or certificate in any state (including California), province, or country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
B. If yes, list below. Indicate the name used on the license if different than the name(s) in Section I.			
State or Country	Type of License, Registration or Certificate	Number	Expiration Date

Section III: Education

(You **must** submit an **official** transcript, with the degree posted, from the qualifying degree program.)

College/University Name, City, State	Graduation Date	Degree Awarded
College/University Name, City, State	Graduation Date	Degree Awarded

Section IV: Examination (You **must** submit a "Verification of Certification" from NBCOT.)

A. Are you now or have you ever been certified by the National Board for Certification in Occupational Therapy (NBCOT)?
 Yes: Date of certification: _____ Certificate Number: _____
 No.

B. Were you certified by the former American Occupational Therapy Certification Board (AOTCB)?
 Yes: Date of certification: _____ Certificate Number: _____
 No.

C. If you are applying for a limited permit, on what date are you scheduled to take the NBCOT examination?
 Please attach the NBCOT eligibility verification or authorization to test letter if you have received it.

D. If you are applying for a limited permit, have you previously taken the NBCOT examination and failed?
 Yes. No.

Section V: Professional Experience and/or Fieldwork

(Please list most recent experience first. Add additional sheets if necessary.)

Facility Name: Address (Street, City, State or Country): Telephone Number:	Position:
	From: To:
Facility Name: Address (Street, City, State or Country): Telephone Number:	Position:
	From: To:
Facility Name: Address (Street, City, State or Country): Telephone Number:	Position:
	From: To:

Section VI: Disciplinary Actions and Criminal History Data

A. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other disciplinary action against you?

Yes No

If yes, you must provide a certified copy of the Disciplinary Order or other document imposing such sanction.

B. Have you ever voluntarily surrendered a license, certificate or registration granted to you in lieu of disciplinary action?

Yes No

C. Is any action described in A and/or B of this section pending against you? Yes No

If you answered yes to either B or C, please give a detailed explanation of the circumstances on a separate attachment.

D. Do you have any condition that in any way impairs or limits your ability to practice occupational therapy with reasonable skill and safety, including, but not limited to, the conditions listed below? Yes No

If yes, check all appropriate boxes below:

- A condition that required admission to an inpatient psychiatric treatment facility.
- Alcohol or chemical substance dependency or addiction.
- Emotional, mental or behavioral disorder.
- Other (explain):

For any of the boxes checked, please submit complete official inpatient and outpatient treatment records, evidence of ongoing rehabilitation treatment, and a personal written explanation of the circumstances.

E. Have you been convicted of any crime (misdemeanor or felony)? You must disclose any conviction, no matter how old. The only exceptions are: convictions occurring under the age of 18 (unless you were tried as an adult, in which case the conviction must be disclosed) and traffic violations resulting in a fine of less than \$500. All driving under the influence convictions must be disclosed regardless of the fine imposed. The definition of conviction includes a conviction following a plea of nolo contendere (no contest), as well as a plea or verdict of guilty. Convictions expunged under Penal Code Section 1203.4 must be disclosed. Yes No

If yes, provide the following information:

Date of Conviction	Name of Court and Location	Initial Charge(s)	Convicted Charge(s)

In addition to the above information, please provide the police report, a certified copy of the record of conviction, and a detailed explanation, written in your own words, of the circumstances surrounding each conviction.

F. Is any criminal action pending against you? Yes No If yes, for which incident?

Section VII: Fingerprint and Photograph Requirements

<p>A. You must submit either the completed Live Scan Form BCII 8016 OR two of the Board's pre-printed hard-copy fingerprint cards. Please see the application instructions for additional information.</p>	<p>B. Provide a 2" x 2" passport quality photograph of yourself taken within the last six months.</p> <p>Attach Photograph Here (face must be completely visible)</p>
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Section VIII: Affidavit

I hereby declare that I am the person named in this application, that I have read the complete application and know the contents thereof. **I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.** I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an occupational therapist or occupational therapy assistant in the State of California.

I further understand that I am required to notify the Board of Occupational Therapy, in writing, of any change in my mailing address and residence address within 30 days of such change.

Signature of Applicant _____
Date

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

For more information go to the following website addresses: www.boe.ca.gov/cgi-bin/deliq.cgi or www.ftb.ca.gov/individuals/txdlnqnt.shtml.