Consideration and adoption of proposed regulatory language to amend Title 16, and establish CCR Sections 4116, 4117, 4118, and 4119, regarding Free Sponsored Healthcare Events.

The following are attached for review:

- Notice of Availability of Modified Text and Document Added to the file
- Modified Text
- Modified Sponsoring Entity Application
- Modified Out of State Licensee Application
- Workload projections re: out of state applications to support application fee

NOTICE OF AVAILABILITY OF MODIFIED REGULATION TEXT AND NOTICE OF A DOCUMENT RELIED UPON ADDED TO THE RULEMAKING FILE

NOTICE IS HEREBY GIVEN that the California Board of Occupational Therapy (Board) has proposed modifications to the text contained in sections 4116, 4117, and 4118 in Title 16, Cal. Code Regs. which were the subject of a 45-day comment period which ended September 5, 2011. A copy of the modified text is attached.

The Board is also modifying two forms incorporated by reference in the regulation sections identified above. The modified forms are identified as follows:

1. Sponsored Free Health Care Events Registration of Sponsoring Entity Under Business and Professions Code Section 901, Form 901-A (DCA/2011), replaces the initially proposed form for Sponsored Free Health Care Event Registration CBOT 901-A (Rev 09/2011).

2. Request for Authorization to Practice Without a California License at a Registered Free Health Care Event, Form CBOT 901-B (Rev. 03/2012).

Copies of these two forms are available upon request and are available on the Board's website (www.bot.ca.gov).

NOTICE IS FURTHER GIVEN that the Board is adding the following document to the rulemaking file which is relied upon as support for the application (processing) fee specified in regulation section 4118:

"Table A: Data Supporting Application (Processing) Fee for Out-of-State Practitioner Authorization to Participate in Free Sponsored Health Care Event"

This document relied upon is available for public inspection on the Board's website (www.bot.ca.gov) and copies are available upon written request. This document is also available for public inspection at the address listed below during the business hours of 8:00 a.m. to 5:00 p.m.

Any person who wishes to comment on the proposed modifications to the regulations or forms incorporated by reference, or who wishes to comment upon the document relied upon which has been added to the rulemaking file, may do so by submitting written comments on or before 5:00 p.m., June 22, 2012, to the following:

Contact Person:	Jeff Hanson
Agency Name:	California Board of Occupational Therapy
Address:	2005 Evergreen Street, Suite 2050 Sacramento, CA 95815
Telephone:	(916) 263-2294
Fax:	(916) 263-2701
Email:	cbot@dca.ca.gov

DATED: June 7, 2012

[SIGNATURE ON FILE]
Heather Martin, Executive Officer
California Board of Occupational Therapy

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
PROPOSED MODIFIFIED REGULATORY LANGUAGE
Title 16, Division 39, California Code of Regulations
Sections 4116, 4117, 4118, and 4119

The initially proposed new language is underlined.

Proposed modified language is shown by strikeout for deleted text and double underline for new modified language.

Add Article 2.1 to Division 39 of Title 16 to read as follows:

Article 2.1.

Sponsored Free Health Care Events—Requirements for Exemption.

§4116. Definitions.

For the purposes of section 901 of the Business and Professions Code:

(a) "Community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) "Out-of-state practitioner" means a person who is not licensed in California to engage in the practice of occupational therapy, ~~nor has previously had an application denied by the Board,~~ but who holds a current valid and unrestricted license, registration, or certificate in good standing in another state, district, or territory of the United States to practice as an occupational therapist or occupational therapy assistant.

NOTE: Authority cited: Sections 901 and 2570.20, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§4117. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board by submitting to the board, or its delegatee, a completed "Sponsored Free Health Care Events Registration of Sponsoring Entity Under Business & Professions Code Section 901," Form ~~CBOT~~ 901-A (~~Rev. 9/2011~~ DCA/2011), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process "Sponsored Free Health Care Events Registration of Sponsoring Entity Under Business & Professions Code Section 901," Form ~~CBOT~~ 901-A (~~Rev. 9/2011~~ DCA/2011) on behalf of the Board. The Board or its delegatee shall inform the sponsoring entity in writing within ~~20~~ 15 calendar days of receipt of the form that

the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least five years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board.

(d) Notice. A sponsoring entity shall place a notice visible to patients at every station where patients are being seen by an occupational therapist or occupational therapy assistant. The notice shall be in at least 48 point type in Arial font and shall include the following statement and information:

NOTICE

Occupational therapists and occupational therapy assistants providing health care services at this health fair are either licensed and regulated by the California Board of Occupational Therapy or hold a current valid license from another state and have been authorized to provide health care services in California only at this specific health fair.

For more information:

CA Board of Occupational Therapy
1-800-952-5210 or 1-916-263-2294
www.bot.ca.gov

(e) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval from the board confirming that the out-of-state practitioner has been approved to participate in the event.

(f) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;
(2) The location(s) of the sponsored event;
(3) The type(s) and general description of all health care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

NOTE: Authority cited: Sections 901 and 2570.20, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§ 4118. Out-of-State Practitioner Authorization to Participate in Sponsored Event

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. An applicant shall request authorization by submitting to the board a completed "Request for Authorization to Practice Without a California License at a Sponsored Free Health Care Event" Form CBOT 901-B (Rev. 03/2012), which is hereby incorporated by reference, accompanied by a non-refundable, non-transferable processing fee of fifty dollars ($50). The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. ~~This~~ The fingerprint and criminal history check requirement shall apply only to the first application for authorization that is submitted by the applicant, unless an electronic record of the fingerprint submission no longer exists in the Department of Justice criminal offender record identification database.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity or local governmental entity whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted form is incomplete and the applicant has not responded within 7 calendar days to the board's request for additional information; or

(B) The applicant has not graduated from a school or program approved by the Accreditation Council for Occupational Therapy Education, its predecessor organization, or otherwise approved by the board; or

(C) The applicant has not passed the examination administered by the National Board for Certification in Occupational Therapy or its predecessor organization; or

(D) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial of an application for licensure by the board; or

(E) The applicant does not possess a current, active, and valid license in good standing.

The term "good standing" means the applicant:

~~(i)~~ 1. Has not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;
~~(ii)~~ 2. Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;
~~(iii)~~ 3. Has not been the subject of an adverse action nor judgment resulting from the practice for which the applicant is licensed that the board determines constitutes evidence of a pattern ~~or~~ of negligence or incompetence.

(F) The board has been unable to obtain a timely report of the results of the criminal history check.

(G) The applicant has been previously disciplined or denied licensure by the California Board of Occupational Therapy.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than 20 calendars days before the date on which the sponsored event will begin; or

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event; or

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board~~; or~~.

~~(D) The applicant has been previously disciplined or denied licensure by the California Board of Occupational Therapy.~~

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in section 4119(d) and/or (e).

NOTE: Authority cited: Sections 901 and 2570.20, Business and Professions Code. Reference: Section 901, Business and Professions Code.

§ 4119. Termination of Authorization and Appeal.

(a) Grounds for Termination. The board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The board shall provide both the sponsoring entity or local government entity and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data bank and the healthcare integrity protection data bank. In addition, the board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act.

(e) Agency Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the executive officer regarding the reasons for the termination of authorization to participate. The executive officer shall, within 30 days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the executive officer may affirm or dismiss the termination of authorization to participate. The executive officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to the out-of-state practitioner within ten days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority cited: Sections 901 and 2570.20, Business and Professions Code. Reference: Section 901, Business and Professions Code.

SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health-care services to uninsured and underinsured individuals at no cost, may include participation by certain health-care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

Application Noticed June 2012 with modifications

PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (*use principal office address*):

Address Line 1	Phone Number of Principal Office
Address Line 2	Alternate Phone
City, State, Zip	Website
County	

Organization Contact Information in California (*if different*):

Address Line 1	Phone Number
Address Line 2	Alternate Phone
City, State, Zip	
County	

3. Type of Organization:

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code? ____ Yes ____ No

If not, is the organization a community-based organization*?
____ Yes ____ No

Organization's Tax Identification Number _____

If a community-based organization, please describe the mission, goals, and activities of the organization (*attach separate sheet(s) if necessary*): _____

_____
_____
_____
_____
_____
_____

* A "community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

Individual 2:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

Application Noticed June 2012 with Modified Text

Individual 3:

Name _____ Title _____

Address Line 1 _____ Phone _____

Address Line 2 _____ Alternate Phone _____

City, State, Zip _____ E-mail address _____

County _____

(Attach additional sheet(s) if needed to list additional principal organizational individuals)

PART 3 – EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event (not to exceed ten calendar days): _____

3. Location(s) of the event (be as specific as possible, including address):

_____

4. Describe the intended event, including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): _____

5. Attach a list of all out-of-state health-care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

_____ *Check here to indicate that list is attached.*

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

Application Noticed June 2012 with Modified Text

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs
Attn: Sponsored Free Health-Care Events
Legislative and Policy Review Division
1625 North Market Blvd., Ste. S-204
Sacramento, CA 95834

Tel: (916) 574-7800
Fax: (916) 574-8655
E-mail: lprdivision@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

Name Printed _____ Title _____

Signature _____ Date _____

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Deputy Director of the Legislative and Policy Review Division at the address and telephone number listed above.

Application Noticed June 2012 with Proposed Text

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.
BOARD OF OCCUPATIONAL THERAPY
2005 Evergreen Street, Suite 2050, Sacramento, CA 95815-3831
T: (916) 263-2294 F: (916) 263-2701
E-mail: cbot@dca.ca.gov Web: www.bot.ca.gov

~~SPONSORED FREE HEALTH CARE EVENTS~~

~~REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901~~

~~In accordance with California Business and Professions Code Section 901(d), a non-government organization administering an event to provide health care services to uninsured and underinsured individuals at no cost may include participation by certain health care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 60 calendar days prior to the sponsored event**. *Note that the information required by Business and Professions Code Section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*~~

~~[Only one form (per event) should be completed and submitted to the Department of Consumer Affairs. The Department of Consumer Affairs will forward a copy of the completed registration form to each of the licensing authorities indicated on this form.]~~

PART 1 – ORGANIZATIONAL INFORMATION

~~1. Organization Name:~~ _____

~~2. Organization Contact Information (*use principal office address*):~~

~~Address Line 1~~ _____ ~~Phone Number of Principal Office~~ _____

~~Address Line 2~~ _____ ~~Alternate Phone~~ _____

~~City, State, Zip~~ _____ ~~Website~~ _____

~~County~~ _____

~~Organization Contact Information in California (*if different*):~~

~~Address Line 1~~ _____ ~~Phone Number~~ _____

~~Address Line 2~~ _____ ~~Alternate Phone~~ _____

~~City, State, Zip~~ _____

~~County~~ _____

Application Initially Noticed July 2011

~~3. Type of Organization:~~

~~Is the organization operating pursuant to Section 501(c)(3) of the Internal Revenue Code?~~

~~____ Yes ____ No~~

~~If not, is the organization a community based organization*?~~

~~____ Yes ____ No~~

~~Organization's Tax Identification Number~~ _____

~~If a community based organization, please describe the mission, goals and activities of the organization (*attach separate sheet(s) if necessary*):~~

_____

_____

_____

_____

~~* A "community based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.~~

~~PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS~~

~~Please list the following information for each of the principal individual(s) who are the officers or officials of the organization responsible for operation of the sponsoring entity.~~

~~Individual 1:~~

~~Name~~	~~Title~~
~~Address Line 1~~	~~Phone~~
~~Address Line 2~~	~~Alternate Phone~~
~~City, State, Zip~~	~~E-mail address~~
~~County~~	

~~Individual 2:~~

~~Name~~	~~Title~~
~~Address Line 1~~	~~Phone~~
~~Address Line 2~~	~~Alternate Phone~~
~~City, State, Zip~~	~~E-mail address~~

Application Initially Noticed July 2011

officer

County

~~Individual 3:~~

~~Name~~ ~~Title~~

~~Address Line 1~~ ~~Phone~~

~~Address Line 2~~ ~~Alternate Phone~~

~~City, State, Zip~~ ~~E-mail address~~

~~County~~

~~*(Attach additional sheets if needed to list additional principal organizational individuals.)*~~

~~PART 3 – EVENT DETAILS~~

~~1. Name of event, if any:~~

~~2. Date(s) of event (not to exceed ten calendar days):~~

~~3. Location(s) of the event (be as specific as possible, including address):~~

~~4. Describe the intended event, including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*):~~

~~5. Attach a list of all out-of-state health care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.~~

~~___ *Check here to indicate that list is attached.*~~

~~6. Please check each licensing authority that will have jurisdiction over an out-of-state licensed health practitioner who intends to participate in the event:~~

~~___ Acupuncture Board~~
~~___ Board of Behavioral Sciences~~
~~___ Board of Chiropractic Examiners~~
~~___ Dental Board~~
~~___ Dental Hygiene Committee~~
~~___ Physician Assistant Committee~~
~~___ Physical Therapy Board~~
~~___ Board of Podiatric Medicine~~
~~___ Board of Psychology~~
~~___ Board of Registered Nursing~~

Application Initially Noticed July 2011

___ Medical Board
___ Naturopathic Medicine Committee
___ Board of Occupational Therapy
___ Board of Optometry
___ Osteopathic Medical Board
___ Board of Pharmacy
___ Respiratory Care Board
___ Speech-Language Pathology, Audiology & Hearing Aid Dispensers Board
___ Veterinary Medical Board
___ Board of Vocational Nursing & Psychiatric Technicians

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application (Form 901-B) to the applicable licensing Board/Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs
Attn: Sponsored Free Health Care Events
1625 North Market Blvd.
Sacramento, CA 95834

- I understand the recordkeeping requirements imposed by California Business and Professions Code Section 901 and Title 16, California Code of Regulations Section 4117.

- I understand that our organization must file a report with each applicable board/committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury that the information provided on this form and any attachments is true and current and that I am authorized to sign this form on behalf of the organization.

Name Printed _____ Title _____

Signature _____ Date _____

Application Initially Noticed July 2011

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF OCCUPATIONAL THERAPY
2005 Evergreen Street, Suite 2050, Sacramento, CA 95815-3831
T: (916) 263-2294 F: (916) 263-2701
E-mail: cbot@dca.ca.gov Web: www.bot.ca.gov

REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A CALIFORNIA LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901 any occupational therapist or occupational therapy assistant licensed/certified/registered and in good standing in another state, district, or territory in the United States may request authorization from the California Board of Occupational Therapy (Board) to participate in a free health care event offered by a sponsoring entity or a local government, registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days.

PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- ~~A processing fee of $50, made payable to CBOT.~~
- ~~A copy of each valid and current license, certificate or registration authorizing the applicant to engage in the practice of occupational therapy issued by any state, district, or territory of the United States.~~
- ~~A copy of a valid photo identification of the applicant issued by one of the jurisdictions in which the applicant holds a license or certificate to practice.~~
- ~~A completed fingerprint card or Request for Live Scan Service form. This will be used to establish your identity and to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. (This requirement shall apply only to the first application for authorization that you submit.)~~
- ~~Examination score report or verification of registration/certification by the National Board for Certification in Occupational Therapy (or its predecessor organization).~~

☐ Application fee of $50, check or money order made payable to CBOT.
☐ A copy of each valid and current license, certificate or registration authorizing the applicant to engage in the practice of occupational therapy issued by any state, district, or territory of the United States.
☐ A copy of a valid photo identification (drivers' license, state identification) from one of the jurisdictions in which the applicant is authorized to practice.
☐ A completed CBOT fingerprint card with $49.00 fingerprint processing fee or Request for Live Scan Service (for the CBOT) providing proof of submission of fingerprints. (Fingerprint information will be used to establish your identity and conduct a criminal history record check.) Instructions are on the CBOT website (www.bot.ca.gov). **Fingerprint processing fees are nonrefundable. The**

fingerprint requirement applies to the first application, unless a record of the submission of fingerprints no longer exists with the Department of Justice.

☐ Examination score report or verification of registration/certification by the National Board for Certification in Occupational Therapy (or its predecessor organization). **This requirement applies to the first application only.**

Please note: All information must be mailed directly to the Board.

The Board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the board, and any additional information requested by the Board has been provided by the applicant and reviewed by the Board, and a determination made to grant authorization.

The Board shall process this request and notify the sponsoring entity or local government listed in this form if the request is approved or denied within 20 calendar days of receipt. If the Board requires additional or clarifying information, the Board will contact you directly, but **written approval or denial of requests will be provided directly to the sponsoring entity or local government**. It is the applicant's responsibility to maintain contact with the sponsoring entity.

PART 2 – NAME AND CONTACT INFORMATION

1. Applicant Name: _____
First Middle Last

2. Social Security Number: ____ - ___ - _____ Date of Birth: _____

3. Applicant's Contact Information:

Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address

4. Applicant's Employer : _____

Employer's Contact Information:

Address Line 1	Phone
Address Line 2	Facsimile
City, State, Zip	E-mail address (if available)

The information provided on this application is maintained by the Executive Officer of the California Board of Occupational Therapy, 2005 Evergreen Street, Suite 2050, Sacramento, California 95815, pursuant to Business and Professions Code Section 901. It is mandatory that you provide all information requested. Omission of any item of information will result in the application being rejected

as incomplete. The information provided will be used to determine compliance with the requirements of Section 901 and may be transferred to other governmental and enforcement agencies.

You have the right to review the records maintained on you by the Board unless the records are exempt from disclosure. You may gain access to the information by contacting the Board at the above address.

PART 3 – LICENSURE INFORMATION

1. Do you hold a current license, certification, or registration issued by a state, district, or territory of the United States authorizing the unrestricted practice of occupational therapy in your jurisdiction(s)?

No ☐ If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes ☐ If yes, list every license, certificate, and registration authorizing you to engage in the practice of ~~[profession]~~ occupational therapy in the following table. If there are not enough boxes to include all the relevant information please attach an addendum to this form. Please also attach a copy of each of your current licenses, certificates, and registrations.

State/ Jurisdiction	Issuing Agency/ Authority	License Number	Expiration Date

2. Have you ever had any license, certification, or registration to practice revoked, suspended, sanctioned or subject to any disciplinary action or proceeding by a licensing body or regulatory agency?
___ Yes ___ No

3. Have you ever been convicted of or pled guilty or nolo contendere to any misdemeanor or felony? (Please note: convictions must be disclosed whether or not the conviction has been dismissed.)
___ Yes ___ No

4. If you answered "Yes" to any of questions 2-3, please explain (*attach additional page(s) if necessary*): _____

_____

_____

_____

_____

_____

_____

_____

PART 4 – SPONSORED EVENT

1. Name and address of non-profit or community-based organization or local government hosting the free healthcare event (the "sponsoring entity"):

_____

_____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

_____

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

_____

_____

5. Please specify the healthcare services you intend to provide: _____

_____

6. Name and phone number of contact person with sponsoring entity or local government:

_____

_____

PART 5 – ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the Board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice ~~[profession]~~ occupational therapy.

- I will comply with all applicable practice requirements required of licensed ~~[profession]s~~ occupational therapy practitioners and all regulations of the Board.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of practice for California-licensed occupational therapists and occupational therapy assistants.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity or local government listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- All information provided by me in this application is true and complete ~~to the best of my knowledge~~. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the Board deems necessary.

Name: _____
Printed

_____ _____
Signature Date

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
Table A: Data Supporting Application (Processing) Fee for Out-of-State Practitioner Authorization to Participate in Free Sponsored Health Care Event

Projected Workload Per Application:

Tasks Associated with Processing Requests for Authorization to Practice Without California Licensure at a Free Registered Health Care Event Application CBOT 901-B	Units per Fiscal Year	Min Per Task	Performed By	Cost Basis	Extended Costs
Receive, open, timestamp, login mail & check, distribute to cashiering	20	10	OT	$20/hour	$66.60
Cashier application fee (stamp receipt, log payment to log, enter on Report of Collections, create file)	20	20	OT	$20/hour	$132.20
Review, evaluate application materials and documentation for completeness/authenticity, & verify registration status of Health Care Event	20	30	OT	$20/hour	$200.00
Verify licensure status in other state(s) and NBCOT DAIEN databank (Primary Source Verification)	20	20	OT	$20/hour	$132.20
Time spent to Enroll/Query HIPDB & NPDB	20	10	SSA	$30/hour	$99.90
Cost of HIPDB & NPDB query	20	N/A	N/A	$6.50	$130.00
Verification of Fingerprint Clearance	20	10	OT	$20/hour	$66.60
Prepare authorization/denial letter for Executive Officer signature	20	10	OT	$20/hour	$66.60
Issue authorization/denial letter, photocopy, file	20	10	OT	$20/hour	$66.60
Postage	20	N/A	N/A	$.45	$9.00
Respond to inquiries, monitor applications, perform other support duties	20	10	OT	$20/hour	$66.60
Subtotal of Extended Costs					$1,036.30
Subtotal of Extended Costs divided by Units (number of projected applications)					20
Total Projected Cost Per Application					$51.82