



### 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>
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#### 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 <input type="checkbox"/> No If yes, what name? _____			
F. Residence Address: Street No., Apt. No. (Mandatory - P.O. Box not accepted)		City	State	Zip Code	
G. Address of Record: Street No., Apt. No., P.O. Box		City	State	Zip Code	
H. Home Telephone # ( )	I. Business Telephone # ( )	J. Social Security Number or Individual Tax Identification Number (Mandatory) _____ - _____ - _____			
K. Email address (Optional)	L. Date of Birth (mm/dd/yyyy)	M. Driver's License No and State	N. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
O. Are you currently serving in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, branch: _____		P. Have you ever served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, branch: _____			

#### 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	License, Certificate or Registration Type	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?  
 Yes: Date of certification: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
 No.

B. Were you certified by the former American Occupational Therapy Certification Board?  
 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: Name of Supervisor:	Position:  From:  To:
Facility Name:  Address (Street, City, State or Country):  Telephone Number: Name of Supervisor:	Position:  From:  To:
Facility Name:  Address (Street, City, State or Country):  Telephone Number: Name of Supervisor:	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)?  Yes  No

You must disclose any conviction, regardless of age. Exceptions include: convictions occurring under the age of 18 (unless you were tried as an adult), traffic violations resulting in a fine of less than \$500, and convictions two years or older under California Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b). 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. All convictions expunged under Penal Code Section 1203.4 must be disclosed.

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 <b>OR</b> 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" <i>passport quality</i> photograph of yourself taken within the last three months.</p> <p style="text-align: center;">Attach Photograph Here (face must be completely visible)</p>
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### **NOTICE OF COLLECTION OF PERSONAL INFORMATION**

The information requested herein is mandatory, unless otherwise indicated, and is maintained by the California Board of Occupational Therapy (Board), 2005 Evergreen Street, Suite 2250, Sacramento, CA 95815, Executive Officer, 916/263-2294, in accordance with Business & Professions Code section 2750 et seq. Disclosure of your individual taxpayer identification number or social security number is mandatory and collection is authorized by Section 30 of the Business & Professions Code. Failure to provide all or any part of the requested mandatory information will render your application incomplete and subject to the abandonment provisions set forth in CCR, Title 16, Division 39, Section 4114. Except for the individual taxpayer identification number or social security number, the information requested will be used to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations. Your individual taxpayer identification number or social security number will be used exclusively for tax enforcement purposes, compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or verification of licensure from a requesting state. It will not be deemed to be a public record and will not be disclosed to the public. If you fail to disclose your individual taxpayer identification number or social security number you will be reported to the Franchise Tax Board (FTB), which may assess a \$100 penalty against you. Upon request, the Board will provide the FTB with your name, address(es) of record, individual taxpayer identification number or social security number, type of license and status, and effective date and expiration date of your license. You have the right to review your personal information maintained by the agency unless the records are exempt from disclosure. Please note that certain information you provide may be disclosed under some circumstances, such as: in response to a Public Records Act (PRA) request (beginning with Government Code section 6250), to another government agency as required by state or federal law, or in response to a court or administrative order, subpoena, or search warrant.

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

**I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and any documentation submitted in support of my application is true and correct.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Did you include the \$50 application fee?**  Yes  No

**Did you include the \$49 fingerprint fee with the fingerprint cards?**  Yes  No  
*(Fingerprint cards/fee not needed if submitting completed LiveScan form)*

**Do you want the approval/deficiency letter sent to the email address provided on page one?**  
 Yes  No

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