

## NOTICE OF AVAILABILITY OF MODIFIED TEXT

NOTICE IS HEREBY GIVEN that the Board of Occupational Therapy has proposed modifications to the forms incorporated by reference on the text of California Code of Regulations Section 4149.5 in Division 39, of Title 16. A copy of the modified text, with Petition for Reinstatement of License, Form PTR, Rev. 7/2016, and Probationer Petition, Form PET, Rev. 7/2016, is enclosed.

Any person who wishes to comment on the proposed modifications may do so by submitting written comments on or before 5:00 PM on October 26, 2016, to the following:

Ranjila Sandhu, Regulations Coordinator  
California Board of Occupational Therapy  
2005 Evergreen Street, Suite 2250  
Sacramento, CA 95815  
Telephone: (916) 263-2294  
Fax: (916) 263-2701  
E-mail: [cbot@dca.ca.gov](mailto:cbot@dca.ca.gov)

Materials regarding this proposal can be found at [www.bot.ca.gov](http://www.bot.ca.gov).

DATED: October 11, 2016

[Signature on File]

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HEATHER MARTIN, Executive Officer  
California Board of Occupational Therapy

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**  
Title 16, Division 39, California Code of Regulations

***MODIFIED TEXT***

Proposed amendments are shown by ~~strikeout~~ for deleted text and underlined for new text.

Modifications are shown by ~~double-strikeout~~ for deleted text and double underline for new modified language.

Amend the title of Article 5.5 as follows:

Article 5.5. Standards Related to Denial, Discipline, and Petitions for Reinstatement of Licenses or Modification of Penalty

Add new section: 4149.5 Petitions for Reinstatement or Modification of Penalty

- (a) A person whose license has been revoked may petition the Board for reinstatement upon submission of the following:
- (1) A completed form entitled Petition for Reinstatement of License, Form PTR, Rev. 7/2016, hereby incorporated by reference.
  - (2) A completed "Request for Live Scan Service, DOJ Form BCII 8016 (Rev10/98)" evidencing electronic submission of fingerprints, and
  - (3) Certified court and arrest records for any criminal offense which resulted in court-imposed probation or parole or a court order of registration pursuant to Section 290 of the Penal Code.
- (b) A person whose license has been placed on probation may petition the Board for reduction or termination of probation upon submission of a completed form entitled Probationer Petition, Form PET, Rev. 7/2016, hereby incorporated by reference.
- (c) The Board shall first determine whether petitioner is on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code when deciding whether to refuse to consider a petition for reinstatement of a license pursuant to BPC Section 2570.32.
- (d) If the petitioner is not on court-imposed probation or parole and is not subject to an order of registration pursuant to Section 290 of the Penal Code, the Board shall consider the petition and evaluate evidence of rehabilitation submitted by the petitioner, considering the criteria set forth in the Board's Disciplinary Guidelines (October 2013).
- (e) If the petitioner is on court-imposed probation or parole, the Board shall refuse to consider the petition.

- (f) If the Board refuses to consider a petition for reinstatement while the petitioner is on court-imposed probation or parole, the petitioner may submit a Petition for Reinstatement at the conclusion of his or her court-imposed probation or parole.
- (g) If the petitioner is subject to an order of registration pursuant to Section 290 of the Penal Code, the Board shall refuse to consider the petition for reinstatement if any of the following apply:
- (1) The petitioner is subject to an order of registration pursuant to Section 290 of the Penal Code for a crime or offense committed with a patient or client; or
  - (2) The petitioner is subject to an order of registration pursuant to Section 290 of the Penal Code for a crime or offense committed with a minor who was under the age of 14, and the petitioner was more than ten (10) years older than the minor at the time the act was committed; or
  - (3) The petitioner is subject to an order of registration pursuant to Section 290 of the Penal Code for a crime or offense that was committed less than ten (10) years prior to the date of submission of the petition for reinstatement.
- (h) If the petitioner is subject to an order of registration pursuant to Section 290 of the Penal Code, and none of the above criteria applies, the Board shall consider the petition for reinstatement.
- (i) If the Board refuses to consider a petition for reinstatement based on any of the criteria set forth in subsection (g) above, the petitioner may submit a petition for reinstatement upon the court-ordered removal of the obligation to register pursuant to Section 290 of the Penal Code, or ten (10) years after the court issued the order to register pursuant to section 290 of the Penal code, whichever is sooner.

Authority: Section 2570.20, Business and Professions Code. Reference: Sections 2570.30 and 2570.32, Business and Professions Code.



CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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PETITION FOR REINSTATEMENT OF LICENSE

(PLEASE TYPE OR PRINT ALL ANSWERS)

NOTE: Pursuant to Business and Professions Code section 2570.32, the Board shall give notice to the Attorney General of the filing of the petition and the Attorney General shall be afforded an opportunity to present oral and written argument before the agency itself.

Form containing fields for Name, License Number, Address, Telephone No., Date license was originally issued, Date license was revoked, Have you ever been licensed under any other name(s) in this or other States?, Will you be represented by an attorney?, Name of Attorney, Telephone No., Address, Reason why your license was revoked, Explain fully the circumstances leading to the revocation of your license, Why are you now petitioning the Board for reinstatement of your license?

**COST RECOVERY:**

Was cost recovery ordered?  Yes  No If yes, what is the remaining balance? \_\_\_\_\_

When is Payment Anticipated? \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Have you been employed since the date of your revocation?:  Yes  No

If yes, are you employed in the healthcare field?  Yes  No

List any disciplinary actions taken against you by your employer(s): \_\_\_\_\_

*List all employers for the past seven (7) years. Use additional paper if necessary. Attach a recent work performance evaluation and/or a letter of recommendation from each of the employers listed below. Ask each employer to include information regarding your responsibilities, job performance, attendance, attitude, appearance, communication skills, interpersonal skills, etc.*

**Current Employer:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Your Date of Hire: \_\_\_\_\_

Shift/ Hours: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**#2**  
Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Your Date of Hire: \_\_\_\_\_

Shift/ Hours: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Job Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**ADDITIONAL LICENSURE:**

Do you possess a license or certificate to practice occupational therapy or any other healthcare related duties in the State of California or any other state?  **Yes**     **No**

If yes, please list the State(s) where you are licensed, the license number and the current status of the license.

Name of State	License Number	Type of License	Date of Expiration	Status

**EDUCATION:**

Have you completed or are you currently taking education courses related to occupational therapy? **Yes**  **No**

*Attach proof of completion /transcripts and a course description for each course.*

Name of Course	Name of Provider	Hours/Units	Date Completed

If your license is reinstated, what steps will you take to continue building your professional/clinical skills?

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If your license is reinstated, what steps will you take to ensure that your education and practice reflect current professional and healthcare standards: \_\_\_\_\_

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**CRIMINAL CONVICTIONS:**

Since your revocation, have you been convicted or pled nolo contendere to any violation of any law of any state in the United States or foreign country?  Yes  No If yes, please identify the violation(s) below and *use additional paper* if needed.

**Provide certified copies of all arrest report(s) and court documents and a completed Live Scan Form (BCII 8016).**

Arrest		Conviction	
Date: _____	Charge(s): _____	Date: _____	Convicted of: _____
Arrest		Conviction	
Date: _____	Charge(s): _____	Date: _____	Convicted of: _____

Arresting Agency/Agencies: \_\_\_\_\_

Name of Court/Courts: \_\_\_\_\_

Do you currently have any criminal action *pending* against you?  Yes  No If yes, please specify the following.

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Are you on court-ordered/court-imposed probation?  Yes  No *IF Yes*, are you on  Formal Probation  Informal Probation

Name of Court: \_\_\_\_\_

Probation/Parole Officer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date criminal probation was/will be completed. \_\_\_\_\_

List the terms and conditions of your criminal probation. \_\_\_\_\_

Do you currently have any civil action pending against you?  Yes  No

Are you currently under investigation for suspected violations of any laws of any state in the United States or foreign country?  
 Yes  No If yes, please identify the violation(s) below.

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Violation: \_\_\_\_\_ Location: \_\_\_\_\_

Have you been arrested for violation(s) of your court – ordered probation or are you awaiting a court date?  Yes  No

Arresting Agency: \_\_\_\_\_

If you are out of compliance, explain the circumstances leading to your violation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL/SUBSTANCE ABUSE REHABILITATION EFFORTS:**

*Attach Proof of Completion of program and a description of the services provided.*

Are you attending or have you completed an alcohol/drug rehabilitation program?  Yes  No

Circle the type of rehabilitation program: Residential In-Patient (Acute) Out-Patient

Was your rehabilitation program court - ordered?  Yes  No

What is your date of sobriety? \_\_\_\_\_ Date Program Entered: \_\_\_\_\_ Date Program Completed: \_\_\_\_\_

Have you abstained from the use of alcohol and/or drugs since your date of sobriety?  Yes  No

If you answered no, when was the last time you used drugs or alcohol and what were the circumstances:

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Do you participate in a chemical dependency program, (i.e. Alcoholics, Narcotics Anonymous, or a Support Group, etc.)

Yes  No Group Name: \_\_\_\_\_

How many meetings per week do you attend? \_\_\_\_\_ Do you have a sponsor?  Yes  No

Name of Program: \_\_\_\_\_ Name of Counselor/Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

*Attach a letter from your counselor, sponsor, or others who can testify to your attendance, participation, and rehabilitative efforts and an assessment of your rehabilitation*

Are you under the care of a Psychiatrist, Psychologist, Therapist, and/or Group Facilitator?  Yes  No

Was your treatment or care ordered by the court?  Yes  No

Do you attend and participate in group therapy?  Yes  No Name of the Group: \_\_\_\_\_

How often do you attend the group meetings, therapy, and/or counseling? \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other: \_\_\_\_\_

How has your participation in individual and/or group counseling or therapy benefited you? \_\_\_\_\_

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*Attach a letter from your Psychiatrist, Psychologist or Therapist and/or Group Facilitator regarding your attendance, participation and progress.*



**FITNESS TO PRACTICE IN YOUR LICENSED CAPACITY:**

Do you have any diagnosed physical disabilities and/or mental disorders that would preclude you from performing all duties of a \_\_\_\_\_?  Yes  No

If your answer is **yes**, please provide a detailed explanation and the date of your diagnosis.

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List any prescribed and/or over-the-counter medication you are currently taking and the purpose or condition for which the medication is taken.

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**ADDITIONAL REHABILITATIVE EFFORTS:**

List **ANY** actions or activities that you have used to prevent a reoccurrence of the violation(s) that led to the revocation of your license. (**Examples:** areas of personal growth, continued education not related to your license, exercise programs, voluntary associations, etc.) List steps you would take to respond differently should a situation similar to that which led to the revocation of your license arise in the future. *If possible, please attach documentation to support your response.*

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**EXPLAIN IN DETAIL WHY THE BOARD SHOULD GRANT YOUR PETITION FOR REINSTATEMENT:**

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*I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct.*

\_\_\_\_\_  
*Your Signature*

\_\_\_\_\_  
*Date*



## **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 2570 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 result in the rejection of your application as incomplete. 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 or examination status by a licensing or examination board where licensing is reciprocal with the 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 or renewal. 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.



**PROBATIONER PETITION**  
 (PLEASE TYPE OR PRINT ALL ANSWERS)

**PLEASE SELECT ONE:**     Modification of Terms     Early Termination

**NOTE:** Pursuant to ~~Government Code section 11522~~ **Business and Professions Code section 2570.32**, the Board shall give notice to the Attorney General of the filing of the petition and the Attorney General and the petitioner shall be afforded an opportunity to present either oral or written argument before the agency itself.

Name: _____	License Number: _____
Address: _____ (street, city, zip code)	Telephone No.: (____) _____
Date License Was Issued: _____	Effective Date of Probation: _____
Date Probation Will Be Completed: _____	Is Your License Current: <input type="checkbox"/> Yes <input type="checkbox"/> No

**1. REASON LICENSE WAS PLACED ON PROBATION:**

(Check All Applicable Boxes)

- |  |  |   |                                |
|--|--|---|--------------------------------|
| <input type="checkbox"/> Drug Related    | <input type="checkbox"/> Criminal Conviction | <input type="checkbox"/> Gross Negligence | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alcohol Related | <input type="checkbox"/> Patient Abuse       | <input type="checkbox"/> Incompetence     | (Explain Below)                |

Explain Fully The Reason Your License Was Placed On Probation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. EMPLOYMENT STATUS:**

Have you informed your employer(s) of the probationary status of your license:     Yes     No

Have you provided your employer(s) with a copy of the Accusation/Statement of Issues and terms of your probation?     Yes     No

While on probation have you been disciplined by an employer?     Yes     No  
*(Examples: verbal/written counseling, adverse action, termination) If your answer is yes, please provide an explanation of the circumstances that led to the discipline. Use additional paper if necessary.*

**3. EMPLOYMENT HISTORY:** List ALL employers for the past seven (7) years. Use additional paper if necessary.

**Current Employer:**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**#2**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**#3**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**#4**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Your Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**4. EDUCATION: *Attach Proof of Completion or Attendance/Transcripts***

Have you completed the assigned continuing education?  Yes  No

List the coursework that you were assigned:

Coursework Assigned	Name of Provider	Hours/Units	Date Completed
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently taking or have you completed any other courses related to your license?  Yes  No

Name of Course	Name of Provider	Hours/Units	Date Completed
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5. COST RECOVERY: (Complete this section if applicable)**

What is the amount of cost recovery you were ordered to pay to the Board? \$ \_\_\_\_\_

What is the amount you have paid? \$ \_\_\_\_\_ What is the balance due? \$ \_\_\_\_\_

If recovery costs have not been paid in full, explain why \_\_\_\_\_

\_\_\_\_\_

How do you plan on making these payments if the above applies? \_\_\_\_\_

\_\_\_\_\_

**6. CRIMINAL CONVICTION: (Complete this section if applicable)**

*Attach Proof of Completion of Probation or Status of Compliance*

Name of Probation/Parole Officer: \_\_\_\_\_ Tel #: \_\_\_\_\_

Date of Conviction: \_\_\_\_\_ Case #: \_\_\_\_\_

Date criminal probation was completed or will be completed: \_\_\_\_\_

Are you in compliance with the terms and conditions of your criminal probation?  Yes  No

Explain fully if you are out of compliance with the terms of your criminal probation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. REHABILITATION PROGRAM: (Complete this section if applicable)**

*Attach Proof of Completion of Program and a Description of the Services Provided*

Are you attending or have you completed any rehabilitation program? Yes No

Name of Program: \_\_\_\_\_ Name of Counselor: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Circle the type of rehabilitation program: Residential In-patient Out-patient

Date entered program: \_\_\_\_\_ Date program completed: \_\_\_\_\_

**8. CHEMICAL DEPENDENCY SUPPORT GROUP: (Complete if Applicable)**

*Attach A Letter From Your Sponsor and/or Others Who Can Testify To Your Attendance, Participation and Rehabilitation Efforts.*

What is the date of your sobriety: \_\_\_\_\_

Do you attend **and** participate in a chemical dependency program, (i.e. Alcoholics Anonymous, Narcotics Anonymous, or a Nurse Support Group) Yes No Group Name: \_\_\_\_\_

How many meetings per week do you attend \_\_\_\_\_ Do you have a sponsor? Yes No

Have you abstained from the use of alcohol and/or drugs during the term of your probation? Yes No

If you answer was no, when was the last time you used drugs or alcohol and what were the circumstances:

\_\_\_\_\_

**9. THERAPY: (Complete if applicable)**

*Attach a Letter From Your Therapist and/or Group Facilitator Regarding Your Attendance, Participation and Progress.*

Name of Doctor/Therapist: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

How often do you attend? \_\_\_\_\_ weekly \_\_\_\_\_ monthly

Do you attend and participate in Group Therapy? Yes No

Name of the Group: \_\_\_\_\_

How often do you attend the group meetings? \_\_\_\_\_ weekly \_\_\_\_\_ monthly

How has your participation in individual and/or group counseling benefited you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**10. ADDITIONAL INFORMATION:** List ANY activities which you have used to prevent a reoccurrence of the violation that led to your probation. (Examples: areas of personal growth, continued education not related to your license, exercise programs, religion, etc.) *Attach Any Documentation To Support Your Response*

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**11. WHY ARE YOU PETITIONING THE BOARD FOR MODIFICATION/EARLY TERMINATION OF PROBATION?**

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**12. WHY SHOULD THE BOARD GRANT YOUR PETITION FOR MODIFICATION/EARLY TERMINATION OF PROBATION?**

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I further declare that I have obeyed all federal, state and local laws, including all statutes and regulations governing my license and that I have fully complied with the terms and conditions of the probation program established by the Board.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date





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