

## **AGENDA ITEM 10**

### **CONSIDERATION OF AMENDING CCR SECTION 4102, FILING OF ADDRESSES.**

Proposed amendments to Section 4102 are attached for review.

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

**Proposed Text**

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

§ 4102. Filing of Addresses and Changes in Name

~~(a) Each person licensed or issued a limited permit by the board, shall report to the board every change of residence address within 30 days after the change, giving both the old and new addresses. In addition to the residence address, the person may provide the board with an alternate address of record. If an alternate address is the person's address of record, he or she may request, in writing, that the residence address not be disclosed to the public.~~

~~(b) Each person licensed or issued a limited permit by the board shall report to the board every change of name within 30 days after the change, giving both the old and new names.~~

~~(c) This section refers to every person who holds an active, inactive, unexpired, suspended license or limited permit.~~

(a) Address of Record. Every applicant and licensee shall provide an address to the California Board of Occupational Therapy that will be designated as their address of record, which will be utilized for all official and formal communications from the Board, and which will be disclosed to the public. An applicant or a licensee need not provide a residence address as the address of record, but may use an alternative address, such as a business address or a P.O. Box, as their address of record. Every applicant and licensee shall report any change of the address of record to the Board no later than thirty (30) calendar days after the address change has occurred. The report of change of address of record shall be in writing and contain the old address, the new address, and the effective date of the change of address.

(b) Residence Address. Every applicant and licensee shall provide a residence address to the Board. Only if the applicant or licensee also provides an alternative address of record as described in subdivision (a) above shall the Board maintain the residence address as confidential. Every applicant and licensee shall report any change of their residential address to the Board no later than thirty (30) calendar days after the address change has occurred. The report of change of residential address shall be in writing and contain the old address, the new address, and the effective date of the change of address.

(c) Name Change: Every applicant and licensee shall report to the Board in writing each and every change of name no later than thirty (30) calendar days after each change has occurred, giving both the old and new names.

(d) E-mail Address. Every applicant and licensee shall file a current e-mail address with the Board and shall notify the Board in writing of any and all changes of the e-mail address no later than thirty (30) calendar days after the change has occurred, giving both the old e-mail address and the new e-mail address. E-mail addresses are confidential information and shall not be made available to the public. This subdivision does not require an

applicant or licensee to obtain an e-mail address, it only requires that person report an existing e-mail address to the Board.

(e) Licensee. For purposes of this section, "licensee" includes any holder of an active, inactive, delinquent, suspended or expired license, certification or other authorization issued by the Board to practice occupational therapy which is not canceled or revoked.

(f) This section applies to every person who holds an active, inactive, unexpired, suspended, license or limited permit.

## AGENDA ITEM 11

### **CONSIDERATION AND POSSIBLE ACTION RELATED TO PROPOSED LANGUAGE TO ADD SECTION 4149.5, PETITIONS FOR REINSTATEMENT OR MODIFICATION OF PENALTY.**

The following are attached for review:

- Notice
- Initial Statement of Reasons
- Modified Text
- Form PTR: Petition for Reinstatement of License
- Form PET: Probationer Petition

## TITLE 16. CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

NOTICE IS HEREBY GIVEN that the California Board of Occupational Therapy (Board) is proposing to take the action described in the Informative Digest. Any person interested may submit statements or arguments relevant to the action proposed in writing. Written comments, including those sent by mail, facsimile, or email to the addresses listed under Contact Person in this Notice, must be received by the Board at its office not later than 5:00 pm on October 10, 2016.

The Board does not intend to hold a hearing in this matter. If any interested party wishes that a hearing be held, he or she must make the request in writing to the CBOT. The request must be received in the Board office not later than 5:00 pm on September 26, 2016.

The Board, upon its own motion or at the instance of any interested party, may thereafter adopt the proposals substantially as described below or may modify such proposals if such modifications are sufficiently related to the original text. With the exception of technical or grammatical changes, the full text of any modified proposal will be available for 15 days prior to its adoption from the person designated in this Notice as Contact Person and will be mailed to those persons who submit written or oral testimony related to this proposal or who have requested notification of any changes to the proposal.

Authority and Reference: Pursuant to the authority vested by section 2570.32 of the Business and Professions Code (BPC), the Board is proposing to revise Division 39, Title 16 of the California Code of Regulations (CCR) as follows:

### INFORMATIVE DIGEST

#### Informative Digest

The Board is the regulatory entity that regulates the practice of occupational therapy in the State of California. Existing law, BPC section 2570.25, mandates protection of the public shall be the highest priority of the Board in exercising its licensing, regulatory, and disciplinary functions.

#### Policy Statement Overview

Existing law, BPC section 2570.32, specifies that a holder of a license that has been revoked may petition the Board for reinstatement of the license or that a holder of a license that has been suspended or placed on probation may petition the Board to modify a penalty, including reduction or termination of probation.

Pursuant to BPC 2570.32, the petition submitted shall contain any information required by the Board, which may include a current set of fingerprints and the fingerprint processing fee. The petitioner shall at all times have the burden of proof to establish by clear and convincing evidence that he or she is entitled to the relief sought in the petition.

Existing law, BPC section 2570.32, specifies that the Board may refuse to consider a petition while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code.

The Board is seeking to add 16 CCR Section 4149.5, to (1) require forms that must be completed and other documents that must be submitted when petitioning the Board for reinstatement or modification or early termination of probation and (2) to implement and make specific BPC Section 2570.32(f), by establishing the criteria that will be applied when determining whether the Board will refuse to consider a petition from an individual under sentence for a criminal offense.

The Board is seeking to add 16 CCR Section 4149.5 to specify certain criteria that must occur or a time period that must elapse before an individual can submit a petition if the Board previously refused to hear their petition.

#### Benefit of Proposed Regulations

This proposed action will clarify 2570.32(f) which provides discretion to the Board to refuse to hear a petition for reinstatement or modification of a penalty, when the petitioner is under sentence for a criminal offense, without providing any criteria or basis for the decision to refuse to hear a petition. The proposed action will provide clarity to prospective petitioners, specify forms and documents that must be submitted in order for the Board to consider a petition for reinstatement or modification of a penalty, and ensure protection of the public when the petitioner is under sentence for a criminal offense.

The proposed regulatory action defines, clarifies, and updates many aspects and principles of the Board's standards related to denial, discipline, and petition for reinstatement of a license or modification of a penalty.

#### Consistency and Compatibility with Existing State Regulations

During the process of developing these regulations, the Board conducted an evaluation for any other regulations related to this area and has determined that these regulations are neither inconsistent nor incompatible with existing state regulations.

#### Documents Incorporated by Reference:

- Petition for Reinstatement of License, Form PTR (Rev. 7/2016)
- Probationer Petition, Form PET (Rev. 7/2016).

#### **FISCAL IMPACT ESTIMATES**

Fiscal Impact on Public Agencies Including Costs or Savings to State Agencies or Costs/Savings in Federal Funding to the State: None

Nondiscretionary Costs/Savings to Local Agencies: None

Local Mandate: None

Local Agency or School District for Which Government Code Sections 17500-17630 Require Reimbursement: None

**Business Impact:**

The Board has made an initial determination that the proposed regulatory action would not have a significant, statewide adverse economic impact directly affecting business, including the ability of California businesses to compete with businesses in other states.

**Cost Impact on Representative Private Person or Business:**

The Board is not aware of any cost impacts that a representative private person or business would necessarily incur in reasonable compliance with the proposed action.

**Effect on Housing Costs:** None

**EFFECT ON SMALL BUSINESS:**

The Board has made a determination that the proposed regulatory action would not have a statewide adverse economic impact on small business. The proposed regulatory action only impacts individuals whose occupational therapist or occupational therapy assistant license has been revoked suspended, or placed on probation.

**RESULTS OF ECONOMIC IMPACT ANALYSIS**

**Impact on Jobs/New Business:**

The Board has determined that this regulatory proposal will not have any impact on the creation of jobs or new businesses or the elimination of jobs or existing businesses or the expansion of businesses in the State of California.

**Benefits to the Health and Welfare of California Residents, Worker Safety, and the State's Environment:**

The Board has determined that this regulatory proposal action adds clarity and specificity to when a petition for reinstatement or modification of a penalty can be submitted for the Board's consideration.

Adoption of this proposed action will enhance and promote the administration, coordination, and enforcement of these provisions and ultimately promote the Board's mandate to protect the health, safety, and welfare of California consumers and provides clarity to those who wish to submit a petition for the Board's consideration.

**CONSIDERATION OF ALTERNATIVES**

The Board must determine that no reasonable alternative it considered to the regulation or that has otherwise been identified and brought to its attention would either be more effective in carrying out the purpose for which the action is proposed or would be as effective as and less burdensome to affected private persons than the proposal described in this Notice or would be more cost effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

Any interested person may present statements or arguments orally or in writing relevant to the above determinations within the timeframes identified in this Notice, or at a hearing in the event that such a request is made by the public.

#### INITIAL STATEMENT OF REASONS AND INFORMATION

The Board has prepared an initial statement of reasons for the proposed action and has available all the information upon which the proposal is based.

#### TEXT OF PROPOSAL

Copies of the exact language of the proposed regulation, and all documents incorporated by reference, and the initial statement of reasons, and all of the information upon which the proposal is based, may be obtained from the contact person listed below.

#### AVAILABILITY AND LOCATION OF THE FINAL STATEMENT OF REASONS AND RULEMAKING FILE:

All the information upon which the proposed regulation is based is contained in the rulemaking file, which is available for public inspection by contacting the person named below.

You may obtain a copy of the final statement of reasons once it has been prepared, by making a written request to the contact person named below or by accessing the Board's website as listed below.

#### CONTACT PERSON:

Inquiries or comments concerning the proposed rulemaking action may be addressed to:

Ranjila Sandhu  
California Board of Occupational Therapy  
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815  
TEL (916) 263-2294 or FAX (916) 263-2701

The backup contact person is:

Jeff Hanson  
[Same contact information as above]

**Website Access: All materials regarding this proposal can be found on-line at [www.bot.ca.gov](http://www.bot.ca.gov) > Regulations > Proposed Regulations.**



# CALIFORNIA BOARD OF OCCUPATIONAL THERAPY

## INITIAL STATEMENT OF REASONS

Subject Matter of Proposed Regulations: Petition for Reinstatement or Modification of Penalty

Section Affected: Title 16, Division 39, California Code of Regulations (CCR), Section 4149.5

### Introduction

The California Board of Occupational Therapy (Board) is the state agency that regulates the practice of occupational therapy. The Board's highest priority in exercising its licensing, regulatory, and disciplinary functions is to protect and promote the health, safety and welfare of California consumers. The Board administers, coordinates, and enforces provisions of the laws and regulations pertaining to occupational therapy.

Existing law, Business and Professions Code (BPC), Section 2570.32 establishes and sets forth rules and parameters related to reinstatement of revoked licenses and modification of penalty.

Existing law, BPC Section 2570.32(f) establishes the Board may refuse to consider a petition while the petitioner is under sentence for any criminal offense, including any period during which the petitioner is on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code (Sex Offender Registration Act).

### SPECIFIC PURPOSE OF EACH ADOPTION, AMENDMENT OR REPEAL:

Existing law, BPC section 2570.32 establishes that a holder of a license that has been revoked may petition the Board for reinstatement of the license or that a holder of a license that has been suspended or placed on probation may petition the Board to modify a penalty, including reduction or termination of probation.

The Board is seeking to add 16 CCR Section 4149.5, to (1) require forms that must be completed and other documents that must be submitted when petitioning the Board for reinstatement or modification or early termination of probation and (2) to implement and make specific BPC Section 2570.32(f) to establish the criteria that will be applied when determining whether the Board will refuse to consider a petition from an individual under sentence for a criminal offense.

### Add Section 4149.5(a)

The purpose and intent of the proposed language is to establish and specify that a form (Petition) prescribed by the Board must be submitted along with a set of fingerprints, and certified court documents, if applicable, to petition for reinstatement of a license.

### *Factual Basis/Rationale:*

In order to implement, promote consistent standards, and establish transparency regarding the reinstatement process the Board is: (1) incorporating a Petition form by reference as a required item if someone wants to petition the Board for reinstatement of their license. The form is designed to assist and guide a petitioner to provide pertinent information and documentation in order for the Board to render a determination to deny or grant the petition, (2) requiring a completed Live Scan Service form to evidence the petitioner has submitting fingerprints for the purpose of licensure background check by the Department of Justice and Federal Bureau of Investigation, and (3) requiring a petitioner to submit certified arrest report and court records for any criminal offense that resulted in court-imposed probation, ensures the Board has all information relevant to the relief that is being sought. Requiring the arrest and court records to be certified meets legal standards for submission of evidence in an administrative hearing.

Add Section 4149.5(b)

The purpose and intent of the proposed language is to establish and specify that a form (Petition) prescribed by the Board must be submitted if a licensee wants to petition the Board for reduction or termination of probation or a penalty.

*Factual Basis/Rationale:*

In order to implement, promote consistent standards, and establish transparency, the Board is incorporating a Petition form by reference as a required item if a licensee wants to petition the Board for modification or termination of his or her probation or penalty. The form is designed to assist and guide a petitioner to provide pertinent information and documentation in order for the Board to render a determination to deny or grant the petition.

Add Section 4149.5(c)

The purpose and intent of the proposed language is to establish and clarify Board staff will review and evaluate the petition, supporting documents, and the petitioner's background check to determine if the petitioner is under sentence for any criminal offence before taking any action to advise a petitioner the Board is refusing to consider their petition.

*Factual Basis/Rationale:*

This language is necessary to establish and clarify that before Board staff advises a petitioner the Board is refusing to consider their petition based on BPC Section 2570.32(f) evidence exists that the petitioner is on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code.

Add Section 4149.5(d)

The purpose and intent of the proposed language is to establish and clarify the Board shall consider a petition when the petitioner is not on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code.

*Factual Basis/Rationale:*

This language is necessary to establish standards, promote transparency, and carry out the Board's intent that it shall consider a petition when the petitioner is not under sentence

for any criminal offense. This section is needed to differentiate between petitioners who are on court-imposed probation or parole or subject to an order of registration pursuant to Section 290 of the Penal Code and those who are not under sentence for any criminal offense.

Add Section 4149.5(e)

The purpose and intent of the proposed language is to establish and clarify the Board will refuse to consider a petition when the petitioner is on court-imposed probation or parole.

*Factual Basis/Rationale:*

This language is necessary to implement, promote transparency, and clarify the Board's intent to refuse to consider a petition pursuant to BPC Section 2570.32(f) when the petitioner is on court-imposed probation or parole. All other healing arts Boards and Commissions under the Department of Consumer Affairs that have similar language regarding reinstatement of a license incorporate language that states the agency *shall* refuse to hear a petition if the petitioner is on court-imposed probation or parole. The Board seeks this regulatory amendment to carry out its mission to protect the health, safety, and welfare of California Consumers.

Add Section 4149.5(f)

The purpose and intent of the proposed language is to establish that if the Board refuses to consider a petition for reinstatement while the petitioner is on court-imposed probation or parole, the petitioner may submit another Petition for Reinstatement at the conclusion of his or her court-imposed probation or parole without being required to wait one year from the refusal date. This language does not supersede or circumvent any of the timeframes specified in BPC Section 2570.32(a).

*Factual Basis/Rationale:*

This language is necessary to establish and clarify a rule that will allow a petitioner to re-submit a Petition for Reinstatement in less than a year from a prior refusal in the event the petitioner's court-imposed probation or parole has concluded and as long as the new petition satisfies the requirements set forth in BPC Section 2570.32(a). The Board does not want to penalize a petitioner in this circumstance by making them wait one year before being eligible to reapply.

Add Section 4149.5(g)

The purpose and intent of the proposed language is to establish and clarify that 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 criteria, as specified, applies to the petitioner.

*Factual Basis/Rationale:*

Due to the serious nature of offenses specified in 4149.5(g)(1) and (2) this language is necessary to implement, promote transparency, and clarify the Board's intent to refuse to consider a petition when the petitioner is under an order of registration as a sex offender for crimes against certain persons (e.g., a patient or client or 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). It is also the intent of the Board to refuse to consider a petition if less than 10 years has elapsed from the date the crime was committed and the petition is submitted.

Add Section 4149.5(h)

The purpose and intent of the proposed language is to establish that the Board will consider a petition for reinstatement if someone is subject to an order of registration as a sex offender and none of the criteria specified in Section 4149.5(g) applies.

*Factual Basis/Rationale:*

This language is necessary to establish standards, promote transparency, and carry out the Board's intent to consider a petition when the petitioner is subject to register as a sex offender and none of the criteria specified in Section 4149.5(g) applies.

Add Section 4149.5(i)

The purpose and intent of the proposed language is to establish that if the Board refuses to consider a petition for reinstatement while the petitioner is subject to an order of registration pursuant to Section 290 of the Penal Code, the petitioner may petition for reinstatement upon the court-ordered removal of the order to register as a sex offender or when ten years has elapsed since the court issued an order to register as a sex offender.

*Factual Basis/Rationale:*

This language is necessary to establish a timeframe upon which the Board would consider a Petition for Reinstatement from a petitioner subject to an order of registration as a sex offender. Due to the serious nature of crimes committed that make someone subject to a court order to register as a sex offender, the Board wants to specify a timeframe that must elapse (ten years) or an event that must occur (court ordered removal of the obligation to register as a sex offender) in order to provide protection to the public while providing due process to petitioners and transparency to the petition process.

**BUSINESS IMPACT:**

This regulation will not have an adverse economic impact on business.

**ECONOMIC IMPACT ANALYSIS**

Background

Existing law, BPC section 2570.32 establishes that a holder of a license, that has been revoked, suspended, or placed on probation, may petition the Board for reinstatement of license or modification of a penalty, including reduction or termination of probation for a licensee on probation, after a period not less than the specified minimum period has elapsed.

The purpose of the proposed regulatory action is to establish regulations relating to criteria for the Board to apply when considering whether to hear a Petition for Reinstatement or Modification of Penalty.

#### Creation or Elimination of Jobs Within California

The Board has determined the proposed regulatory action will not create or eliminate jobs within California for reasonable compliance with the proposed action. The proposed regulatory action expands, defines, and clarifies standards and principles held by the profession in delivering occupational therapy services to the public and do not have a direct correlation on creation or elimination of jobs for reasonable compliance.

#### Creation of New Business or Elimination of Existing Business Within California

The Board has determined the proposed regulatory action will not create new business or eliminate existing business within California for reasonable compliance with the proposed action. The Board does not anticipate that any healthcare or rehabilitation businesses seeking to establish itself in California, or that currently does business in California, would decline opening a business or close an existing business based on implementation of professional standards that are widely held, and nationally recognized.

#### Expansion of Business Within California

The Board has determined the proposed regulatory action will not expand business within California. The proposed regulatory action expands, defines, and clarifies standards and principles for the delivery of occupational therapy services to California consumers and does not contain any inducement for expansion of business.

#### Benefits of Regulations

This proposed regulatory change serves to:

- Clarify 2570.32(f) which provides discretion to the Board to refuse a petition, without providing criteria or clarity to prospective petitioners.
- Specify a form and information that must be submitted in order for the Board to consider whether they want to hear the petition.
- Specify time frames that must elapse before a petition can be submitted if the Board previously refused to consider the petition.
- Define, clarify, and update many aspects and principles of the Board's standards related to denial, discipline, and petition for reinstatement of license or modification of penalty.

#### SPECIFIC TECHNOLOGIES OR EQUIPMENT:

This regulation does not mandate the use of specific technologies or equipment.

## CONSIDERATION OF ALTERNATIVES:

No reasonable alternative to the regulation would be either more effective in carrying out the purpose for which the action is proposed or would be as effective and less burdensome to affected private persons than the proposed regulations.

### Alternative 1:

Adopt the regulation. The Board determined that this was the most feasible because it will comply with the provisions of Sections 2570.30 and 2570.32 of Business and Professions Code.

### Alternative 2:

Do nothing. There would be no criteria established when the Board is refusing to hear a petition, from someone under sentence for a criminal offense, under the discretionary provision of Section 2570.32(f) of Business and Professions Code.

# 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.





## 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.

Name: _____	License Number: _____	
Address: _____ (Street, City, Zip Code)	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? <input type="checkbox"/> Yes <input type="checkbox"/> No Please List		
_____		
_____		
Will you be represented by an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Attorney: _____	Telephone No: (____) _____	
Address: _____ (street, suite number, city, zip code)		
Reason why your license was revoked: <i>(Check All Applicable Boxes)</i>		
<input type="checkbox"/> Controlled Substance Related	<input type="checkbox"/> Criminal Conviction	<input type="checkbox"/> Unprofessional Conduct
<input type="checkbox"/> Alcohol Related	<input type="checkbox"/> Dishonesty	<input type="checkbox"/> Child/Elder/Dependent Adult Abuse
<input type="checkbox"/> Gross Negligence	<input type="checkbox"/> Incompetence	<input type="checkbox"/> Sexual Misconduct
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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*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: \_\_\_\_\_ Telephone No.: (\_\_\_\_) \_\_\_\_\_  
(street, city, zip code)  
Date License Was Issued: \_\_\_\_\_ Effective Date of Probation: \_\_\_\_\_  
Date Probation Will Be Completed: \_\_\_\_\_ Is Your License Current:  Yes  No

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

(Check All Applicable Boxes)

- Drug Related  Criminal Conviction  Gross Negligence  Other  
 Alcohol Related  Patient Abuse  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



## **NOTICE OF COLLECTION OF PERSONAL INFORMATION**

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**AGENDA ITEM 12**

**PENDING RULEMAKING FILES, CALIFORNIA CODE OF REGULATIONS,  
TITLE 16, DIVISION 39**



## REGULATIONS UPDATE REPORT

### *Pending Rulemaking files: In-Process*

Rulemaking File Subject	Section(s)	Status	Close of public comment period	Date Pkg Sent to DCA	Date Pkg Rtn'd from DCA	Final Pkg Due to OAL	Actual Submit Date To OAL	Date language goes into/ went into effect
Application	4110	Modified text adopted at January 2016 meeting.	09/15/2015 01/04/2016	02/16/2016	06/30/2016	07/30/2016	07/06/2016	10/01/2016
Standards of Practice for Telehealth	4172	Language published September 25, 2015. Modified text adopted at January 2016 meeting.	11/09/2015 12/18/2015	05/16/2016		09/23/2016 12/22/2016		
Fees	4130	Language published April 25, 2016. Modified text adopted August 2016.	05/09/2016 07/22/2016 08/18/2016	10/21/2016		03/24/2017		
Continuing Competence	4161 4162 4163	Language published June 24, 2016. Language adopted August 2016	08/08/2016	11/03/2016		06/23/2017		
Notice to Consumer	4176	Language published July 1, 2016 Second modified text adopted October 2016.	08/15/2016 09/16/2016 10/25/2016			06/30/2017		
Petition for Reinstatement or Modification of Penalty	4149.5	Language to be published August 26, 2016 Modified text noticed October 10, 2016. Second modified text noticed October 11, 2016.	10/10/2016 10/25/2016 10/26/2016					

## REGULATIONS UPDATE REPORT

### *Pending Regulatory Amendments: Process Not Yet Started*

Rulemaking File Subject	Section	Priority	Status	Comments
Probation Monitoring costs	4147.2	1	Board approved language for noticing.	
Accept PT license for Hands/PAMs approval	4151 4152	2	Board approved language for noticing.	
Filing of Addresses	4102	3	Draft language to be presented to the Board.	
Language for OT to request to supervise more than 2 OTAs	tbd	tbd	Practice Committee to prepare language; draft language to be presented to the Board at Spring 2017 meeting.	Language would implement BPC 2570.3(j)(2).
Patient record retention requirements when a business is closed/sold/inherited or has a change of ownership; or if practitioner is no longer in private practice	tbd	tbd	Practice Committee to prepare language; draft language to be presented to the Board at Spring 2017 meeting.	Language provides specificity to language in BPC 2570.185.