



Alabama State Board of Occupational Therapy

Physical Address: 334-353-4466
64 N. Union Street
Suite 734
Montgomery, AL 36130-4510

Mailing Address:
P.O. Box 304510
Montgomery, AL 36130-4510

INSTRUCTIONS — APPLICATION FOR LICENSING AS OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY ASSISTANT

The Alabama Occupational Therapy Practice Act requires the following prior to an application being reviewed by the Board:

1. completed and signed application
2. name of licensed occupational therapist supervisor for OTA's
3. proof of citizenship or legal immigration (form enclosed)
4. attach passport photo
5. appropriate fee (cashier's check or money order)

Also required

6. letter of verification from NBCOT
7. license verification from each state where you hold or have held a license

We will attempt to obtain the verification(s) (#6 and #7) on your behalf. If unable to do so, you will be responsible for obtaining said documents, and any fees incurred.

Initial licenses will expire in approximately 1 year. Subsequent renewal license are for two years, and the fees will be \$140.00 for OT's and \$115.00 for OTA's.

No license will be issued until all the above documents and the appropriate fee are received and processed. Any person who practices occupational therapy in Alabama without securing a license, shall be in violation of Act 90-383, and shall be guilty of a misdemeanor punishable by a fine and/or imprisonment.

DO NOT DETACH THIS PAGE

ALABAMA STATE BOARD OF OCCUPATIONAL THERAPY

APPLICATION FOR LICENSING AS
OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

IMPORTANT: ALL QUESTIONS AND STATEMENTS MUST BE ANSWERED. INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY BE SUBJECT TO ADDITIONAL PROCESSING FEES.

<p>1. I hereby make application for licensure to practice as an: (check one):</p> <p><input type="checkbox"/> Occupational Therapist</p> <p><input type="checkbox"/> Occupational Therapy Assistant</p>	Continuing Education	Expiration Date	Date Filed	Date Received	Amount Received	License Number	OFFICE USE ONLY																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Date of Application</td> <td style="width:50%;">Social Security Number</td> </tr> </table>								Date of Application	Social Security Number															
Date of Application								Social Security Number																
2. Name (Last, First, Middle)																								
3. MAILING ADDRESS (Street, P.O. Box, Rural Route)																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">City</td> <td style="width:50%;">Telephone (area code and number)</td> </tr> <tr> <td>State</td> <td>Home</td> </tr> <tr> <td>Zip Code</td> <td>Cell</td> </tr> </table>								City	Telephone (area code and number)	State	Home	Zip Code	Cell											
City								Telephone (area code and number)																
State								Home																
Zip Code								Cell																
E-Mail																								
Are you a U.S. citizen or legally present in the United States? Yes or No																								
4. Alabama Employer Name																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Facility Address</td> <td style="width:50%;">Telephone (area code and number)</td> </tr> <tr> <td>City</td> <td>Date Employment Will Begin:</td> </tr> <tr> <td>State</td> <td>Zip Code</td> </tr> </table>	Facility Address	Telephone (area code and number)	City	Date Employment Will Begin:	State	Zip Code																		
Facility Address	Telephone (area code and number)																							
City	Date Employment Will Begin:																							
State	Zip Code																							
Supervising Occupational Therapist (for Occupational Therapy Assistants) Name: _____ Alabama License No.: _____																								
CIRCLE #3 OR #4 FOR PREFERRED ADDRESS FOR PUBLIC DISCLOSURE. IF NO INDICATION, THEN PERSONAL ADDRESS WILL BE GIVEN.																								
5. Date and place of birth:																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">6. Physical Characteristics</td> <td style="width:15%;">Height</td> <td style="width:15%;">Weight</td> <td style="width:15%;">Color Hair</td> <td style="width:15%;">Color Eyes</td> </tr> </table>	6. Physical Characteristics	Height	Weight	Color Hair	Color Eyes																			
6. Physical Characteristics	Height	Weight	Color Hair	Color Eyes																				
Other identifying marks:																								
7. Name of Spouse																								
8. Father's Name	Mother's Maiden Name																							
9. Area of practice or special interests (check as many as you wish).																								
<table style="width:100%;"> <tr> <td>Mental Health</td><td>_____</td> <td>Education</td><td>_____</td> <td>Pets</td><td>_____</td> </tr> <tr> <td>School System</td><td>_____</td> <td>Pediatrics</td><td>_____</td> <td>Driving</td><td>_____</td> </tr> <tr> <td>Physical Disability</td><td>_____</td> <td>Technology</td><td>_____</td> <td>Aquatics</td><td>_____</td> </tr> <tr> <td>Management/Admin</td><td>_____</td> <td>Gerontology</td><td>_____</td> <td>Other</td><td>_____</td> </tr> </table>	Mental Health	_____	Education	_____	Pets	_____	School System	_____	Pediatrics	_____	Driving	_____	Physical Disability	_____	Technology	_____	Aquatics	_____	Management/Admin	_____	Gerontology	_____	Other	_____
Mental Health	_____	Education	_____	Pets	_____																			
School System	_____	Pediatrics	_____	Driving	_____																			
Physical Disability	_____	Technology	_____	Aquatics	_____																			
Management/Admin	_____	Gerontology	_____	Other	_____																			
10. EDUCATION	Attach Passport photograph – PHOTO – Must be attached here. DO NOT USE STAPLES.																							
A. List names of institutions attended after high school with location, dates, and degrees, beginning with most recent.																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Institution/Location</th> <th style="width:15%;">Dates</th> <th style="width:15%;">Degree</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>							Institution/Location	Dates	Degree															
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11. EDUCATION (Continued)

B. Occupational Therapy Program attended

Name	Location

Dates of Attendance

Graduated (month, day, year)

C. Occupational Therapy Degree

OT Assistant, A.A.

Certificate

OT, B.S./B.A.

Other (explain) _____

OT, M.S./M.O.T.

12. Have you ever had a license to practice occupational therapy issued to you by another state?

If yes, please list state(s), number(s) and dates.

Name of State	License Number	Date Obtained	Date Expires	Name on License

13. NBCOT Certification Number

14. Professional Practice. List the places where you have practiced as an Occupational Therapist/Assistant, within the last five years, beginning with the most recent. (Attach separate sheet if necessary)

Facility	
City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility	
City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility	
City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving
Facility	
City, State	
Dates From: _____ To: _____	Position Held
Designated OT Supervisor's Name	Reason for Leaving

If the answer to any of the following questions (14 through 19) is yes, please attach a separate sheet and give complete details.	YES (✓)	NO (✓)
14. Have you ever been sued for malpractice?		
15. Have you ever pled guilty or been convicted of a misdemeanor or felony criminal offense? If yes, please list state, charge and outcome.		
16. Have you ever been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy?		
17. Has any state, nation, or territory licensing authority denied, reprimanded, suspended, or revoked a license issued to you?		
18. Do you have a physical or mental disability?		
19. Does this disability impair your performance as an occupational therapist/assistant?		

A LICENSE MAY BE DENIED, SUSPENDED, OR REVOKED OR A LICENSEE OTHERWISE DISCIPLINED IF THE APPLICANT OR LICENSEE HAS OBTAINED OR ATTEMPTED TO OBTAIN A LICENSE BY FRAUD OR DECEPTION (SEE § 34-39-12, ALABAMA OCCUPATIONAL THERAPY PRACTICE ACT).

AFFIDAVIT OF APPLICANT

NOTE: THIS CERTIFICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC.

THE STATE OF _____ THE COUNTY OF _____

Before me, the undersigned authority, on this date personally appeared _____ who being duly sworn by me stated that he/she is the person referred to in this application for license as an Occupational Therapist or Occupational Therapy Assistant in the State of Alabama, and that the statements herein are each, and all, strictly true in every respect.

Signature of Applicant

Sworn before me this _____ day of _____, 20 _____

Notary Public

My commission expires _____ in and for the State of _____

Enclosed is a cashier's check or money order in the amount indicated below, made payable to the Alabama State Board of Occupational Therapy Fund.

Initial License O.T. — \$140.00

O.T.A. — \$115.00

Total amount enclosed \$ _____

Complete application and mail with appropriate fee to:

Alabama State Board of Occupational Therapy

P.O. Box 304510

Montgomery, AL 36130-4510

CITIZENSHIP/IMIGRATION STATUS

Per §31-13-5 of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Immigration Law), all persons holding or applying for a license to practice in Alabama must show proof of citizenship or immigration status.

Please check appropriate status, and return with your documentation along with your licensure application.

 I am a United States Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:

- Alabama Driver's License or Identification issued by Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating US birth
- Valid US Passport
- Military Identification showing US as place of birth
- Naturalization documents
- Certificate of citizenship
- Consular report of birth abroad of US citizen
- Bureau of Indian Affairs identification
- American Indian Card issued by Homeland Security
- Final adoption decree showing person's name and place of US birth
- A valid Uniformed Services Privileges and Identification Card
- Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
- Certification of birth issued by U S Department of State

 I am not a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows:

- I-327 Re-entry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- I-766 Employment Authorization Card
- I-94 Arrival/Departure Record
- Unexpired Foreign Passport
- Temporary I-551 Stamp (on passport or I-94)
- I-20 Certificate of Eligibility for non-immigrant (F-1) student status
- DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
- Machine-readable immigrant Visa (with temporary I-551 language)
- Other: (Explain)