



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 3926
Montgomery, AL 36109-0926

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. a letter of verification from NBCOT (form enclosed)
3. license verification from each state where you hold or have held a license (form enclosed)
4. name of licensed occupational therapist supervisor for COTA's
5. appropriate fee (cashier's check or money order)

Initial licenses will expire in approximately 1 year. Subsequent renewal license are for two years, and the fees will be \$115.00 for OTR's and \$95.00 for COTA's.

No license will be issued until the application, NBCOT verification, state verification(s) and the appropriate fees 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.

1. I hereby make application for licensure to practice as an: (check one): <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Occupational Therapy Assistant					Continuing Education	Expiration Date	Date Filed	Date Received	Amount Received	OFFICE USE ONLY
Date of Application		Social Security Number								
2. Name (Last, First, Middle)										
3. MAILING ADDRESS (Street, P.O. Box, Rural Route)										
City		Telephone (area code and number)								
State	Zip Code									
4. Employer Name										
Facility Address		Telephone (area code and number)								
City	State	Zip Code	Date Employment Will Begin:							
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 EMPLOYER ADDRESS WILL BE GIVEN.										
5. Date and place of birth:										
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).										
Mental Health	_____	Education	_____	Pets	_____					
School System	_____	Pediatrics	_____	Driving	_____					
Physical Disability	_____	Technology	_____	Aquatics	_____					
Management/Admin	_____	Gerontology	_____	Other	_____					
10. EDUCATION										
A. List names of institutions attended after high school with location, dates, and degrees, beginning with most recent.										
Institution/Location		Dates		Degree						
_____		_____		_____						
_____		_____		_____						
_____		_____		_____						
Attach photograph — PHOTO — Not retouched, showing head-shoulders Front view. Must be attached here. DO NOT USE STAPLES.										

11. EDUCATION (Continued)

B. Occupational Therapy Program attended

Name	Location
------	----------

Dates of Attendance

Graduated (month, day, year)

C. Occupational Therapy Degree

<input type="checkbox"/> OT Assistant, A.A.	<input type="checkbox"/> Certificate
<input type="checkbox"/> OT, B.S./B.A.	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> 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	How Obtained (exam, endorsement, etc.)

13. 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. R. — \$115.00

C.O.T.A. — \$95.00

Total amount enclosed \$ _____

Complete application and mail with appropriate fee to:
Alabama State Board of Occupational Therapy

P.O. Box 3926
Montgomery, AL 36109-0926

VERIFICATION OF LICENSURE

INSTRUCTIONS

APPLICANT:

Complete Section 1 and forward a copy to each state where you hold or have held a license to practice occupational therapy. (Some states charge a fee).

LICENSURE BOARD:

Please complete Section 2 and return completed form to

Alabama State Board of Occupational Therapy
P.O. Box 3926
Montgomery, AL 36109-3926

SECTION 1

I am applying for licensure in the State of Alabama and am requesting that you verify my occupational therapy license directly to the Alabama State Board of Occupational Therapy.

Name _____

License No. _____ Date of Issuance _____

Signature _____ Date _____

SECTION 2 (for licensure board only)

License is: Current _____ Expired _____ Revoked _____

Is Licensee in good standing? Yes _____ No _____

Has there been any disciplinary action taken or is there any complaints and/or legal action pending against the Licensee?

Yes _____ No _____ If yes, please explain _____

Signed _____

Title _____

Board

State Board _____

Seal

Date _____

