

**RENEWAL FORM  
OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT**

<p>A. Name _____ Social Security No. _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone Number _____</p> <p>B. Employer Name _____</p> <p>Facility Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Telephone Number _____</p> <p>Circle A or B for preferred address for public disclosure. If no indication, then employer address will be given.</p> <p>C. Supervising Therapist (for Occupational Therapy Assistants)</p> <p>Name _____ AL License No. _____</p> <p>D. Employment History for the Last Five Years</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Employer</th> <th style="width: 20%;">City/State</th> <th style="width: 20%;">Dates To - From</th> <th style="width: 30%;">Reason for Leaving</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Employer	City/State	Dates To - From	Reason for Leaving																									<p style="font-weight: bold;">OFFICE USE ONLY</p> <p>NAME (Last, First, M.I.) _____</p> <p>Expiration Date _____ Date Filled _____</p> <p>Continuing Education _____</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Biennial</p> <p>Date Postmarked _____</p> <p>License Number _____</p> <p>Amount Received _____</p>
Employer	City/State	Dates To - From	Reason for Leaving																										
<p>E. College Education</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name of School</th> <th style="width: 20%;">Degree</th> <th style="width: 30%;">Date Graduated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></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> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of School	Degree	Date Graduated																<p>Attach photograph — PHOTO — Not retouched, showing head-shoulders Front view. (Passport size — 2" x 2") Must be attached here. <b>DO NOT USE STAPLES.</b></p>										
Name of School	Degree	Date Graduated																											

F. Have you ever had a license to practice occupational therapy issued to you by another state?  Yes  No

If yes, please list state and license numbers.

State

License Number

---

---

---

---

---

---

G. Have you ever had a license to practice occupational therapy suspended or revoked by another state?  Yes  No

If yes, please list state(s), license number(s), circumstances of suspension and/or revocation of license and outcome.

---

---

---

H. Have you ever been convicted of a felony?  Yes  No

---

---

---

I. All information enclosed with this application is, to the best of my knowledge, complete and accurate.

Signature \_\_\_\_\_

Any attempt to obtain a license by fraud, misrepresentation, or concealment of material facts constitutes unprofessional conduct, and is justifiable cause to have a license refused, suspended or revoked.

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

**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.**

Renewal Fee

O.T.R. — \$115.00

C.O.T.A. — \$95.00

Total amount enclosed

\$ \_\_\_\_\_

Complete both sides of application and mail with appropriate fee to:

**Alabama State Board of Occupational Therapy**

P.O. Box 3926

Montgomery, AL 36109-0926