



## Alabama State Board of Occupational Therapy

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P.O. Box 304510

334-353-4466

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. appropriate fee (*cashier's check or money order*)

#### *Also required*

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

We will attempt to obtain the verification(s) (#5 and #6) 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 is for two years, and the fee 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.

# 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 APPLICATION WILL BE RETURNED, AND MAY BE SUBJECT TO ADDITIONAL PROCESSING FEES.** Fill in Form. Print and Sign.

<b>1. I hereby make application for licensure to practice as an:</b> (check one)  ___ Occupational Therapist (OT)                      ___ Occupational Therapy Assistant (OTA)			
<b>Date of Birth</b>		<b>Social Security Number</b>	
<b>2. NAME</b> (Last, First, Middle)			
<b>3. MAILING ADDRESS</b> (Street, P.O. Box, Rural Route)			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
Email			
<b>Telephone (area code and number)</b>			
<b>Home</b>		<b>Cell</b>	
<i>Are you a U. S. citizen or legally present in the United States?</i> ___ Yes                      ___ No			
<b>4. Alabama Employer Name</b>			
<b>Facility Address</b>		<b>Telephone (area code and number)</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date Employment Will Begin:</b>
<b>Supervising Occupational Therapist</b> (for Occupational Therapy Assistants)  <b>Name:</b> _____ <b>Alabama License No:</b> _____			
<b>CIRCLE #3 or #4 FOR PREFERRED ADDRESS FOR PUBLIC DISCLOSURE. IF NO INDICATION, THE PERSONAL ADDRESS WILL BE GIVEN.</b>			
<b>5. EDUCATION:</b> Occupational Therapy Programs attended			
<b>Institution / Location</b>		<b>Dates</b>	<b>Degree</b>
<b>6. NBCOT Certification Number:</b> _____			

**7. Do you have or ever have had a license to practice occupational therapy or another profession?**  
 If yes, please indicate state(s), profession(s), license number(s) and dates.

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

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

Facility, City, State

From: Dates	To:	Position Held
Reason for Leaving		
Facility, City, State		

Facility, City, State

From: Dates	To:	Position Held
Reason for Leaving		

If the answer to any of the following questions (9 through 13) is yes, please attach a separate sheet and give complete details.	YES	NO
	✓	✓
9. Have you ever been sued for malpractice?		
10. Have you ever pled guilty or been convicted of a misdemeanor or felony criminal offense? If yes, please submit court documentation.		
11. Have you ever been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy?		
12. Has any state, nation, or territory licensing authority denied, reprimanded, suspended or revoked a license issued to you?		
13. Do you have an impairment that will restrict your ability to practice?		

**ATTESTATION**

I, \_\_\_\_\_, affirm I am the person referred to in the foregoing application and that the statements made are true. In the event I am licensed by the State of Alabama Board of Occupational Therapy, I hereby agree to adhere to and abide by all the statutes governing the practice of occupational therapy in Alabama.

Signature \_\_\_\_\_  
Original signature required

<p><b>Enclose a cashier's check or money order (no personal checks or cash accepted) in the amount indicated below, made payable to the Alabama State Board of Occupational Therapy Fund.</b></p> <p><b>Initial License:</b>            <b>O.T.--\$140.00</b>   <input type="checkbox"/></p> <p>  <b>O.T.A.--\$115.00</b>   <input type="checkbox"/></p> <p><b>Total Amount Enclosed</b>          \$ _____</p> <p><b>Mail completed application and appropriate fee to:</b>  <b>Alabama State Board of Occupational Therapy</b>  <b>P.O. Box 304510</b>  <b>Montgomery, AL 36130-4510</b></p>
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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).

8/2018

## **CITIZENSHIP/IMMIGRATION 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

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**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)