



## Alabama State Board of Occupational Therapy

---

Physical Address: 334-353-4466  
770 Washington Avenue  
Suite 420  
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.

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	License Number	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	Home								
E-Mail										
<b>Are you a U.S. citizen or legally present in the United States? Yes or No</b>										
4. Alabama 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.: _____										
<b>CIRCLE #3 OR #4 FOR PREFERRED ADDRESS FOR PUBLIC DISCLOSURE. IF NO INDICATION, THEN PERSONAL ADDRESS WILL BE GIVEN.</b>										
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 Passport photograph – PHOTO – 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

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)