



**STATE OF FLORIDA APPLICATION FOR LICENSURE AS AN
OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT**

PLEASE KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE OR FOR COPYING IN THE EVENT AN APPLICATION IS LOST IN THE MAIL.

Florida provides methods of application which streamline the process for licensure. Eligibility requirements are provided below and checklists for applying are also enclosed in this packet to assist you with obtaining licensure in the most efficient manner possible.

LICENSURE ELIGIBILITY REQUIREMENTS

- Is of good moral character.
- Graduated from an accredited OTA or OT program (accredited by the AOTA).
- Completed a period of supervised fieldwork experience at a recognized educational institution or a training program approved by the education institution where you met the academic requirements. An occupational therapy assistant must have a minimum of 2 months supervised fieldwork experience. An occupational therapist must have a minimum of 6 months supervised fieldwork experience.
- Passed an examination conducted or adopted by the National Board of Certification for Occupational Therapy (NBCOT).

STATUTE & RULE REFERENCES

Specific licensure requirements can be found in Chapter 468, Part III, Florida Statutes and Chapter 64B11, Florida Administrative Code. Applicants and licensees should also be familiar with the requirements of Chapter 456, Florida Statutes. Laws and rules are subject to change and are periodically updated. It is your professional responsibility to read and understand the instructions and the laws and rules governing the practice of occupational therapy in Florida before completing your application. If another party is handling your application for you, *it is still your responsibility to read, understand, and comply with all requirements for licensure.* The current laws and rules may be accessed at the Board website at this link: <http://www.floridasoccupationaltherapy.gov/resources>.

APPLICATION FEES

\$180 TOTAL

(\$100 application processing fee; \$75 initial licensure fee; and \$5 unlicensed activity fee.)

- All fees are payable by personal or company check, certified check or money order. Make payable to DOH/Board of Occupational Therapy Practice and attach to the front of your application.
- Applications will be returned unprocessed when received without the \$180 fee.
- The application processing fee is non-refundable. If requested in writing, the \$80 licensure and unlicensed activity fee may be refunded if your application is withdrawn and/or a license is not issued.
- Examination Fee: For new graduates, there are separate examination and registration fees payable to the National Board for Certification in Occupational Therapy (NBCOT). Contact the NBCOT at (301) 990-7979 for more information.

NEW GRADUATES

APPLICATION INSTRUCTIONS & CHECKLIST

- # 1. **BEFORE** you submit this state licensure application, apply to the National Board for Certification in Occupational Therapy (NBCOT) to schedule the examination required for licensure. Visit: www.nbcot.org or call: (301) 990-7979.

- # 2. **AFTER** you have passed the examination, you are **READY** to apply for your State of Florida license. Apply online at <http://floridasoccupationaltherapy.gov/> for a *streamlined process* or submit the paper application. *After successfully completing the exam*, you may select the "ENDORSEMENT" application method.

- # 3. Once we determine that your application is **COMPLETE** and we are able to verify your passage of the examination, and all other relevant items are acceptable, your license will be issued.

APPLICATION CHECKLIST

— **REGISTER FOR THE NBCOT EXAM**

Once you have completed the registration process for the exam, you will receive an exam eligibility, Authorization To Test (ATT) letter from NBCOT with instructions to contact the testing vendor and schedule your specific examination date.

— **SUCCESSFULLY COMPLETE THE NBCOT EXAMINATION REQUIREMENT**

Once you have passed the examination, provide a correct NBCOT certification number on your application and board staff will attempt to verify your certification online. If verification is unavailable, you will be required to request a certification letter to be sent directly from the NBCOT to the Florida Board.

— **APPLY* ONLINE AT <http://floridasoccupationaltherapy.gov/> or SUBMIT APPLICATION FORM:**

All questions answered. If a question is not applicable, mark "N/A." Sign and date the application.

— **FEES: \$180**

Submit this fee along with your application. Paper applications should be accompanied by payment in the form of a cashier's check or money order payable

*IMPORTANT TIPS REGARDING SUBMISSION OF APPLICATION

A permanent license cannot be issued without a Social Security Number (SSN). Whether you are submitting the online application, or this paper application, please enter the SSN where requested.

If not provided, the licensure process will be delayed until received.

If completing the application online, you will be unable to correct, revise or change the application once submitted. Applicants may login to their online MQA Services account to upload documents and any outstanding fees may be submitted under "Additional Activities" in the applicant's online dashboard. If any difficulty is experienced, applicants may communicate with the Board Office via e-mail to mqa.occupationaltherapy@flhealth.gov. Include your name as indicated on the application, file number and/or last four (4) of your SSN with any correspondence sent to the Board via e-mail.

Send Application and Fees by Mail to:

DEPT of Health/Board of Occupational Therapy Practice
P.O. Box 6330
Tallahassee, FL 32314-6330

**Any Follow-Up Supporting Documentation may be sent
by E-Mail to mqa.occupationaltherapy@flhealth.gov or**

Mail to:

DEPT of Health/Board of Occupational Therapy Practice
4052 Bald Cypress Way
BIN #C-05, Tallahassee, FL 32399-3255

******REMEMBER******

YOU MUST <u>NOT</u> START WORKING IN FLORIDA UNTIL YOU HAVE RECEIVED YOUR PERMANENT LICENSE FROM THE STATE OF FLORIDA BOARD OFFICE.
--

NBCOT CERTIFIED APPLICANTS

APPLICATION INSTRUCTIONS & CHECKLIST

- # 1. If you have ever been certified by the NBCOT, you are READY to apply for your State of Florida license! Apply online at <http://floridasoccupationaltherapy.gov/> for a streamlined process or submit the paper application.
- If your NBCOT Certification is CURRENT, select the "ENDORSEMENT" application method.
 - If your NBCOT Certification is NOT CURRENT, but you have at least one active license in another state or jurisdiction, you may select the "EXAM w/WAIVER" option.
- # 2. **Licensure Verifications:** On Question 7 of the application form be sure to list ALL licenses or certificates held as an occupational therapist, occupational therapy assistant or in other health-related professions in any state, U.S. territory, including Florida or a foreign country. Copies of licenses are not acceptable. Board staff will attempt to complete verifications online for those states that include disciplinary history. If the disciplinary information is not available online, you may be required to request an official verification of licensure from the applicable state licensing board and pay any associated fees required by that state. Note: NBCOT maintains a list of all state regulatory entities with contact names, numbers, websites, and addresses on their website at www.nbcot.org.
- #3. Once we verify that your application is COMPLETE and are able to verify your NBCOT certification, and all other relevant items are acceptable, your license will be issued.

APPLICATION CHECKLIST

- **Practice Reentry Requirements: Have you been out of active practice in the last 5 years?** If so, you will need to submit proof of completion of 50 hours of approved continuing education courses before a license may be issued. Twelve (12) of the 50 hours may be home study. All courses must be taken within the year prior to licensure. To find Board-approved CE courses on a variety of profession-related subjects, use the "Course Search" function at: www.CEBroker.com. Once you have completed the required continuing education, compile your course completion certificates and send in with your application. *Note: This requirement only applies to persons who have held an OT or OTA license, had a break in active practice, and are now ready to reenter the profession.*
- **APPLY* ONLINE AT <http://floridasoccupationaltherapy.gov/> or SUBMIT APPLICATION FORM:** All questions answered. If a question is not applicable, mark "N/A." Sign and date the application.
- **FEES: \$180**
Submit this fee along with your application. Paper applications should be accompanied by payment in the form of a cashier's check or money order payable
- **Endorsement of Current NBCOT Certification Applicants:** Provide a correct NBCOT certification number on your application and board staff will attempt to verify your certification online. If verification is unavailable, you will be required to request a certification letter to be sent directly from NBCOT to the Florida Board.
- **Exam with Waiver of Current NBCOT Certification Applicants:** If you were once certified with the NBCOT, but have not maintained the certification, but hold at least one license in another state or jurisdiction, you may apply by this method. Provide a correct NBCOT certification number on your application and board staff will attempt to verify your certification online. If verification is unavailable, you will be required to request a certification letter to be sent directly from NBCOT to the Florida Board.

*IMPORTANT TIPS REGARDING SUBMISSION OF APPLICATION

A permanent license cannot be issued without a Social Security Number (SSN). Whether you are submitting the online application, or this paper application, please enter the SSN where requested.
If not provided, the licensure process will be delayed until received.

If completing the application online, you will be unable to correct, revise or change the application once submitted. Applicants may login to their online MQA Services account to upload documents and any outstanding fees may be submitted under "Additional Activities" in the applicant's online dashboard. If any difficulty is experienced, applicants may communicate with the Board Office via e-mail to mqa.occupationaltherapy@flhealth.gov. Include your name as indicated on the application, file number and/or last four (4) of your SSN with any correspondence sent to the Board via e-mail.

Send Application and Fees by Mail to:
DEPT of Health/Board of Occupational Therapy Practice
P.O. Box 6330
Tallahassee, FL 32314-6330

Any Follow-Up Supporting Documentation may be sent by E-Mail to
mqa.occupationaltherapy@flhealth.gov or mail to:
DEPT of Health/Board of Occupational Therapy Practice
4052 Bald Cypress Way
BIN #C-05, Tallahassee, FL 32399-3255

****REMEMBER****
YOU MUST NOT START WORKING IN FLORIDA UNTIL YOU HAVE RECEIVED YOUR PERMANENT LICENSE FROM THE STATE OF FLORIDA BOARD OFFICE.

Florida Department of Health Occupational Therapy Board

Mailing Address for Application and Fees

P.O. Box 6330
Tallahassee, FL 32314-6330

Mailing Address for Supporting Documents

4052 Bald Cypress Way, Bin C-05
Tallahassee, FL 32399-3255
(850) 245-4373 • Fax: (850) 414-6860

- Do Not Write In This Space -
(Client5601/OT/\$180)
(Client5602/OTA/\$180)

OCCUPATIONAL THERAPY APPLICATION

Applications are good for one year from date of original submission of the application and fee; application fees are non-refundable. Failure to complete this entire application, or to attach any required documentation, will result in an incomplete application; your application will not be considered until it is complete. Please type, or print in blue or black ink.

2. APPLICATION TYPE CHECK ONLY ONE FROM "A" AND "B"
A. APPLICATION <input type="checkbox"/> Occupational Therapy: \$180 total (\$100 application fee; \$75 licensure fee; \$5 unlicensed activity fee) <input type="checkbox"/> Occupational Therapy Assistant: \$180 total (\$100 application fee; \$75 licensure fee; \$5 unlicensed activity fee) B. METHOD (Must check one. See instructions for eligibility requirements.) <input type="checkbox"/> Endorsement: Holds an ACTIVE NBCOT Certification (XACT 1021) <input type="checkbox"/> Exam W/Waiver: Holds an INACTIVE/Non-Renewed NBCOT Certification AND an ACTIVE OT or OTA license in another state. <small>(XACT 1024: no temp; XACT: temp)</small> <input type="checkbox"/> Examination: Has scheduled the NBCOT exam (XACT 1010) Scheduled Examination Date: ____/____/____ Submit official proof of scheduled NBCOT exam date to mqa.occupationaltherapy.gov . <p style="text-align: center;"><i>***Recommended: For most efficient licensure process, complete the NBCOT exam first & then apply by Endorsement.***</i></p>
3. PROFILE INFORMATION LIST YOUR FULL, LEGAL NAME AS IT SHOULD APPEAR ON YOUR LICENSE (NO NICKNAMES)
NAME: (Last) _____ (First) _____ (Middle) _____ List all names by which you are currently known or have been known in the past:
DATE OF BIRTH ____/____/____
MAILING ADDRESS: _____ (Apt. #) _____ <small>(Mailing address will display on the Internet if you have not provided a practice location address.)</small> City: _____ State: _____ Zip: _____ Country: _____
PRACTICE NAME: _____ Address: _____ Suite: _____ City: _____ State: _____ Zip: _____ <small>(Required, if not applicable at time of application, please indicate with "N/A." The practice location will display on the internet and your license.)</small>
WORK NUMBER: (____) ____-____ HOME NUMBER: (____) ____-____
FAX NUMBER: (____) ____-____ MOBILE NUMBER: (____) ____-____
CORRESPONDENCE VIA E-MAIL*: Please print legibly. By checking "yes" you are agreeing to allow the board office to contact you with information regarding your application via email. If you choose this option, please check your email account frequently and notify the board office of any change to your email address. <input type="checkbox"/> YES <input type="checkbox"/> NO E-MAIL ADDRESS: _____ @ _____
4. EQUAL OPPORTUNITY We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure. Are you a US citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If "no," give your alien number: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____

*Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

NAME _____

5. EDUCATION HISTORY

Name of School, College, or University: _____

Graduation Date: _____ / _____ / _____ Degree Obtained: _____

What name(s) did you use when you received your occupational therapy education?

6. CERTIFICATION HISTORY... ATTACH ADDITIONAL SHEETS IF NECESSARY

Have you taken the NBCOT (formerly AOTA or AOTCB) exam? YES NO

If yes, please provide your NBCOT Certification Number*: _____

*If uncertain, please verify your NBCOT certification number at www.nbcot.org.

If no, please contact the NBCOT at (301) 990-7979 to schedule and complete the examination requirement. A license cannot be issued until the NBCOT examination has been passed.

7. APPLICANT BACKGROUND... ATTACH ADDITIONAL SHEETS IF NECESSARY

<p>a. Have you ever applied for Occupational Therapist or Occupational Therapy Assistant licensure in the state of Florida?</p> <p>b. If "Yes", please indicate the date you previously applied: _____ / _____ / _____</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>c. Do you now or have you ever held a temporary permit, license/certification, or other authorization, regardless of status, to practice Occupational Therapy or any health-related profession in any state (including Florida), U.S. territory or foreign country?</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO

State	License Title	License Number	Original Issue Date	Expiration Date	License Status

8. APPLICANT SEEKING REENTRY INTO THE PROFESSION

Rule 64B11-2.012, F.A.C., requires an applicant seeking reentry into the profession, **who has not been in active practice within the last five years**, to submit to the Board, documentation of 50 occupational therapy continuing education units, 12 of which may be home study, taken within the year prior to licensure.

Have you been in active practice within the last five years?

Note: This requirement only applies to persons who have held an OT or OTA license, had a break in active practice, and are now ready to reenter the profession.

	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not applicable, I am a new graduate.
--	---

ALL APPLICANTS

Answer questions in (9) Criminal History and (10) Disciplinary History with a "YES" OR "NO" - do not leave any blanks. Written statement(s) to all "YES" answers in sections 9 and 10 are required and must explain in detail the circumstances and dates surrounding the answer(s). In addition to the statement(s) you must submit supporting documentation to verify and support "YES" answers, including court documents, arrest records, sentencing information, final disposition(s), restitution records, completion of probation and/or conditions, medical records, diagnosis, prescription medications for conditions and/or impairments, evaluation letter(s) from treating physicians and/or institutions, board orders, disciplinary reports, employment records and/or employment verifications, employer and/or colleague recommendation letters, etc. See application instructions for additional information regarding "YES" answers on this page.

9. CRIMINAL HISTORY	
Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for the purposes of this question. Note: <i>The subject of a criminal history record sealed under Section 943.059, F.S., or expunged under Section 943.0585, F.S., or under other provisions of law, including former s. 893.14, former s. 901.33, and former s. 943.058, may lawfully deny or fail to acknowledge the arrests covered by the sealed or expunged record, <u>EXCEPT</u> when the subject of the record is seeking to be licensed by the Department of Health and other entities identified in Section 943.059(4)(a) 5., F.S., and Section 943.0585(4)(a) 5., F.S.</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	

10. DISCIPLINARY HISTORY	
A. Have you ever had a license revoked, suspended, or otherwise acted against, including denial of licensure, by the licensing authority of this state or another state, territory, or country?	<input type="checkbox"/> YES <input type="checkbox"/> NO
B. Have you ever been found guilty of malpractice?	<input type="checkbox"/> YES <input type="checkbox"/> NO
C. Have you ever been disciplined, terminated, or allowed to resign, in lieu of termination, from an employment setting where employed as an Occupational Therapist or Occupational Therapist Assistant or in any capacity in a health care profession?	<input type="checkbox"/> YES <input type="checkbox"/> NO
D. Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of Occupational Therapy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
E. Are you now under investigation in any jurisdiction for an offense, which would be a violation of Chapters 456 or 468, Part III, Florida Statutes or Rule Chapter 64B11, Florida Administrative Code?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: If you answered "YES" to any of the above questions, please send a typed or printed description of the discipline. You must contact the board(s) in the states you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Board office. See application instructions for additional information regarding "yes" answers on this page.	

HISTORY PURSUANT TO SECTION 456.0635(2) F.S.	
IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer "YES" to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.	
11. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? <i>(If you responded "No", skip to #12 and do not answer questions a.-d. below.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? <i>(If you responded "No", skip to #13 and do not answer question a. below.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? <i>(If you responded "No", skip to #14 and do not answer question a. below.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? <i>(If you responded "No", skip to #15 and do not answer questions a.-b. below.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Have you been in good standing with a state Medicaid program for the most recent five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Did the termination occur at least 20 years before the date of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. PRACTITIONER REGISTRY FOR DISASTERS AND EMERGENCIES (Section 456.38, Florida Statutes)	
Section 456.38, Florida Statutes, Practitioner Registry for Disasters and Emergencies Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? <input type="checkbox"/> YES <input type="checkbox"/> NO	

17. REQUEST FOR TEMPORARY PERMIT (OPTIONAL)					
<p>Temporary permits allow an applicant to work under the supervision of a licensed occupational therapist while waiting to take the examination and receive successful scores for full licensure. A temporary permit cannot be extended or renewed. If you have previously failed the NBCOT examination, you are ineligible for a temporary permit. Additionally, the Board may choose to not issue a temporary permit for any applicant they deem ineligible.</p> <p>An individual who has been issued a temporary permit and receives notification of failing the examination <i>shall not continue</i> to practice occupational therapy under his or her temporary permit. Likewise, the permit will be revoked upon notification to the Board of the examination results. A temporary permit is revoked if the applicant fails to have the NBCOT send his or her successful scores to the Board office within 12 months from the date of the approval of the Board.</p> <p>If you are applying by examination, and are requesting a temporary permit you must provide proof of a scheduled examination date for the applicable NBCOT examination which contains your Confirmation of Appointment number; proof of requesting NBCOT score transmittal to Florida and the name of your supervisor and employer. Please contact the NBCOT AT 301-990-7979 to apply for the examination prior to requesting a permit. A temporary permit will not be issued until official exam date confirmation is provided to the Florida Board office and verified with the examination vendor. You may e-mail confirmation to mqa.occupationaltherapy@flhealth.gov or fax to (850) 414-6860 or mail to the Board Office at the address provided on the first page of the application form.</p> <p>TEMPORARY PERMIT: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><i>If yes, please carefully note all of the requirements above. In addition, please provide below your supervisor's contact information, as well as information on the entity for whom you intend to be employed if granted a permit.</i></p>					
<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;"> Name of Florida-Licensed OT Supervisor: _____ Supervisor's E-Mail Address: _____ Supervisor's Phone Number: _____ </td> <td style="width: 20%;"> Supervisor's License Number: _____ </td> </tr> </table>		Name of Florida-Licensed OT Supervisor: _____ Supervisor's E-Mail Address: _____ Supervisor's Phone Number: _____	Supervisor's License Number: _____		
Name of Florida-Licensed OT Supervisor: _____ Supervisor's E-Mail Address: _____ Supervisor's Phone Number: _____	Supervisor's License Number: _____				
<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;"> Supervisor's Employment Organization and MAILING Address (street address, city, state, ZIP): _____ </td> <td style="width: 60%;"></td> </tr> <tr> <td> Temporary Permit Holder's Employment Organization PRACTICE Address (street address, city, state, ZIP): _____ </td> <td></td> </tr> </table>		Supervisor's Employment Organization and MAILING Address (street address, city, state, ZIP): _____		Temporary Permit Holder's Employment Organization PRACTICE Address (street address, city, state, ZIP): _____	
Supervisor's Employment Organization and MAILING Address (street address, city, state, ZIP): _____					
Temporary Permit Holder's Employment Organization PRACTICE Address (street address, city, state, ZIP): _____					

18. STATEMENT OF APPLICANT	
<p>I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.083 and 775.084, Florida Statutes.</p> <p>I hereby authorize all hospital(s), institution(s) or organization(s), personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Florida Board of Occupational Therapy Practice any information which is material to my application for licensure.</p> <p>I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as an Occupational Therapist/Assistant in the State of Florida.</p> <p>I further state that I have read and understand Chapter 468, Part III Florida Statutes, and Chapter 64B11, Florida Administrative Code, pertaining to the Occupational Therapy/Assistant Practice Act. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.</p>	
_____ Signature of Applicant (required)	_____/_____/_____ Date Signed (required)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

**FLORIDA DEPARTMENT OF HEALTH
BOARD OF OCCUPATIONAL THERAPY PRACTICE**

LICENSE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT: Complete this section and submit a copy to each state or licensure jurisdiction where you hold or have ever held a license to practice occupational therapy. Make copies as necessary.

APPLICANT NAME _____ SS# _____ D.O.B. _____

ADDRESS _____

LICENSE NUMBER _____ STATE OF _____

I hereby authorize release of information regarding my licensure status to the Florida Board of Occupational Therapy Practice.

APPLICANT SIGNATURE _____ DATE _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD: Please complete this part and return this form to the address listed below.

APPLICANT NAME: _____ STATE OF: _____

LICENSE NUMBER: _____ ISSUE DATE: _____

LICENSE BASED ON: STATE EXAM _____ NATIONAL EXAM _____

RECIPROCITY WITH _____ ENDORSEMENT _____

EXPIRATION DATE: _____

IS LICENSE IN GOOD STANDING? _____

HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? _____

IS THERE ANY DEROGATORY INFORMATION? _____

VERIFIED BY: _____
Signature of Official / Date

BOARD SEAL

Official's Printed Name / Title

Florida Department of Health / Board of Occupational Therapy Practice
Division of Medical Quality Assurance • Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-05 • Tallahassee, FL 32399-3255
PHONE: 850/245-4373 • FAX 850/414-6860 • <http://www.FloridasHealth.gov>