



CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS  
DISCLOSURE\*

Florida Department of Health  
Occupational Therapy Board

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

\* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

1. PERSONAL HISTORY

- A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?  YES  NO
- B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?  YES  NO
- During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice occupational therapy within the past five years?  YES  NO
- C. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?  YES  NO
- During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice within the past five years?  YES  NO
- D. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice occupational therapy?  YES  NO

Mission Statement: "To protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties."

4052 Bald Cypress Way, BIN #C-05  
Tallahassee, FL 32399-3255  
Phone: (850) 245-4373 Fax: (850) 414-6860  
Website: www.doh.state.fl.us/mqa/occupational

**REQUIRED**

Tape a 2"x2" photo here.  
It must depict the head and  
shoulders.

Please print your name on the  
back of the photo.

# 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 -  
(Client 5601/OT/\$180)  
(Client 5602/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

- Occupational Therapy:** \$180 total (\$100 application fee; \$75 licensure fee; \$5 unlicensed activity fee)  
 **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.)

- Examination:** waiting to sit for the NBCOT exam (XACT 1010) Exam Date \_\_\_/\_\_\_/\_\_\_ **Request Temporary Permit:**  Yes  No  
 **Exam W/Waiver:** previous successful completion of NBCOT exam, waiving current certification. (XACT 1024: no temp; XACT: temp)  
 **Endorsement:** currently certified with NBCOT / successfully completed the NBCOT exam. (XACT 1021)

### 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:

**MAILING ADDRESS:** \_\_\_\_\_ (Apt. #) \_\_\_\_\_  
(Mailing address will display on the Internet if you have not provided a practice location address.)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**PRACTICE NAME:** \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(Required, if not applicable at time of application, please indicate with "N/A." The practice location will display on the internet and your license.)

**WORK NUMBER:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **HOME NUMBER:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**FAX NUMBER:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **MOBILE NUMBER:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_

**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.

YES  NO **Email 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?**  YES  NO If "no," give your alien number: \_\_\_\_\_ **SEX:**  Male  Female

**RACE:**  White  Black  Asian/Pacific Islander  Hispanic  Other: \_\_\_\_\_

**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. EXAMINATION HISTORY ATTACH ADDITIONAL SHEETS IF NECESSARY**

Have you taken the NBCOT (formerly AOTCB) exam?  YES  NO  
Complete the following information for each jurisdiction in which the examination was taken:  

<u>Examination</u>	<u>State/Country</u>	<u>Month/Year</u>	<u>Results (Pass/Fail)</u>
_____	_____	_____	_____
_____	_____	_____	_____

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

**A.** Do you now hold, or have you ever held, a temporary permit, a license/certification or been authorized to practice in any state, including Florida, or country as an Occupational Therapist or Occupational Therapist Assistant (including, active or inactive licenses)?  YES  NO (Must submit licensure verification(s) for each from the state regulatory entity.)  

<u>State/Country</u>	<u>License No.</u>	<u>OT/OTA</u>	<u>Date of Licensure</u>	<u>If no longer licensed, state why &amp; when</u>
_____	_____	_____	_____	_____

  
**B.** Have you ever previously applied for OT/OTA licensure in the state of Florida?  YES  NO (Date \_\_\_\_/\_\_\_\_/\_\_\_\_)  
If "YES," did, you apply by exam or endorsement?  Exam  Endorsement  
**C.** Are you now or have you ever been licensed in any other health care profession?  YES  NO  

<u>State/Country</u>	<u>License No.</u>	<u>Profession</u>	<u>Date of Licensure</u>	<u>If no longer licensed, state why &amp; when</u>
_____	_____	_____	_____	_____

**8. MANDATORY EDUCATION REQUIREMENTS**

**A. Prevention of Medical Errors education Requirement:** Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure and upon each renewal in Florida as occupational therapist or assistant.  
NOTE: Only courses taken from a pre-approved Board of OT Practice provider are acceptable for this requirement. For a current list of providers, visit our website at: [HTTP://WWW.DOH.STATE.FL.US/MQA/OCCUPATIONAL/OT\\_CEU.HTML](http://www.doh.state.fl.us/MQA/OCCUPATIONAL/OT_CEU.HTML)  
 I have completed the prevention of medical errors education required by section 456.013(7), Florida Statutes. A copy of the completion certificate must be submitted to the Board office via fax, email, or mail.  
 I have not completed the required course. I understand there is not an extension allowed for this requirement; this education must be completed prior to the issuance of a temporary permit or permanent license. A copy of the completion certificate must be submitted to the Board office via fax, email, or mail.

## 9. 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?  YES  NO

## ALL APPLICANTS

Answer questions in sections (1) Personal History, (10) Criminal History, and (11) Disciplinary History with a "YES" OR "NO" - do not leave any blanks. Written statement(s) to all "YES" answers in sections 1,10, and 11 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.

## 10. CRIMINAL HISTORY

**A.** 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.  YES  NO

If "YES", explain:

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**B.** If you were found guilty of a felony, have your civil rights been restored?  N/A  YES  NO

If "Yes," Date of Restoration: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Note:** Attach documentation of restoration of civil rights, if they have been restored. The lack of restoration of civil rights does not automatically preclude licensure. You must have arrest and court records of final disposition for each offense listed. If the records are no longer available, you must have certification of their unavailability. Your application will not be considered complete until these records are received. See application instructions for additional information regarding "yes" answers on this page.

## 11. 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?  YES  NO

**B.** Have you ever been notified to appear before any licensing authority on a complaint of any nature, including, but not limited to, a charge or violation for unprofessional or unethical conduct?  YES  NO

**C.** Have you ever been named or sued for malpractice?  YES  NO

**D.** 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?  YES  NO

**E.** 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?  YES  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.

**ALL APPLICANTS**

Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer "YES" to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documents. If you answer "No" to 12A, 13A, or 14A, please respond "N/A" for 12B, 13B, 14B, and 14C.

<b>SECTION 456.0635(2) HISTORY</b>	
12A	Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If no, please respond N/A to 12B.) <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
12B	If yes, has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for each conviction? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</span>
13A	Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, please respond N/A to 13B.) <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
13B	If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</span>
14A	Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, please respond N/A to 14B and 14C.) <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>
14B	Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</span>
14C	Did the termination occur at least 20 years prior to the date of this application? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A</span>

<b>15. PRACTITIONER REGISTRY FOR DISASTERS AND EMERGENCIES</b> (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? <span style="float:right"><input type="checkbox"/> YES <input type="checkbox"/> NO</span>

<b>16. STATEMENT OF APPLICANT</b>
<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, 775.0083 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, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. 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>
<p>_____ / _____ / _____</p> <p>Signature of Applicant (required) <span style="float:right">Date Signed (required)</span></p>

# APPLICATION INSTRUCTIONS FOR LICENSURE AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

## Section I – General Information and Requirements

*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.*

### **APPLICATION REVIEW**

Applicants are advised to submit the application and supporting documents well in advance of the date you wish to begin practicing occupational therapy. The Board and its staff strive to license applicants as quickly and efficiently as possible. It can take up to 10 working days for check processing by the Revenue Unit of the Department. The Board staff does not receive applications until the checks are processed. Within 30 days of receipt of your application, you will be sent: a post card acknowledging receipt of your application; a mailed or emailed deficiency notice regarding your application status or you will be mailed your temporary permit, license, or eligibility letter, as applicable. If you do not receive any correspondence from us within 40 days of the date your application was received by the department, do not hesitate to contact the Board office. Please do not call to check on the status of your application until at least 30 days from the date you mailed the application.

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. If the laws and rules were not enclosed with this application they may be accessed at the Board website at this link: [www.doh.state.fl.us/mqa/occupational](http://www.doh.state.fl.us/mqa/occupational)

An incomplete application shall expire one (1) year after initial filing. Applicants whose files are closed must submit new applications and fees. Likewise, applicants who delay timely responses to notices of deficiencies may be required to update their applications prior to the Board's consideration.

### **STATUTE AND 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. The current laws and rules may be accessed at the Board website at this link: [http://www.doh.state.fl.us/mqa/occupational/ot\\_statutes.html](http://www.doh.state.fl.us/mqa/occupational/ot_statutes.html)

### **LICENSURE REQUIREMENTS**

#### **OCCUPATIONAL THERAPIST**

- Is of good moral character.
- Graduated from an accredited 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 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).

## **OCCUPATIONAL THERAPY ASSISTANT**

- Is of good moral character.
- Graduated from an accredited OTA 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.
- Passed an examination conducted or adopted by the Board (NBCOT).

## **METHODS OF APPLICATION**

### **EXAMINATION**

This method is for the applicant that has successfully completed an occupational therapist or occupational therapy assistant educational program approved by the American Occupational Therapy Association, the same as or equivalent to that set forth in Section 468.209(1) (b), Florida Statutes, and *has not taken and passed* the written examination, administered by Professional Examination Service (PES), recognized by the National Board of Certification for Occupational Therapy. For the exam application and information, contact NBCOT at (301) 990-7979, or at [www.nbcot.org](http://www.nbcot.org).

### **EXAMINATION WITH WAIVER**

This method is for the applicant who is a registered occupational therapist or occupational therapy assistant that has successfully completed the required examination but does not have a current NBCOT certification.

### **ENDORSEMENT**

This method is for the applicant who presents proof of current certification as an occupational therapist or occupational therapy assistant by the National Board of Certification for Occupational Therapy. Having a license in another state is not a requirement for this method, although verification of any out of state license(s) is required.

## **TEMPORARY PERMITS**

The application is for permanent licensure. However, a temporary permit may be requested and there is no additional cost. Temporary permits are primarily for examination applicants and not for exam with waiver or endorsement applicants. When an exam with waiver or endorsement application is deemed complete by staff, a permanent license is issued immediately, rather than a temporary permit, and the license is later ratified by the Board.

Temporary permits allow an applicant to work under the supervision of a licensed occupational therapist while waiting to take the examination and receive scores for full licensure. A temporary permit cannot be extended or renewed. It is advisable to wait until a specific exam date from NBCOT has been scheduled *if* employment is pending. The application may be submitted prior to receiving an exam date; however, a temporary permit cannot be issued until the scheduled date of the exam is received, in writing, by the Board office.

Temporary permits are not necessary for applicants applying for licensure by endorsement or by examination with waiver, as these licensure methods are relatively speedy.

A temporary permit can not be issued until all required information has been received to complete the application file. A complete file consists of the application, fees and all required supporting documentation deemed acceptable by the Board staff.

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.

An individual who has been issued a temporary permit and fails the examination shall not continue to practice occupational therapy under his or her temporary permit. The permit will be revoked upon notification to the Board of the examination results. Likewise, the 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.

Foreign graduates must request a NBCOT letter of eligibility be sent to the Board office before the temporary permit can be issued.

## **Section II - Completing the Application**

### **REQUIRED OF ALL APPLICANTS**

#### **☐ COMPLETED APPLICATION FORM**

All application questions *must be answered*. Application questions may not be answered with “refer to attached resume.” If a particular question does not apply, please enter N/A in the appropriate field. For incomplete applications, Board staff will issue a letter of deficiency notifying the applicant of the documentation necessary to complete the application file. Further action will not be taken until proper documentation is provided and the application is complete.

If you would like to explain or clarify any question, or if any of the sections in the application do not contain sufficient space for the requested information, use an additional sheet of paper and attach to the application.

It is your responsibility to ensure that the Board office has received all required documentation to complete your application.

Incomplete applications expire after one year requiring the applicant to resubmit all necessary documentation and a new application with the appropriate application fee.

If questions arise regarding your eligibility for licensure or you have any “YES” answers to section (1) Personal History, (10) Criminal History, and (11) Disciplinary History, the application must be referred to the Board Chair for advisement. The Board Chair may choose to refer the application for Board review at the next scheduled meeting, which may also include a request for a personal appearance. In this event, temporary permits and/or licensure may be withheld or delayed from normal processing, because Board meetings are scheduled approximately three months apart. (See Section III – ADDITIONAL REQUIRMENTS REGARDING “YES” ANSWERS ON PAGE FOUR OF THE APPLICATION).

#### **☐ PHOTOGRAPH**

A passport style photograph (approximately 2” x 2 ½”) taken within the last six months prior to filing application. It must be professional quality depicting head and shoulders only. Please print name on the back of the photo.

#### **☐ SOCIAL SECURITY NUMBER**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013, 409.2577, and 409.2598, Florida Statutes. Social Security numbers allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded with all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996

(Welfare Reform Act), 104 Pub. L 193, Section 317. Please complete and return the Confidential and Exempt From Public Records Disclosure page, the first page of the application.

### **FEES (\$180 total)**

\$ 100 non-refundable application processing fee (OT & OTA applicants)

\$ 75 initial licensure fee (OT & OTA applicants)

\$ 5 unlicensed activity fee (OT & OTA applicants)

There is no fee for a temporary permit. All applicants must pay application, initial licensure, and unlicensed activity fees. Fees may be paid by personal or company check, certified check or money order. Make check payable to DOH/Board of Occupational Therapy Practice. Please attach your check or money order to the front of your application. ONLY the \$80 licensure and unlicensed activity fee may be refunded, if requested in writing, when an application is withdrawn and/or a license is not issued.

**Note:** These fees are the only required fees for licensure by the State of Florida, however, there will be additional charges imposed by other entities such as the NBCOT for certification and/or eligibility letters, for the NBCOT examination, and for licensure verification letters requested from other state Boards or agencies.

### **PREVENTION OF MEDICAL ERRORS EDUCATION**

A two (2) hour continuing education course relating to prevention of medical errors is required for initial licensure and (2) hours upon each renewal. The course can be completed by home study but only courses taken from a pre-approved Board of OT practice provider is acceptable for this requirement. For a current list of providers, visit our website at [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa). Click on Current License Holders and on Continuing Education to obtain a current list of Approved Continuing Education Providers.

A copy of the completion certificate *must be submitted* to the Board office via fax, email, or mail prior to the issuance of a temporary permit or permanent license.

You may also refer to Section 456.013(7), Florida Statutes and Rules 64B11-2.007, 64B11-3.005 and 64B11-5.001(5), F.A.C., for additional information, available on our website.

### **HIV/AIDS EDUCATION**

All newly licensed occupational therapists or occupational therapy assistants are required to take 1 hour of an approved HIV/AIDS course by his/her first renewal. A copy of the completion certificate should be retained by the applicant and *not sent to the Board unless requested*.

You may also refer to Section 456.033, Florida Statutes, and Rule 64B11-5.001(4), F.A.C., for additional information.

## **REQUIRED OF EXAM APPLICANTS**

### **OFFICIAL TRANSCRIPTS**

It is preferable that the degree granting institution mail official transcripts verifying an OT/OTA certificate or degree directly to the Board office. Transcripts can be accepted directly from the applicant if they are submitted in a sealed envelope. *Transcripts are required of examination applicants only.* Recent Florida graduates (within 6 months of graduation date) may request a letter received directly from the program director of their OT/OTA school to verify their education. The letter must state that *"all fieldwork and educational requirements have been met as outlined in Part III, section 468.209(1) (a) through (c), F.S."* Copies of your diploma are not acceptable.

**Certified English translations** must be submitted for any document written in a foreign language. This may be a photocopy of an original translation.

## **☐ SCHEDULED NBCOT EXAM DATE**

Applicants must be scheduled by NBCOT for the exam. You may submit your application prior to receiving your ATT letter (Authorization to Test); however, a temporary permit *will not* be issued until the scheduled examination date, scheduled with the Testing Center is received from you. You may notify us via fax, email or by regular mail. *You must* make arrangements with NBCOT or PES to forward your scores to the Board office as they will not be automatically forwarded. A copy of your certification is *not* acceptable. If you take the exam and are unsuccessful, when you re-schedule for the exam with NBCOT, you must again pay NBCOT to send your scores. Exam scores over six months old are not acceptable. If it has been six months since you took your exam, you should apply by endorsement (or by exam w/waiver) and request a certification letter from NBCOT to be mailed directly from NBCOT to the Board office. The Board office must receive the results of your exam. If you change your exam date, you must notify the Board office and allow 3-4 weeks for the receipt of your scores. If the receipt of your exam scores is delayed due to changing your exam date, the temporary permit **cannot be extended or renewed**, as they are valid for a maximum of 12 months.

## **☐ NBCOT EXAM ELIGIBILITY OR ATT LETTER FOR FOREIGN-EDUCATED APPLICANTS**

All foreign applicants must request a NBCOT examination eligibility or ATT letter to be sent to the Board office. The letter must verify educational credentials as well as the date of the examination for which you are scheduled. NBCOT charges a fee for this service. Contact the NBCOT for more information at (301) 990-7979, or at [www.nbcot.org](http://www.nbcot.org).

## **REQUIRED OF APPLICANTS APPLYING BY EXAM WITH WAIVER**

### **☐ NBCOT NON-CURRENT CERTIFICATION LETTER**

The Board of Occupational Therapy Practice does not offer the examination. Applicants applying by examination with waiver must submit a current letter directly from NBCOT verifying successful passage of the NBCOT certification exam. Copies of your NBCOT certificate or wallet card will not be accepted. NBCOT charges a fee for this service. Contact the NBCOT at (301) 990-7979, or at [www.nbcot.org](http://www.nbcot.org).

### **☐ LICENSE VERIFICATION**

A licensure verification letter from any state you currently hold or have ever held a license, regardless of licensure status. You must request from the licensing state and pay any fees required by that state for this service. Some verifications may be completed online; however, not all state's online verification systems provide "disciplinary" information needed for this requirement. You may use or copy the included Licensure Verification Form to send to the states or view the state Board websites for online verification requests. Note that NBCOT maintains a list of all state regulatory entities with contact names, numbers, websites, and addresses on their website at [www.nbcot.org](http://www.nbcot.org).

## **REQUIRED OF APPLICANTS APPLYING BY ENDORSEMENT**

### **☐ NBCOT LETTER VERIFYING CURRENT CERTIFICATION**

A current letter verifying current certification must be sent directly from NBCOT or PES. Copies of your NBCOT certificate, wallet card, or older PES scores will not be accepted. NBCOT charges a fee for this service. Contact the NBCOT at (301) 990-7979, or at [www.nbcot.org](http://www.nbcot.org).

### **☐ LICENSE VERIFICATION**

A licensure verification letter from any state you currently hold or have ever held a license, regardless of licensure status. Copies of your license will not be accepted. You must request from the licensing state and pay any fees required by that state for this service. Some verifications may be completed online; however, not all states' online verification systems provide "disciplinary" information needed for this requirement. You may use or copy the included Licensure Verification Form to send to the states or view the state Board websites for online verification requests. Note that NBCOT maintains a list of all state regulatory entities with contact names, numbers, websites, and addresses on their website at [www.nbcot.org](http://www.nbcot.org).

## SECTION III - ADDITIONAL INFORMATION

### ADDITIONAL REQUIREMENTS REGARDING “YES” ANSWERS FOR PERSONAL HISTORY ON THE APPLICATION

Written statement(s) to any and all “YES” answers regarding personal history of the application are required and you must explain in detail the circumstances, dates, and locations surrounding the issue(s), offense(s), problem(s), etc., including current disposition.

For “YES” answers to section (1) Personal History include supporting documentation regarding condition(s), addictive disorder(s), impairment(s), such as medical records, diagnosis, prescription medication(s), and an evaluation letter(s) from treating physicians and/or institutions.

In addition to the statement(s), you must submit supporting documentation to verify and support all “YES” answers. For “YES” answers to section (10) Criminal History include court documents, arrest records, sentencing information, final disposition(s), restitution records, completion of probation, etc. If you have been adjudicated guilty of a felony, attach documentation of restoration of civil rights. The lack of restoration of civil rights does not automatically preclude licensure. You must have arrest and court records of final disposition for each offense listed. If the records are no longer available, you must have certification of their unavailability. Your application will not be considered complete until these records are received.

For “YES” answers to section (11) Disciplinary History include supporting documentation regarding discipline, employment or occupational therapy related charges, such as Board orders, disciplinary reports, court documents, arrest records, sentencing information, final disposition(s), restitution records, completion of probation, employment records and/or employment verifications, employer and/or colleague recommendation letters, etc.

It is very important to submit all documentation necessary to validate, confirm, and support your desire and eligibility for licensure. (See 468.209 and 468.217, Florida Statutes)

Certain applicants may be required to appear before the Board to discuss their application and may be referred to the Professionals Resource Network (PRN) for an evaluation of competency to practice as a contingency for licensure. PRN is a consultant to the State of Florida contracted to evaluate prospective licensees and practitioners to ensure their ability to practice with reasonable skill and safety to the public. Please note: The expense for such evaluation and/or monitoring contract, *if* required by the Board, will be your responsibility. (<http://www.flprn.org/>)

Individual consideration of an application by the Board, a personal appearance before the Board, a PRN referral, or combination may require additional time for processing, because the Board meets every 3 months.

### AN APPLICANT SEEKING REENTRY

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. Proof of continuing education must be submitted to “complete” an application.

### ADDRESS CHANGES

Official State of Florida mail is not forwarded by the US Postal Service. If you do not currently have a practice location, please inform us as soon as you obtain employment. Licenses are printed with the location address but are mailed to your home/mailing address. The internet will display your practice location address only. If none given, your home/mailing address will be displayed. Failing to notify the Board office will delay the receipt of your license if you move during the process. You are strongly

encouraged to provide this office any change in address, as it is a violation to not do so. Address changes may be submitted by email or on the Board website at [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa)

### **EMAIL ADDRESS**

By checking “yes” on the correspondence by email, you agree to allow the Board office to contact you with information regarding your application via e-mail. If you choose this option, please check your e-mail account frequently and notify the Board office of any change to your e-mail address.

### **WITHDRAWAL OF APPLICATION**

If you decide to withdraw your application, you must make the request in writing. Board staff must receive the request prior to the granting of licensure. Included in the request should be a request for refund of the appropriate fees. The application fee portion of your payment is non-refundable.

**Do not stop payment on your check. This could result in a bad check charge being filed.**

**\*\*\*\*REMEMBER\*\*\*\***

**YOU MUST ALLOW ADEQUATE TIME FOR THE PROCESSING OF  
YOUR APPLICATION FOR LICENSURE  
AND DO NOT START WORKING IN FLORIDA  
UNTIL YOU HAVE RECEIVED  
YOUR TEMPORARY PERMIT OR PERMANENT LICENSE.**

### **AFTER LICENSURE**

#### **LICENSURE BIENNIUM**

All occupational therapy licenses expire the same day, February 28<sup>th</sup>, of every odd numbered year. When an initial license is granted during the biennium, it will expire on the expiration date of that biennium, unless is it issued within 120 days of the expiration date, and then it will continue into the next biennium. Licenses issued more than 120 days from the expiration date will expire at the end of the current biennium. All occupational therapy licenses (including continuing education providers) expire on February 28<sup>th</sup> of every odd year. It is during this time period that the continuing education requirements must be met for each renewal cycle.

The current and future biennium dates are:

3/1/2009 to 2/28/2011

3/1/2011 to 2/28/2013

3/1/2013 to 2/28/2015

#### **BOARD OF OCCUPATIONAL THERAPY PRACTICE WEB SITE**

As a licensee, we recommend you frequently visit the Board of Occupational Therapy Practice web site at [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa). The website is continually updated with information including, updates and changes in the profession, law and rule revisions, current applications, instructions, continuing education requirements for renewal, CE provider information, and a list of frequently asked questions (FAQ's). Additionally, the website provides a “License Look-Up Search Screen” where licensure status (*once a temporary permit or permanent license has been issued*) may be verified. This screen does not provide access to “application processing status.”

## **CONTINUING EDUCATION**

Each licensee is responsible for 26 hours of continuing education for each licensure biennium. Twelve (12) hours of home study per biennium are allowed. For additional information, please visit our "Continuing Education" page at the Board website [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa).

An HIV/AIDS course approved by the Board will be required for your **first** renewal. As of July 1, 2006, licensees are no longer required by Chapter 456, F.S. to take an HIV/AIDS course for each subsequent renewal. This Board for this requirement approves courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health.

Two (2) hours of the 26 hours must be in a continuing education course relating to the Prevention of Medical Errors. An Occupational Therapy Board approved continuing education provider must provide this course. A current list of Board approved providers of this course are kept on the Board Website.

Two (2) hours of the 26 hours must be in a continuing education course relating to the laws and rules for occupational therapy, i.e., chapters 456 and 468 Part III, Florida Statutes, and chapter 64B11, Florida Administrative Code. An Occupational Therapy Board approved continuing education provider must provide this course. A current list of Board approved providers of this course are kept on the Board Website.

For additional information regarding continuing education, exemptions, to view lists of Board approved providers for the mandatory courses, and to view information regarding continuing education tracking, please visit the Board Website at [www.doh.state.fl.us/mqa](http://www.doh.state.fl.us/mqa) and CE Brokers at [www.CEBroker.com](http://www.CEBroker.com).

## **ADDRESS OF LICENSEE**

64B11-4.007, Florida Administrative Code, states "Each person holding a license issued pursuant to Part III of Chapter 468, F.S., must maintain on file with the Board a current mailing address at which any notice required by law may be served by the Department, the Board, or its agents, and the address of the current place of practice if different from the current mailing address. The licensee shall notify the Board in writing of any change of address within 60 days, whether or not within this state."

You may acquire a personal log in and password by calling (850) 488-0595 and change your address in your licensure records, or complete a change of address form printed from the website and Fax it to 850-487-9626, or write a letter requesting the change. If you have applied for a license and have not received a license number, please include the profession. Mail to: MQA Communication Services, 4052 Bald Cypress Way Bin #C01, Tallahassee, FL 32399-3251.

## **FAILING TO REPORT TO THE BOARD**

Once a person is licensed, it is his or her responsibility to comply with the following statute: 456.072(1) (x), F.S., states: "Failing to report to the Board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the Board, or department if there is no board, on or before October 1, 1999."

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## APPLICATION CHECKLIST

Use the following checklist to help ensure that you send in all necessary documentation for your licensure application.

- \_\_\_\_\_ 1. **APPLICATION** (Submit only Pages 1-5) - All questions answered? If question is not applicable, mark with N/A. Questions left blank will delay processing. **NOTE:** Mailing address will display on the Internet if you do not provide a practice location address.
  - \_\_\_\_\_ 2. **FEES** - \$180 - OT & OTA (Do not stop payment on your check. This could result in a bad check charge being filed against you.)
  - \_\_\_\_\_ 3. **ONE PHOTO** - Attach to the front page of the application.
  - \_\_\_\_\_ 4. **PROOF OF GRADUATION** required for EXAM Applicants only. Transcripts or school completion letter. Copies of diploma not acceptable.
  - \_\_\_\_\_ 5. **VERIFICATION(S) OF LICENSE IN ANOTHER STATE.** From each and every state you have held or currently hold a license, regardless of licensure status.
  - \_\_\_\_\_ 6. **STATEMENT(S) AND ADDITIONAL DOCUMENTATION NEEDED FOR "YES" ANSWERS TO PERSONAL HISTORY QUESTIONS.**
  - \_\_\_\_\_ 7. **NBCOT CERTIFICATION LETTER** (Must be requested and sent directly from NBCOT)
    - Proof of current certification or
    - Proof of Non-current certification proving successful completion of exam or
    - ATT Letter for proof of Exam Eligibility (Foreign Examination Applicants Only).
  - \_\_\_\_\_ 8. **PROOF OF PREVENTION OF MEDICAL ERRORS EDUCATION.**(certificate of completion)
  - \_\_\_\_\_ 9. **PROOF OF 50 CONTINUING EDUCATION UNITS FOR AN APPLICANT SEEKING REENTRY** – Proof of CE's must be submitted before a license may be issued.
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### WHERE TO SEND APPLICATION AND SUPPORTING DOCUMENTATION

Make your personal check or money order payable to the  
DOH/Board of Occupational Therapy Practice. (DOH/Board of OT)

#### **INITIAL APPLICATION, FEES AND ANY SUPPORTING DOCUMENTATION IN THE SAME ENVELOPE:**

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

#### **ALL DOCUMENTATION NOT INCLUDED WITH APPLICATION AND FEE:**

Department of Health  
Board of Occupational Therapy Practice  
4052 Bald Cypress Way, Bin #C05  
Tallahassee, FL 32399-3255



Rick Scott  
Governor

H. Frank Farmer, Jr., M.D., Ph.D.  
State Surgeon General

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

**LICENSE VERIFICATION FORM**

**PART I: TO BE COMPLETED BY APPLICANT**

*Complete this part and submit a copy to each state where you hold or have ever held a license to practice occupational therapy, making copies of this form as necessary.*

APPLICANT NAME \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_ STATE OF \_\_\_\_\_

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

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**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 \_\_\_\_\_

IS LICENSE IN GOOD STANDING? \_\_\_\_\_

HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? \_\_\_\_\_

IS THERE ANY DEROGATORY INFORMATION? \_\_\_\_\_

REMARKS: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

Signature of Official

**BOARD SEAL**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

Medical Therapies/Psychology  
Florida Department of Health Board of Occupational Therapy Practice  
4052 Bald Cypress Way, Bin C05 • Tallahassee, Florida 32399-3255  
Phone: (850) 245-4373 • Fax: (850) 414-6860 • <http://www.floridashealth.com>