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**MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE**  
**SPRING GROVE HOSPITAL CENTER \* BLAND BRYANT BUILDING, 4<sup>TH</sup> FLOOR**  
**55 WADE AVENUE, BALTIMORE, MD 21228**  
**Health.maryland.gov/botp**

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**Board Survey: Licensure**

The Maryland Board of Occupational Therapy is conducting an evaluation of procedures. The purpose of this evaluation is to identify ways the board can better assist Occupational Therapists and Occupational Therapy Assistants in the State of Maryland.

Please check your response.

1. Are you a new applicant, renewal or reinstatement? \_\_\_\_\_
2. Was the information provided to you over the telephone accurate?  
 Excellent       Good       Fair       Poor
3. Was the board staff courteous?  
 Excellent       Good       Fair       Poor
4. Did the board staff address your concerns?  
 Excellent       Good       Fair       Poor
5. Was the period of time from your initial request of an application packet to its receipt satisfactory?  
 Excellent       Good       Fair       Poor
6. Were all necessary forms provided in your application packet?  
 Excellent       Good       Fair       Poor
7. Were the instructions for completing the information on the application form easily understood?  
 Excellent       Good       Fair       Poor
8. Approximately, how many days did it take for the completion of the licensure process? \_\_\_\_\_ (Days)
9. Overall, were you satisfied with the service you received from the board office?  
 Excellent       Good       Fair       Poor
10. List one change or recommendation for improving our licensure process.  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Thank you for your assistance in helping the Board of Occupational Therapy Practice improve its service.