MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE

Spring Grove Hospital Center • Bland Bryant Building, 4th Floor
55 Wade Avenue • Baltimore, MD 21228
Phone: 410-402-8560 • Fax: 410-402-8561
http://dhmh.maryland.gov/botp

VERIFICATION OF LICENSURE FORM

COMAR 10.46.01.02 D (5) (a)-(c)

PART I: TO BE COMPLETED BY APPLICANT

1. Name: _____ 2. Social Security Number: XXX-XX-_____

3. Address: _____

4. City: _____ 5. State: _____ 6. Zip: _____

7. Home Phone: (____) _____ 8. Work Phone: (____) _____

9. Type of License Applying for:
   - ❒ Occupational Therapist
   - ❒ Temporary Occupational Therapist
   - ❒ Reinstatement Occupational Therapist
   - ❒ Reactivation Occupational Therapist
   - ❒ Occupational Therapy Asst.
   - ❒ Temporary Occupational Therapy Asst.
   - ❒ Reinstatement Occupational Therapy Asst .
   - ❒ Reactivation Occupational Therapy Asst.

10. State or foreign country in which you have ever held a license: _____
Make a copy of this form for each state or foreign country in which you are or ever have been licensed.

PART II: TO BE COMPLETED OR RETURNED WITH EQUIVALENT DOCUMENTATION BY STATE OR FOREIGN COUNTRY.

The Occupational Therapist or Occupational Therapy Assistant listed above has applied for licensure in the State of Maryland. Please provide the following information.

11. Occupational Therapist Yes ❒ No ❒ 12. Occupational Therapy Assistant Yes ❒ No ❒

13. License Number _____ 14. Status: _____

15. Date Issued: _____ 16. Expiration Date: _____

17. Did the licensee obtain a temporary license only? Yes ❒ No ❒

18. If yes, can the temporary license be verified via this form? Yes ❒ No ❒

19. Has the licensee ever had any disciplinary action taken against their license in your state or country? Yes ❒ No ❒

20. If yes, please give particulars on the reverse side of this form and include a copy of any Order.

21. The Board of _____ of the State of _____ certifies that the above information is correct.

22. Signature _____

Title _____

Date _____

Agency Address _____

_____

_____

PLEASE RETURN DIRECTLY TO THE MARYLAND BOARD OF OT

TDD FOR DISABLED
MARYLAND RELAY SERVICE
1-800-735-2258