

# Application for Licensure

**Instructions:**

1. Write answers in ALL CAPS.
2. Answer ALL questions (1-30) completely and accurately.
3. ENCLOSE APPLICABLE FEE.

## Maryland Board of Occupational Therapy Practice

<http://dhmh.maryland.gov/botp>

Spring Grove Hospital Center ♦ 55 Wade Avenue  
 Bland Bryant Building, 4<sup>th</sup> Floor ♦ Baltimore, MD 21228  
 Phone: 410-402-8560 ♦ Fax: 410-402-8561  
 TDD for Disabled: Maryland Relay Service 1-800-735-2258

**Personal Profile**

1. Last Name:

2. First Name and Middle Initial:

3. Type(s) of License sought:  
 a. Official License:  OT  OTA  
 b. Temporary License:  OT  OTA  
 (exam candidates only)  
 c. Reinstatement:  OT  OTA  
 d. Reactivation:  OT  OTA

4. Social Security Number:  -  -

5. Gender:  Male  Female

6. Date of Birth:  /  /

7. Please check all that apply: Ethnicity:  American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or other Pacific Islands  White  Other

8. Address:

8a. Apt. Number (indicate APT in first three boxes):  OR 8b. In care of (if applicable):

9. City:  10. State:  11. Zip Code:

12. Country:  13. Professional Email Address:

14. Primary Phone:  -  -  15. Secondary Phone:  -  -

16. Alias (Maiden Name, etc.):  17. Date of Alias Change:  /  /

Discipline	Certification			
<p>18. Are you or have you ever:</p> <p>a. been convicted of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. had any disciplinary action taken against your license in any state or country? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. been addicted to the use of drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e. had a physical or mental illness that impairs your ability to practice your profession? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>f. had a malpractice suit filed against you or damages been settled or awarded against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>g. had any hospital or employer deny you privileges or employment? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>19. Are there any outstanding complaints, investigations or charges pending against you in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If you answered yes to any of the questions above, a complete explanation and a certified copy of the court documents of your conviction(s) must be submitted for review. Photocopies will not be acceptable.</i></p>	<p>20. Verification of initial NBCOT certification is required.</p> <p>a. NBCOT Certification # _____</p> <p>b. Initial Certification Date: _____  <i>NBCOT Verification must be provided to the Board from NBCOT.</i></p> <p><b>21. Occupational Therapy Education:</b></p> <p>Name of School: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Month/Year of Graduation:</td> <td style="width: 33%;">City:</td> <td style="width: 33%;">State:</td> </tr> </table> <p>Area of Practice/Specialty: _____</p>	Month/Year of Graduation:	City:	State:
Month/Year of Graduation:	City:	State:		

For Board Office Use Only

Approved by: \_\_\_\_\_ Date of Temporary License: \_\_\_\_\_ Date of Official License: \_\_\_\_\_

Continued on back

LAST NAME:

FIRST NAME:

**Licensure**

22. Have you ever been licensed in occupational therapy by the State of Maryland?  Yes  No  
 If yes, License # \_\_\_\_\_
23. Are you, or have you ever been, licensed to practice occupational therapy in another state or country?  Yes  No  
 If yes, please list \_\_\_\_\_  
*(Verification of licensure must be provided to the Board from each state or country.)*

**Military Experience**

24. a. Are you active duty military, including reservists called to active duty for training or deployment?  Yes  No  
 b. Are you a military veteran discharged within one year of this licensing application?  Yes  No  
 If yes, date of discharge: \_\_\_\_\_  
 c. Are you the spouse of an active duty military or recently discharged veteran?  Yes  No

**Educational Experience**

25. Has it been more than one year since you graduated from an Occupational Therapy academic program?  Yes\*  No  
 \*If yes, per COMAR 10.46.04, please indicate:
- a.  I attest to maintaining current certification with NBCOT which fulfills the MD State Continuing Competency Requirements;  
 OR  
 b.  I do not maintain current certification with NBCOT, and I am providing documentation for 24 contact hours completed within the preceding 24 months, and a Continuing Competency Requirement Compliance Report.

**Professional Experience**

26. Has there been a lapse of three years or more since you have practiced occupational therapy?  Yes  No  
*(If yes, please see COMAR 10.46.04.04 C (3) for additional requirements.)*

**Signature/Affirmation**

- 27.
- a. The contents of this document are true and correct to the best of my knowledge and belief.  Yes  No
- b. I have read and understand the Annotated Code of Maryland Health Occupations Article Title 10, and the Code of Maryland Regulations (COMAR) 10.46, Maryland Board of Occupational Therapy Practice.  Yes  No
- c. I have knowingly practiced Occupational Therapy in Maryland without a valid Maryland license.  True  False

This space is to contain a recent passport type full-face photograph of the applicant.

Photograph must be securely taped in place.

Newspaper photographs, etc., are not acceptable.

PLEASE DO NOT STAPLE.

Failure to provide accurate information may result in denial of licensure.

28. APPLICANT'S SIGNATURE (REQUIRED):

\_\_\_\_\_

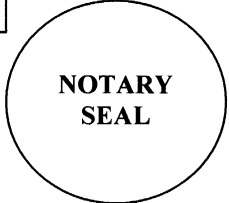
29. DATE:

\_\_\_\_\_

30. NOTARY PUBLIC:

Sworn before me this (Date) \_\_\_\_\_

Expiration Date \_\_\_\_\_



Signature Notary Public

**Applicant Fee: \$200**  
**Reinstatement Fee: \$225 - \$450**  
**Reactivation Fee: \$123 - \$245**  
**Do not staple fee payment to form.**

Make check or money order payable to "MBOT". Cash or credit card cannot be accepted. If the application is not complete per regulation 10.46.01.02, the application may be destroyed. To reapply, a new application may need to be filed and another fee paid.

**FEE IS NOT REFUNDABLE.**