

Maryland Board of Occupational Therapy Practice
Spring Grove Hospital ♦ 55 Wade Avenue ♦ Tuerk Building, 2nd Floor ♦ Baltimore, MD 21228
Phone: 410-402-8556 ♦ Fax: 410-402-8561 ♦ www.health.maryland.gov/botp
Application for Biennial License Renewal

RENEWAL DEADLINE: 6/30/2021 (POSTMARKED)	SOCIAL SECURITY NUMBER: _____ - _____ - _____ <u>Continuing Competency Requirements Questions</u> <input type="checkbox"/> 1. My NBCOT certification is current, and I need 0 contact hours. <div style="text-align: center;">or</div> <input type="checkbox"/> 2. My NBCOT certification is not current, and I have completed 24 contact hours of continuing education. Home Phone: () _____ Work Phone: () _____ Email address: _____
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Fees (Make checks payable to: MD Board of OT)	Total Amount Due
<input type="checkbox"/> Occupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)	\$280
<input type="checkbox"/> Occupational Therapy Assistant	\$200
<input type="checkbox"/> *Elective Non-Renewal Status (Inactive)	\$ 50

**You may change your license status to inactive during the renewal process. Changing to an inactive status can affect your ability to practice with this license. If you need more information regarding inactive status, please contact the Board office at 410-402-8556.*

<u>Character and Fitness Questions</u> Write YES or No for the following questions. Since your last renewal: _____ 1. Have you been addicted to drugs or alcohol? _____ 2. Has any state licensing or disciplinary board, or a comparable body in the armed services, denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation? _____ 3. Have you surrendered a license in any jurisdiction due to disciplinary proceedings? _____ 4. Are there any outstanding complaints, investigations or charges pending against you in any jurisdiction (including Maryland) by any licensing or disciplinary board or a comparable body in the armed services? _____ 5. Have you had a physical, or mental illness that currently impairs your ability to practice your profession? _____ 6. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment for any criminal act?	_____ 7. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of driving while intoxicated or of a controlled dangerous substance offense? _____ 8. Has any hospital or related healthcare institution or employer denied you privileges or employment, denied any application or contract or limited, restricted, suspended, revoked, or terminated your privileges or employment contract for any reason related to your practice? _____ 9. Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice? _____ 10. Has a malpractice suit been filed against you or has a claim for damages been settled or awarded against you? _____ 11. Have you knowingly practiced occupational therapy in the State of Maryland or any other jurisdiction without an active license? _____ 12. Have you had an unreported name and/or address change? _____ 13. Do you understand that applicants that answer yes to any of these questions must attach a detailed explanation for each question answered yes and include a certified copy of the court record or other appropriate documentation, if applicable?
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Workers' Compensation: MD Health Occupations Article §1-202 requires that if you are an employer, you must comply with the Workers' Compensation Law for license renewal. **Please check one of the options.** I hereby certify that:

1. I am exempt from maintaining workers' compensation insurance because I do not employ anyone; or

2. I employ one or more persons in my practice and maintain the following workers' compensation insurance:

a. Name of the Insurance Company (Workers' Compensation Only): _____

b. Policy Number: _____

c. Expiration Date: _____

Notice for Mailing List

The information collected on the license application form and the license renewal forms is collected for the purposes of the Board’s functions under the Maryland Health Occupations Code Annotated, Title 10. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees’ names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.

Area of Practice/Specialty: Please check all that apply:

- 1. Mental Health
- 2. Productive Aging
- 3. Children and Youth
- 4. Work and Industry
- 5. Rehab, Disability & Participation
- 6. Other
- 7. None

Race/Ethnicity: Voluntarily please check all that apply:

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Hispanic or Latino
- 5. Native Hawaiian or other Pacific Islander
- 6. White

Attestation

Write YES or NO for the following statements:

_____ I understand that the practice of occupational therapy without a current license issued by the Maryland State Board of Occupational Therapy is a violation of the Occupational Therapy Practice Act. I attest that the information provided in this application has been personally provided and reviewed by me and that the contents of this submission are true and correct to the best of my knowledge and belief. I understand that failure to provide truthful answers may result in disciplinary action.

_____ I agree that the Maryland State Board of Occupational Therapy may request any information necessary to process my application for an occupational therapy license in Maryland from any person or agency, including but not limited to postgraduate program directors, individual occupational therapists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

_____ I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a licensed occupational therapy practitioner in the State of Maryland, including the issuance of a subpoena of documents or records.

_____ During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address of any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §10-315 or the Code of Maryland Regulations, (COMAR) 10.46.02.01.

_____ I affirm that the contents of this document are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

License Number: _____