Dear Applicant:

The State Board of Occupational Therapy Education and Licensure welcomes you and wishes to assist you in your endeavor to work in Pennsylvania in your chosen field of Occupational Therapy.

In order to practice as an Occupational Therapist or an Occupational Therapy Assistant in the Commonwealth of Pennsylvania, you must hold a license issued by the Board. To obtain a license, please be sure to read all instructions and complete the enclosed application.

TEMPORARY licenses are designed to accommodate students/new graduates. You may begin the license application process during your last fieldwork II assignment. Graduates of foreign schools who have not yet taken the exam should also apply for this type of license. Follow the instructions for TEMPORARY to become permanent licenses.

PLEASE NOTE: HOLDERS OF A TEMPORARY LICENSE, BOTH OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS, MAY PROVIDE SERVICES ONLY UNDER THE DIRECT SUPERVISION OF A PENNSYLVANIA LICENSED OCCUPATIONAL THERAPIST, AND ARE REQUIRED TO SIT FOR THE NEXT EXAMINATION.

All other applicants should apply for PERMANENT licenses. When you obtain your permanent license, it will be necessary to renew the license by June 30th of every odd numbered year.

If the name you are currently using on your application is different than the name you used on any of the other documents required to be submitted with your application, or if you change your name after you submit this application, send evidence of your name change within ten (10) days. For example, send a copy of marriage certificate or court order authorizing the name change.

Licenses are not forwarded. Provide your current address to receive correspondence from the Board. It is the applicant's responsibility to inform the Board of an address change within ten (10) days of the change. Refer to the "Name/Address Change" form located on our website.

If a pending application is older than one year from the date submitted online and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance. The Board will notify you if additional information is required.

YOU MAY NOT PRACTICE IN PENNSYLVANIA UNTIL YOU HAVE A TEMPORARY OR PERMANENT LICENSE. LICENSES ARE NOT ISSUED UNTIL ALL NECESSARY DOCUMENTS ARE RECEIVED IN THE BOARD OFFICE.
INSTRUCTIONS FOR TEMPORARY LICENSE (to become permanent)

1. Eligibility Requirements
   
a. Applicant is eligible and has applied to take the National Board for Certification in Occupational Therapy, Inc. (NBCOT) Examination for the first time
   
   OR
   
b. Applicant has failed the examination once and has applied for re-examination on the next scheduled examination administration.

**PLEASE NOTE:** The Occupational Therapy Law and regulations state that temporary license holders who fail the examination for the first time are permitted to continue to practice but are **required to sit for the next scheduled exam.** Procedure: Upon notification of first time failure, the temporary license holder must contact NBCOT, www.nbcot.org to request that a Verification of Confirmation of Examination Registration and Eligibility to Examine be submitted to the Board office within 90 days of the date of the failed examination. If the Board office does not receive a Verification of Confirmation of Examination Registration and Eligibility to Examine directly from NBCOT within 90 days of the date of the failed examination, the temporary license will be null and void and the temporary license holder will receive a notice from the Board requesting that the temporary license be returned to the Board office for failure to sit for the next available examination.

2. If applicant is eligible under one of the above criteria:
   
a. Complete, sign and date pages 1 and 2 of the application and forward with a $50.00 check or money order made payable to Commonwealth of PA directly to the Board office. **Fee is not refundable or transferable.** If you do not receive your temporary to become permanent license within one year from the date your application is received, you will be required to submit another application fee. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
   
b. On page 3 of the application, complete Part I and forward to your school for completion of Part II. The school must forward it directly to the Board office in a sealed official school envelope. (DO NOT COMPLETE this page if you are a graduate of a foreign school.)
   
c. Graduates of foreign schools must request that a credential evaluation be submitted from NBCOT, directly to the Board office in a sealed official envelope from NBCOT.
   
d. Request Verification of Confirmation of Examination Registration and Eligibility to Examine to be forwarded from the NBCOT, directly to the Board office in a sealed official envelope of NBCOT.
   
e. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Child Abuse Continuing Education Providers Information can be found on the Board’s website: www.dos.pa.gov. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
   
f. **Effective August 1, 2016,** provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at https://www.npdb.hrsa.gov/. When you receive the “Self-Query Response” from the National Practitioner Data Bank, forward it to the Board office. (Verify that “Self-Query Response” is sent to the Board and not a discrepancy notice.)

3. To change a Temporary to a Permanent license:
   
When you apply for the NBCOT Examination, the application instructs you to specify to which states you wish your score reports be sent. You will need to include Pennsylvania so that the Board office receives your official score from NBCOT. After the Board receives your passing score, the temporary license will be made null and void and the permanent license will be issued. You do not need to reapply for a permanent license unless your application expires prior to you receiving the license.
INSTRUCTIONS FOR PERMANENT LICENSES

1. Eligibility Requirements - Applicant is a graduate of an AOTA accredited school or a foreign equivalent school as determined by AOTA, and has passed the NBCOT (AOTCB) examination. Applicant may hold a current/active license in another state and proof of current NBCOT certification or hold current NBCOT certification.

2. If applicant is eligible under the above criteria:
   a. Complete, sign and date pages 1 and 2, and forward with $30.00 check or money order made payable to Commonwealth of PA directly to the Board office. Fee is not refundable or transferable. If you do not receive your permanent license within one year from the date your application is received, you will be required to submit another application fee. A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.
   b. On page 3 of the application, complete Part I and forward to your school for completion of Part II. The school must forward it directly to the Board office in a sealed official school envelope. (DO NOT COMPLETE this page if you are a graduate of a foreign school.)
   c. Graduates of foreign schools must request that a credential evaluation be submitted from NBCOT, directly to the Board office in a sealed official envelope from NBCOT.
   d. Request each state in which you now hold or ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction, to forward a "Letter of Good Standing" directly to the Board office in a sealed official state board envelope.
   e. You must request NBCOT, to send a "Verification of Certification" directly to the Board office in a sealed official envelope of NBCOT. **Note:** The Verification of Certification must reflect "current" certification status if you do not hold an active/current license in another state.
   f. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Child Abuse Continuing Education Providers Information can be found on the Board’s website: www.dos.pa.gov. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
   g. **Effective August 1, 2016,** provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at https://www.npdb.hrsa.gov/. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)

For Occupational Therapists, effective July 1, 2013

Under the Occupational Therapy Law, in order to hold an occupational therapy license in the Commonwealth of Pennsylvania, you are required to have professional liability insurance in the minimum of one million dollars ($1,000,000) per occurrence or claims made.

Acceptable coverage shall include:
   1) Personally purchased professional liability insurance;
   2) Self-insurance;
   3) Professional liability insurance coverage provided by the occupational therapist’s employer.

Therefore, you have 30 days from the date your license is issued to provide proof of acceptable coverage which may include a certificate of insurance issued by the insurer or a copy of the declarations page of the professional liability insurance policy or a letter from the applicant’s professional liability insurance carrier indicating that the applicant will be covered against professional liability in the required amounts effective upon the issuance of the applicant’s license to practice occupational therapy in this Commonwealth. For professional liability insurance coverage through the occupational therapist’s employer, documentation must reflect you as a named insured. Failure to do so shall result in **automatic suspension** of your professional license.
OT/OTA LICENSE APPLICATION

LICENSE CLASS (CHECK ONE)

☐ Occupational Therapist
☐ Occupational Therapy Assistant

TYPE OF LICENSE (CHECK ONE) FEE

☐ Temporary ................................................................. $50.00
☐ Permanent ................................................................. $30.00

MAKE FEE PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA". FEE IS NOT REFUNDABLE OR TRANSFERABLE. IF YOU DO NOT RECEIVE YOUR TEMPORARY LICENSE/PERMANENT LICENSE WITHIN ONE YEAR FROM THE DATE YOUR APPLICATION IS RECEIVED, YOU WILL BE REQUIRED TO SUBMIT ANOTHER APPLICATION FEE. A PROCESSING FEE OF $20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON FOR NON-PAYMENT.

EDUCATION (CHECK ONE)

☐ College
☐ University

Name of School ____________________________________________

Date of (Expected) Graduation ________________________________

If outside of the US, list country ______________________________

EXAMINATION

Examination date/window that you sat/will sit for the NBCOT Examination: ______________________________

NAME

Last First Middle Maiden/Other name used

ADDRESS

________________________________________________________

Street

City State Zip Code

SOCIAL SECURITY NO. [ ] [ ] [ ] - [ ] [ ] [ ] BIRTHDATE: ______________________________

PHONE NUMBER: ( [ ] ) __________________________

EMAIL ADDRESS: ________________________________________
1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice ANY health-related profession in any other state or jurisdiction?

   Yes □ No □

2. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?

   Yes □ No □

3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?

   Yes □ No □

4. Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?

   Yes □ No □

5. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.

   Yes □ No □

6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?

   Yes □ No □

7. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogens or other drugs or substances that may impair judgment or coordination?

   Yes □ No □

8. Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?

   Yes □ No □

9. Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?

   Yes □ No □

10. Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?

    Yes □ No □

11. Has the NBCOT (AOTCB) ever censured, put on probation, suspended, or revoked your certification?

    Yes □ No □

12. Have you ever failed the NBCOT Examination?

    If yes, how many times? ________________________

    Yes □ No □

13. Have you previously had your examination scores transferred to Pennsylvania?

    If yes, indicate month and year ________________________

    Yes □ No □

14. Will any documentation submitted in connection with this application be received in a name other than the name under which you are applying? If you selected "yes", please list the name or names. Submit a copy of the legal document indicating the name change (i.e., marriage certificate, divorce decree which indicates the retaking of your maiden name; legal document indicating the retaking of a maiden name, or court order)

    Yes □ No □

IF YOU ANSWERED YES TO ANY OF THE CRIMINAL/DISCIPLINARY ACTION QUESTION(S), PLEASE ATTACH AN 8 1/2 X 11 SHEET OF PAPER GIVING FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF DOCUMENTS EXPLAINING SITUATION, IF APPLICABLE.

VERIFICATION

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4904.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

______________________________  ______________________________  ______________
Printed Name of Applicant    Signature of Applicant    Date
VERIFICATION OF OCCUPATIONAL THERAPY EDUCATION

GRADUATES OF A FOREIGN SCHOOL: DO NOT COMPLETE THIS FORM. You must request that a credential evaluation be submitted from NBCOT, directly to the Board office in a sealed official envelope from NBCOT.

PART I - TO BE COMPLETED BY APPLICANT AND FORWARDED TO SCHOOL PROGRAM DIRECTOR

NAME

Last          First          Middle          Maiden/Other name used

SOCIAL SECURITY #    -    -    -

Indicate the examination window in which you sat/will be sitting for NBCOT Exam: ____________________________

PART II - TO BE COMPLETED BY SCHOOL PROGRAM DIRECTOR

NAME OF OCCUPATIONAL THERAPY / OCCUPATIONAL THERAPY ASSISTANT SCHOOL

ADDRESS OF SCHOOL

1. I certify that the applicant has completed the required curriculum and supervised fieldwork experiences, and that the applicant is eligible to sit for the NBCOT Examination.

2. I hereby certify that to the best of my knowledge, the applicant is of good moral character.

3. Indicate the applicant's completion of program/curriculum date: ____________________________

4. Indicate the applicant's graduation date/expected graduation date: ____________________________

5. Indicate specific degree and major conferred/to be conferred: ____________________________

SIGNATURE OF PROGRAM DIRECTOR: ____________________________

DATE: ____________________________ PHONE NUMBER: ____________________________

( SCHOOL SEAL )

THIS FORM IS TO BE RETURNED DIRECTLY TO THE BOARD OFFICE BY THE PROGRAM DIRECTOR IN A SEALED OFFICIAL SCHOOL ENVELOPE.