

STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

REACTIVATION APPLICATION – Occupational Therapist

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS: _____

OC
LICENSE NUMBER _____

_____-_____-_____
SOCIAL SECURITY NUMBER

**State Board of Occupational Therapy
Education and Licensure
PO Box 2649
Harrisburg, PA 17105-2649**

**Courier Address:
2601 North Third Street
Harrisburg, PA 17110**

- ADDRESS CHANGE** – Check if the address or email address above is a new address and not on file with the Board.
- NAME CHANGE** – If the name above is not the current name on the licensure records, submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If “YES” to any of the criminal/disciplinary action question(s), please attach certified copies of legal document(s).
		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? If “Yes” please provide the profession AND state or jurisdiction _____
		2. Since your initial application or last renewal , whichever is later, 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?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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?
		5. Since your initial application or last renewal , whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by the order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal , whichever is later, have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics, or other drugs or substances that may impair judgment or coordination?
		8. Since your initial application or last renewal , whichever is later, have your had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. Since your initial application or last renewal , whichever is later, have you had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		10. Since your initial application or last renewal , whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
		11. Have you completed 2 hours of Board approved continuing education in child abuse recognition and reporting?

State Board of Occupational Therapy Education and Licensure
P. O. Box 2649
Harrisburg, PA 17105-2649
(717) 783-1389 (Phone)
(717) 787-7769 (Fax)
st-occupational@pa.gov

VERIFICATION OF PRACTICE / NON-PRACTICE

Your renewal cannot be processed unless this page is completed.

NAME _____

ADDRESS _____

LICENSE NUMBER _____

Name of Profession _____

Date of Birth _____

Social Security Number _____

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. **THEN** answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status?

CIRCLE ONE:

YES NO

2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?

CIRCLE ONE:

YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

(Signature of Licensee)

(Date)

STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

REACTIVATION REQUIREMENTS

If you have been inactive/expired for less than 4 years, please submit the following:

- Completed Reactivation Application
- Completed Verification of Practice/Non-Practice form
- Current renewal fee
- Letter of good standing received directly from each state board office where you hold/held a license to practice a profession or occupation, to the Board office in a sealed official envelope of that state board.
- Copy of current liability insurance coverage
- Submit copies of the certificates of completion for the required 24 continued competency in acceptable activities obtained through approved program sponsors or through continued competency activities. Credit must be obtained within the two year period prior to reactivation. Continued competency regulations can be found at www.dos.pa.gov/therapy.
- 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 reactivation of a license shall be required to complete 2 hours of Department of State/Board-approved training in child abuse recognition and reporting requirements as a condition of reactivation. Please review the Board website for further information on approved CE providers. [Child Abuse Continuing Education Providers Information can be found at www.dos.pa.gov](http://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.
- Effective July 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.)

If you have been inactive/expired for over 4 years and you have been licensed and practicing occupational therapy in another state, the following additional documentation is required:

- Completed Reactivation Application
- Completed Verification of Practice/Non-Practice form
- Current renewal fee
- Curriculum vitae
- Letter(s) of good standing received directly from each state board office where you hold/held a license to practice a profession or occupation, to the Board office in a sealed official envelope of that state board.
- Copy of current liability insurance coverage
- Submit copies of the certificates of completion for the required 24 continued competency in acceptable activities obtained through approved program sponsors or through continued competency activities. Credit must be obtained within the two year period prior to reactivation. Continued competency regulations can be found at www.dos.pa.gov/therapy.
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If you have been inactive/expired for over 4 years and you have not been licensed and practicing occupational therapy in another state, you must re-apply and schedule to take the NBCOT examination. In order to retake the examination through NBCOT, you must complete the attached “Eligibility Application for NBCOT Examination For State Regulation/Licensure-Only Purposes” and return it to the Board office by mail or by fax. Upon receipt of this Application, the Board office will forward the information to NBCOT on your behalf. You must contact NBCOT directly at 301-990-7979 or www.nbcot.org for further instructions/application/cost.

Once you have successfully passed the re-examination, the following must be received (please do not submit these documents until *AFTER* you have passed the re-examination):

- Examination score received directly from NBCOT
- Completed Reactivation Application
- Completed Verification of Practice/Non-Practice form
- Current renewal fee
- Curriculum vitae
- Letter(s) of good standing received directly from each state board office where you hold/held a license to practice a profession or occupation, to the Board office in a sealed official envelope of that state board.
- Copy of current liability insurance coverage
- Submit copies of the certificates of completion for the required 24 continued competency in acceptable activities obtained through approved program sponsors or through continued competency activities. Credit must be obtained within the two year period prior to reactivation. Continued competency regulations can be found at www.dos.pa.gov/therapy.
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CHANGES TO THE OCCUPATIONAL THERAPY PRACTICE ACT

Act 138 of 2012 was signed into law on July 12, 2012, and took effect on September 10, 2012.

Under the Occupational Therapy Law, in order to maintain a license as an occupational therapist in the Commonwealth of Pennsylvania, beginning July 1, 2013, you are required to obtain and maintain 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 reinstated 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 an insured individual. **Failure to do so shall result in automatic suspension of your professional license.**

STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

P.O. BOX 2649

HARRISBURG, PA 17105-2649

Phone: 717-783-1389

Fax: 717-787-7769

Email: st-occupational@pa.gov

Website: www.dos.pa.gov/therapy

REQUEST TO RE-EXAMINE

**TO BE COMPLETED IF YOU HAVE BEEN INACTIVE/EXPIRED FOR
OVER 4 YEARS AND YOU HAVE NOT BEEN LICENSED AND
PRACTICING OCCUPATIONAL THERAPY IN ANOTHER STATE**

**Eligibility Application for NBCOT Examination For
State Regulation/Licensure-Only Purposes**

Name: _____

Prior Name (if any): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Check one of the following:

_____ Occupational Therapist

_____ Occupational Therapy Assistant

Pennsylvania License Number: _____

If you do not have your Pennsylvania license number, please go to www.licensepa.state.pa.us
to obtain this information.

**PLEASE RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD OFFICE BY
FAX (717-787-7769)**

OR

**BY MAIL (STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE,
P.O. BOX 2649, HARRISBURG, PA 17105-2649)**