

# STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

## RENEWAL APPLICATION – Occupational Therapist

NAME \_\_\_\_\_ \*\*

STREET ADDRESS \_\_\_\_\_ \*\*

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ \*\*

EMAIL ADDRESS \_\_\_\_\_ \*\*

**RETURN TO:**  
 State Board of Occupational Therapy  
 Education and Licensure  
 PO Box 8416  
 Harrisburg, PA 17105-8416

**OC** \_\_\_\_\_  
 LICENSE NUMBER

**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 a profession or occupation in any other state or jurisdiction? <b>If “Yes” please provide the profession and state or jurisdiction →</b>
		2. <b>Since your initial application or last renewal</b> , whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit or 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?
		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. <b>Since your initial application or last renewal</b> , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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 reapply for professional or occupational license, certificate or registration in any state or jurisdiction?
		5. <b>Since your initial application or last renewal</b> , 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 order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. <b>Since your initial application or last renewal</b> , 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. <b>Since your initial application or last renewal</b> , whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		9. <b>Since your initial application or last renewal</b> , whichever is later, have you had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		10. <b>Since your initial application or last renewal</b> , 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. Do you maintain current professional liability insurance in the Commonwealth of Pennsylvania? <b>If no, please provide an explanation.</b>
		12. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

**SECTION A - Continued Competency – SELECT ONE BELOW.** You are required to maintain certificates for a minimum of 5 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required **24 contact hours** of continued competency activities during the period from July 1, 2013 to June 30, 2015 in acceptable activities obtained through approved program sponsors or through continued competency activities .
- I have received **written approval from the Board** for an extension or waiver of the required continuing education based on an illness, emergency or hardship.
- I am exempt from the continued competency due to this being my first biennial renewal of my license. This exemption does not exempt me from the mandatory child abuse reporter training under Act 31.

**NOTE: An individual who responds falsely, that he or she has completed continuing education requirements is subject to disciplinary action for failure to complete continuing education and for submitting a false or deceptive license renewal.**

**SECTION B – VERIFICATION OF INFORMATION & COMPLIANCE**

I verify that this form 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. 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

**Signature of Licensee (Mandatory):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INACTIVE STATUS**

If you will not be practicing occupational therapy in Pennsylvania after June 30, 2015, you may place your license on inactive status by checking the box below. The form must be completed in its entirety. **No fee, continued competency, or malpractice insurance is required to maintain inactive status.**

- I will not be practicing as an occupational therapist in Pennsylvania after June 30, 2015 and request inactive status.

<b>EXPIRATION DATE: →</b>	<b>June 30, 2015</b> NOTE: Upon renewal the license will expire <b>June 30, 2017</b>
<b>FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →</b>	<b>\$55.00</b>
<p>Write your license number on your payment. <i>A \$20.00 fee will be assessed for returned payments.</i></p> <p>LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER June 30, 2015  <b>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</b></p> <p style="text-align: center;"><b>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</b>  <b>RETURN BY: May 31, 2015</b></p>	