

STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

RENEWAL APPLICATION – Occupational Therapy Assistant

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

OP _____
 LICENSE NUMBER

ADDRESS CHANGE – Check if the address/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? If yes, please provide the profession and state of 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 Since your initial application or last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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?

SECTION A – 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 as an occupational therapy assistant 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 is required to maintain inactive status.**

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

EXPIRATION DATE: →	June 30, 2015 NOTE: Upon renewal the license will expire June 30, 2017
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$45.00
Write your license number on your payment. <i>A \$20.00 fee will be assessed for returned payments.</i> LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER June 30, 2015 PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: May 31, 2015	