



Arizona Board of Occupational Therapy Examiners

INITIAL LICENSE APPLICATION INSTRUCTIONS

Please **do not** include this page with your application when submitting it to the Board.

PLEASE READ ALL INSTRUCTIONS

The Board WILL **NOT** review an application until **ALL** documentation has been received. This includes the Criminal History Check.

Check the type of licensure for which you are applying. Submit fees with the application either in the form of a **MONEY ORDER OR CASHIER'S** check for the **TOTAL** amount due. **PERSONAL CHECKS WILL NOT BE ACCEPTED.** Payment methods other than cash should be made out to the Arizona Board of Occupational Therapy. **DO NOT MAIL CASH.** All Fees are **NON-REFUNDABLE.**

A **LIMITED LICENSE** may be issued to a non-licensed person who is waiting to take the NBCOT examination. Limited licensees may practice Occupational Therapy only under the **DIRECT** supervision of a licensed Occupational Therapist. The Occupational Therapist must be on the premises at all times while the limited licensee is providing Occupational Therapy services. A limited license is valid for four months and becomes void if a person fails the examination. The limited license expires if a person passes the examination and is issued a license under A.R.S. § 32-3425 (C).

SUMMARY OF DOCUMENTS REQUIRED

OCCUPATIONAL THERAPIST	OCCUPATIONAL THERAPY ASSISTANT	LIMITED LICENSE
Completed application, signed and notarized	Completed application, signed and notarized	Completed application, signed and notarized
NBCOT verification of certification– must be sent directly from the office of NBCOT	NBCOT verification of certification– must be sent directly from the office of NBCOT	Letter of completion from your college/university.
Two (2) Professional recommendation forms with original signatures.	Two (2) Professional recommendation forms with original signatures.	Two (2) Professional recommendation forms with original signatures.
Payment for application to include fingerprinting fee.	Payment for application to include fingerprinting fee.	Payment for application to include fingerprinting fee.
Completed fingerprint card*. The Board will not review an application until the fingerprint report is received back from the AZ Department of Public Safety (DPS) – This can take up to 3 weeks or more before received.	Completed fingerprint card*. The Board will not review an application until the fingerprint report is received back from the AZ Department of Public Safety (DPS) – This can take up to 3 weeks or more before received.	Completed fingerprint card*. The Board will not review an application until the fingerprint report is received back from the AZ Department of Public Safety (DPS) – This can take up to 3 weeks or more before received.
Certified letters of good standing issued by each state previously licensed in.	Certified letters of good standing issued by each state previously licensed in.	Direct Supervision Agreement Form completely filled out and signed.
Statement of Citizenship and Alien Status – Requires both the signed and completed form along with a copy of the document(s) being used to verify employment eligibility.	Statement of Citizenship and Alien Status – Requires both the signed and completed form along with a copy of the document(s) being used to verify employment eligibility.	Statement of Citizenship and Alien Status – Requires both the signed and completed form along with a copy of the document(s) being used to verify employment eligibility.

**Fingerprint cards can be obtained from local law enforcement or the Board Office.*

NO FAXED DOCUMENTS WILL BE ACCEPTED!

Federal and State laws require the Arizona State Board of Occupational Therapy Examiners to obtain an applicant's social security number in connection with an application for a license. 42 U.S.C. §666(a)(13); A.R.S. §§25-320(K) and 25-502(E). The social security number, which will be kept confidential from the public, will be used "to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders." A.R.S. §§ 25-320(K), 25-502(E).



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

4205 N. 7th Avenue, Suite 305 • Phoenix, Arizona 85013 • (602) 589-8352

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APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPIST OR AN OCCUPATIONAL THERAPY ASSISTANT

CHECK ALL THAT APPLY <input checked="" type="checkbox"/>	INITIAL LICENSE APPLICATION	FEES
	APPLICATION FEE <i>(all applicants must pay this fee)</i>	\$100.00
	FINGERPRINT PROCESSING FEE <i>(all applicants must pay this fee)</i>	\$22.00
	LICENSE FEE (choose one)	
	OCCUPATIONAL THERAPIST	\$135.00
	OCCUPATIONAL THERAPY ASSISTANT	\$70.00
	LIMITED LICENSE <i>(Must provide proof of completion of educational requirements)</i> If applying for a limited license, you must pay the application fee plus the limited license fee for a total of <u>\$135.00</u> . The limited license fee will be subtracted from the license fee at the time the applicant passes the NBCOT exam and requests full licensing.	\$ 35.00
	TOTAL AMOUNT SUBMITTED	

PERSONAL INFORMATION *(Type or Print)*

Name	Last	First	Middle
Other names used	Maiden	Also Known As – AKA	
Home address	Number/Street	City	State Zip code
Telephone Number	Home	Work	Cell
Email address			
Social Security Number		Date of Birth (mm/dd/yyyy)	
Place of Birth	City	County/Province	State/Country
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO

ATTACH REQUIRED STATEMENT OF CITIZENSHIP & ALIEN STATUS ALONG WITH SUPPORTING LEGAL DOCUMENTATION.

CURRENT EMPLOYMENT (*Type or Print*)

Name of Employer		Employer Phone Number		
Employer Address	Number/Street	City	State	Zip code

NBCOT Certification Number		Date Granted	
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PROFESSIONAL EXPERIENCE AND/OR FIELDWORK:

List **ALL** employment for the last four (4) years in chronological order, beginning with your present position.

1. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

2. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

3. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

4. Name of Business	Job Title
Name of Employer	Description of Duties
Address/Phone Number of Business	Dates of Employment From: To:
Reason for Resignation/Termination	

EDUCATIONAL INFORMATION:

List Colleges/Universities attended (*List most recent first*)

School Name, City, State, Country	Dates of Attendance From (mm/yy) To (mm/yy)	Date of Graduation	Type of Degree or Certification

PROFESSIONAL LICENSES OR CERTIFICATIONS:

List all active and inactive licenses or certifications

Type of License or Certification Agency Name and Address	Issue Date	Expiration Date	License or Certification Number

Are the above licenses in good standing?		YES		NO
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If other than Arizona, did your prior state of residence require a license? Name of State:		YES		NO

ALL Questions MUST be answered:

1. Have you ever had any application for any professional license refused or denied by any licensing authority?		YES		NO
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?		YES		NO
3. Have you ever voluntarily surrendered any healthcare license?		YES		NO
4. Have you ever had any healthcare license revoked?		YES		NO
5. Have you ever been the subject of disciplinary action or are you currently under investigation with regard to your healthcare license, been sanctioned by any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?		YES		NO
6. Has disciplinary action been taken against you by any licensing agency with regard to any professional license? Including, but not limited to, restricted, terminated, voluntarily or involuntarily resigned or withdrawn.		YES		NO
7. Are there any pending complaints, investigations, or disciplinary actions against you with any healthcare licensing authority, healthcare association, licensed healthcare facility or healthcare staff of such facility?		YES		NO
8. Have you ever been arrested, charged with, convicted of, pardoned or had a record expunged or vacated of any felony or misdemeanor? A “yes” answer is required even if you entered a diversion program.		YES		NO
9. Have you ever been arrested for, charged with or convicted of a violation of any federal or state drug law(s) or rule(s) whether or not a sentence was imposed or suspended?		YES		NO

NOTE: In the event the response to any of the questions numbered 1 through 9 is “YES”, the applicant must file a detailed report concerning the above matters with the application, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the result of any hearings, and the disposition of such charge(s) IN ADDITION, the applicant must submit photocopies of any complaints, hearings, settlements or judgments.

VERIFICATION BY OATH OR AFFIRMATION

The undersigned verifies that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of occupational therapy and obey the laws of the State of Arizona and the Rules established by the Board of Occupational Therapy Examiners; that he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

AFFIDAVIT OF APPLICANT

I, _____, under oath, do promise and swear that if this application is accepted and if I should be granted a license to practice as an occupational therapist or an occupational therapy assistant in this State, I will obey the Laws of the State of Arizona as they relate to the Board of Occupational Therapy Examiners and the associated rules established by the Board of Occupational Therapy Examiners, and maintain the honor and dignity of the profession. I have read these Arizona Revised Statutes and Rules and agree to be held accountable for any actions that may violate these Statutes and Rules.

It is understood and agreed that if I should fail to keep the above agreement, or if I have made any false statements in this application, that my license may be suspended or revoked by the Board at any time. By virtue of this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form, that I have personally completed this form, that the information given in this application is true, correct, and complete to the best of my knowledge. I hereby authorize the Board of Occupational Therapy Examiners to verify any and all information contained in this application, including information maintained in applicable data banks, and to transmit this information to the licensing authority of the state to which this application is made. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority.

I understand that my application is a public record. Further, I authorize all current and previous employers to release all relevant information about my employment to the Board (including moral character competency and reason for termination of employment, if applicable). I further state, under penalty of perjury, that all statements made by me and exhibits attached within this application are true, complete, and accurate.

I understand that my fingerprint card submitted with my application will be used to check the Federal Bureau of Investigations (FBI) criminal history records to determine my suitability for licensure. FBI criminal history information obtained as a result of fingerprinting often has arrest information but no disposition of charges listed (i.e. "dismissed", "convicted", etc.). If the official record received by the Board reflects an arrest, I will be required to provide official documentation obtained from the court regarding the disposition of the arrest, even if the charge was ultimately dismissed.

In the event I feel my criminal history record is inaccurate or incomplete, I understand that I will be afforded the opportunity to challenge the accuracy of the record and assure that the record is complete, pursuant to Title 28, Code of Federal Regulations (CFR), section 16.34.

Signature of Applicant: _____ Date: _____

State: _____

County: _____

Subscribed and sworn to before me this _____ day of _____, 20____ by the affiant, who personally appeared before me.

NOTARY PUBLIC SIGNATURE

My Commission expires: _____
(Official Stamp)

A.R.S. § 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. A.R.S. 41~1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section. A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy. A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02.