



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS
4205 N. 7th Avenue, Suite 305
Phoenix, Arizona 85013
(602) 589-8352
FAX: (602) 589-8354

VERIFICATION OF LICENSURE STATUS

INSTRUCTIONS FOR USE:

1. Complete the applicant portion of the form.
2. Make necessary copy(ies) of the form
3. Send to **every** State Licensing Board from which you have received a license.

APPLICANT TO COMPLETE THIS SECTION

NAME:	Last	First	MI					OTR		COTA
Address	Street	City	State	Zip code						
Social Security Number			License Number							
NBCOT Number	Date Granted									

By signing this form, I attest to the accuracy of the above information:

Signature _____

Date _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY RECEIVING AGENCY AND RETURNED TO THE ADDRESS ABOVE:

License Number		Date Issued		Expiration	
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Licensed as:

OTR

COTA

License Based on:

NBCOT Certification

Endorsement

Other

Has disciplinary action been taken against licensee?

YES

NO

Is there any disciplinary action pending?

YES

NO

State reason for discipline:

Completed by		Signature	
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(Please print or type)

Title		Agency	
Telephone Number	()	Date	