

Florida Department of Health Occupational Therapy Board

Mailing Address for Application and Fees

P.O. Box 6330
Tallahassee, FL 32314-6330

Mailing Address for Supporting Documents

4052 Bald Cypress Way, Bin C-05
Tallahassee, FL 32399-3255
(850) 245-4373 • Fax: (850) 414-6860

- Do Not Write In This Space -
(Client 5601/OT/\$180)
(Client 5602/OTA/\$180)

OCCUPATIONAL THERAPY APPLICATION

Applications are good for one year from date of original submission of the application and fee; application fees are non-refundable. Failure to complete this entire application, or to attach any required documentation, will result in an incomplete application; your application will not be considered until it is complete. Please type, or print in blue or black ink.

2. APPLICATION TYPE *CHECK ONLY ONE FROM "A" AND "B"*

A. APPLICATION

- Occupational Therapy:** \$180 total (\$100 application fee; \$75 licensure fee; \$5 unlicensed activity fee)
 Occupational Therapy Assistant: \$180 total (\$100 application fee; \$75 licensure fee; \$5 unlicensed activity fee)

B. METHOD (Must check one. See instructions for eligibility requirements.)

- Examination:** waiting to sit for the NBCOT exam (XACT 1010)
Request Temporary Permit (For Exam Applicants Only) **YES** **NO Exam Date** ___/___/___ (Required for Temp Permit)
 Exam W/Waiver: previous successful completion of NBCOT exam, waiving current certification. (XACT 1024: no temp; XACT: temp)
 Endorsement: currently certified with NBCOT / successfully completed the NBCOT exam. (XACT 1021)

3. PROFILE INFORMATION *LIST YOUR FULL, LEGAL NAME AS IT SHOULD APPEAR ON YOUR LICENSE (NO NICKNAMES)*

NAME: (Last) _____ (First) _____ (Middle) _____

List all names by which you are currently known or have been known in the past:

MAILING ADDRESS: _____ (Apt. #) _____

(Mailing address will display on the Internet if you have not provided a practice location address.)

City: _____ State: _____ Zip: _____ Country: _____

PRACTICE NAME: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

(Required, if not applicable at time of application, please indicate with "N/A." The practice location will display on the internet and your license.)

WORK NUMBER: (____) _____ - _____ **HOME NUMBER:** (____) _____ - _____

FAX NUMBER: (____) _____ - _____ **MOBILE NUMBER:** (____) _____ - _____

DATE OF BIRTH: ____/____/____

CORRESPONDENCE VIA E-MAIL*: Please print legibly. By checking "yes" you are agreeing to allow the board office to contact you with information regarding your application via email. If you choose this option please check your email account frequently and notify the board office of any change to your email address.

YES **NO** **E-MAIL ADDRESS:** _____ @

4. EQUAL OPPORTUNITY

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Are you a US citizen? YES NO If "no," give your alien number: _____ **SEX:** Male Female

RACE: White Black Asian/Pacific Islander Hispanic Other: _____

5. EDUCATION HISTORY

Name of School, College, or University: _____
Graduation Date: ____ / ____ / ____ Degree Obtained: _____
What name(s) did you use when you received your occupational therapy education?

6. EXAMINATION HISTORY ATTACH ADDITIONAL SHEETS IF NECESSARY

Have you taken the NBCOT (formerly AOTCB) exam? YES NO
Complete the following information for each jurisdiction in which the examination was taken:

| <u>Examination</u> | <u>State/Country</u> | <u>Month/Year</u> | <u>Results (Pass/Fail)</u> |
|--------------------|----------------------|-------------------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

7. APPLICANT BACKGROUND ATTACH ADDITIONAL SHEETS IF NECESSARY

A. Do you now hold, or have you ever held, a temporary permit, a license/certification or been authorized to practice in any state, including Florida, or country as an Occupational Therapist or Occupational Therapy Assistant (including active or inactive licenses)? YES NO (Must submit licensure verification(s) for each from the state regulatory entity.)

| <u>State/Country</u> | <u>License No.</u> | <u>OT/OTA</u> | <u>Date of Licensure</u> | <u>If no longer licensed, state why & when</u> |
|----------------------|--------------------|---------------|--------------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

B. Have you ever previously applied for OT/OTA licensure in the state of Florida? YES NO (Date ____/____/____)
If "YES," did, you apply by exam or endorsement? Exam Endorsement
C. Are you now or have you ever been licensed in any other health care profession? YES NO

| <u>State/Country</u> | <u>License No.</u> | <u>Profession</u> | <u>Date of Licensure</u> | <u>If no longer licensed, state why & when</u> |
|----------------------|--------------------|-------------------|--------------------------|--|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

8. MANDATORY EDUCATION REQUIREMENTS

A. Prevention of Medical Errors education Requirement: Section 456.013(7), Florida Statutes, requires the completion of a 2-hour course relating to prevention of medical errors prior to permanent licensure and upon each renewal in Florida as occupational therapist or assistant.
NOTE: Only courses taken from a pre-approved Board of OT Practice provider are acceptable for this requirement. For a current list of providers, visit www.cebroke.com and use the "Course Search" function for occupational therapists or occupational therapy assistants.
 I have completed the prevention of medical errors education required by section 456.013(7), Florida Statutes. A copy of the completion certificate must be submitted to the Board office via fax, email, or mail.
 I have not completed the required course. I understand there is not an extension allowed for this requirement; this education must be completed prior to the issuance of a temporary permit or permanent license. A copy of the completion certificate must be submitted to the Board office via fax, email, or mail.

9. APPLICANT SEEKING REENTRY INTO THE PROFESSION

Rule 64B11-2.012, F.A.C., requires an applicant seeking reentry into the profession **who has not been in active practice within the last five years**, to submit to the Board, documentation of 50 occupational therapy continuing education units, 12 of which may be home study, taken within the year prior to licensure. Have you been in active practice within the last five years? YES NO

ALL APPLICANTS

Answer questions in sections (1) Personal History, (10) Criminal History, and (11) Disciplinary History with a "YES" OR "NO" - do not leave any blanks. Written statement(s) to all "YES" answers in sections 1, 10, and 11 are required and must explain in detail the circumstances and dates surrounding the answer(s). In addition to the statement(s) you must submit supporting documentation to verify and support "YES" answers, including court documents, arrest records, sentencing information, final disposition(s), restitution records, completion of probation and/or conditions, medical records, diagnosis, prescription medications for conditions and/or impairments, evaluation letter(s) from treating physicians and/or institutions, board orders, disciplinary reports, employment records and/or employment verifications, employer and/or colleague recommendation letters, etc. See application instructions for additional information regarding "YES" answers on this page.

10. CRIMINAL HISTORY

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for the purposes of this question. YES NO

If "YES", explain:

11. DISCIPLINARY HISTORY

- A. Have you ever had a license revoked, suspended, or otherwise acted against, including denial of licensure, by the licensing authority of this state or another state, territory or country? YES NO
- B. Have you ever been found guilty of malpractice? YES NO
- C. Have you ever been disciplined, terminated, or allowed to resign, in lieu of termination, from an employment setting where employed as an Occupational Therapist or Occupational Therapist Assistant or in any capacity in a health care profession? YES NO
- D. Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of Occupational Therapy? YES NO

Note: If you answered "YES" to any of the above questions, please send a typed or printed description of the discipline. You must contact the board(s) in the states you were disciplined and request official copies of the administrative complaint and final order be sent directly to the Board office. See application instructions for additional information regarding "yes" answers on this page.

HISTORY PURSUANT TO SECTION 456.0635(2) F.S.

IMPORTANT NOTICE: Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

| | |
|--|--|
| 12. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded “no”, skip to #2.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If “yes” to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. If “yes” to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. If “yes” to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. If “yes” to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If “yes”, please provide supporting documentation). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? (If you responded “no”, skip to #3.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If “yes” to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If “No”, do not answer 3a. and skip to #4.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If “No”, do not answer 4a or 4b. and skip to #5.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Have you been in good standing with a state Medicaid program for the most recent five years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Did the termination occur at least 20 years before the date of this application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 17. If “yes” to any of the questions 1 through 5 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession’s licensing board or the Department of Health? (If “yes”, please provide official documentation verifying your enrollment status.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

18. PRACTITIONER REGISTRY FOR DISASTERS AND EMERGENCIES (Section 456.38, Florida Statutes)

Section 456.38, Florida Statutes, Practitioner Registry for Disasters and Emergencies Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster? YES NO

19. STATEMENT OF APPLICANT

I declare these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.0083 and 775.084, Florida Statutes.

I hereby authorize all hospital(s), institution(s) or organization(s), personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Florida Board of Occupational Therapy Practice any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license to practice as an Occupational Therapist/Assistant in the State of Florida.

I further state that I have read and understand Chapter 468, Part III Florida Statutes, and Chapter 64B11, Florida Administrative Code, pertaining to the Occupational Therapy/Assistant Practice Act. I further state that I will comply with all requirements for licensure renewal, including continuing education credits.

Signature of Applicant (required)

_____/_____/_____
Date Signed (required)

*Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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

Section I – General Information and Requirements

PLEASE KEEP THESE INSTRUCTIONS AND A COPY OF YOUR COMPLETED APPLICATION FOR FUTURE REFERENCE OR FOR COPYING IN THE EVENT AN APPLICATION IS LOST IN THE MAIL.

APPLICATION TIPS & HELPFUL INFORMATION

Applicants are advised to submit the application and supporting documents well in advance of the date you wish to begin practicing occupational therapy.

Streamline the processing of your application! Specific information about the 3 methods of application in Florida begins on PAGE 9 of this packet, however, quick tips are provided below to assist you in getting organized to submit your application. **Complete ALL applicable steps below BEFORE you submit the application to the Board office.**

- 1. All Applicants:** Complete an approved 2-hour prevention of medical errors course and submit a copy of your certificate along with your application. To find an approved course, follow these instructions:
 - Go to www.cebroker.com.
 - Select "Course Search".
 - Select "Florida Department of Health".
 - Choose the profession "Occupational Therapist or Occupational Therapy Assistant".
 - Choose "Self-Study" or "Live".
 - Choose "Medical Errors".
 - Once you have your criteria in, click on the search button and the system will produce a list of approved courses.
- 2. Exam Applicants:** Schedule your examination with the National Board for Certification in Occupational Therapy (NBCOT) by calling (301) 990-7979 or visiting the website at www.nbcot.org. Once you are registered, you will receive an official registration confirmation which should list the exam date you have scheduled. **Print this confirmation and send it in with your application!**
- 3. Endorsement of Current NBCOT Certification Applicants:** Contact the NBCOT and request a letter verifying that your certification is current be sent directly to the Florida Occupational Therapy Board Office at least 2 to 3 weeks prior to submitting your application.
- 4. Exam with Waiver of Current NBCOT Certification Applicants:** If you were once certified with the NBCOT, but have not maintained the certification, you may apply by this method. Contact the NBCOT and request a letter verifying your prior certification be sent directly to the Florida Occupational Therapy Board Office at least 2 to 3 weeks prior to submitting your application.
- 5. Endorsement and Exam with Waiver Applicants:** **Have you been out of active practice in the last 5 years?** If so, you will need to submit proof of completion of 50 hours of approved continuing education courses before a license may be issued. Twelve (12) of the 50 hours may be home study. All courses must be taken within the year prior to licensure. Follow the CE Broker instructions above for finding approved courses on a variety of profession-related subjects. Once you have completed the required continuing education, compile your course completion certificates and send in with your application!

The Board and its staff strive to license applicants as quickly and efficiently as possible. Within 30 days of receipt of your application, you will be sent a mailed or emailed deficiency notice regarding your application status or you will be mailed your temporary permit, license, or eligibility letter, as applicable. If you do not receive any correspondence from us within 30 days of the date your

application was received by the department, do not hesitate to contact the Board office. An application status is not available until the initial review has been completed.

It is your professional responsibility to read and understand the instructions and the laws and rules governing the practice of occupational therapy in Florida before completing your application. If another party is handling your application for you, it is still your responsibility to read, understand, and comply with all requirements for licensure.

If the laws and rules were not enclosed with this application they may be accessed at the Board website at this link: <http://www.floridasoccupationaltherapy.gov/resources>.

An incomplete application shall expire one (1) year after initial filing. Applicants whose files are closed must submit new applications and fees to pursue licensure. Likewise, applicants who delay timely responses to notices of deficiencies, such as making sure the Board office receives their successful exam scores from NBCOT, may be required to re-apply to complete licensure or update their applications prior to the Board's consideration.

STATUTE AND RULE REFERENCES

Specific licensure requirements can be found in Chapter 468, Part III, Florida Statutes and Chapter 64B11, Florida Administrative Code. Applicants and licensees should also be familiar with the requirements of Chapter 456, Florida Statutes. Laws and rules are subject to change and are periodically updated. The current laws and rules may be accessed at the Board website at this link: <http://www.floridasoccupationaltherapy.gov/resources>.

LICENSURE REQUIREMENTS

OCCUPATIONAL THERAPIST

- Is of good moral character.
- Graduated from an accredited OT program (accredited by the AOTA).
- Completed a period of supervised fieldwork experience at a recognized educational institution or a training program approved by the education institution where you met the academic requirements. An occupational therapist must have a minimum of 6 months supervised fieldwork experience.
- Passed an examination conducted or adopted by the National Board of Certification for Occupational Therapy (NBCOT).

OCCUPATIONAL THERAPY ASSISTANT

- Is of good moral character.
- Graduated from an accredited OTA program (accredited by the AOTA).
- Completed a period of supervised fieldwork experience at a recognized educational institution or a training program approved by the education institution where you met the academic requirements. An occupational therapy assistant must have a minimum of 2 months supervised fieldwork experience.
- Passed an examination conducted or adopted by the National Board of Certification for Occupational Therapy (NBCOT).

METHODS OF APPLICATION

EXAMINATION

This method is for the applicant that has successfully completed an occupational therapist or occupational therapy assistant educational program approved by the American Occupational Therapy Association, the same as or equivalent to that set forth in Section 468.209(1)(b), Florida Statutes, and *has not taken and passed* the written examination, administered by Professional Examination Service (PES), recognized by the National Board of Certification for Occupational Therapy. For the exam application and information, contact NBCOT at (301) 990-7979, or at www.nbcot.org.

EXAMINATION WITH WAIVER

This method is for the applicant who is a registered occupational therapist or occupational therapy assistant that has successfully completed the required examination but does not have a current NBCOT certification. Pursuant to Section 468.213(2), Florida Statutes, the board may waive the examination and grant a license to any person who presents proof of current licensure as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or any territory or jurisdiction of the United States or foreign national jurisdiction which requires standards for licensure determined by the board to be equivalent to the requirements for licensure in Florida.

ENDORSEMENT

This method is for the applicant who presents proof of current certification as an occupational therapist or occupational therapy assistant by the National Board of Certification for Occupational Therapy. Having a license in another state is not a requirement for this method, although verification of any other state license(s) is required. Pursuant to Section 468.213(1), Florida Statutes, the board may waive the examination and grant a license to any person who presents proof of current certification as an occupational therapist or occupational therapy assistant by a national certifying organization if the board determines the requirements for such certification to be equivalent to the requirements for licensure in Florida.

TEMPORARY PERMITS

The application is for permanent licensure. However, a temporary permit may be requested and there is no additional cost. A temporary permit can not be issued until all required information has been received to complete an application file. A complete file consists of the application, fees, and all required supporting documentation, deemed acceptable by the Board staff, including a scheduled date of examination. Call the NBCOT at (301) 990-7979 or visit the website at www.nbcot.org to register for the examination **before** submitting your licensure application to the Board office to avoid delays with the issuance of the temporary permit. Once you are registered, you will receive an official registration confirmation which should list the exam date you have scheduled. Please print this confirmation and send it in with your application.

Temporary permits allow an applicant to work under the supervision of a licensed occupational therapist while waiting to take the examination and receive successful scores for full licensure. A temporary permit cannot be extended or renewed. It is advisable to wait until a specific exam date from NBCOT has been scheduled *if* employment is pending.

Temporary permits are generally not necessary for applicants applying for licensure by endorsement or by examination with waiver, as these licensure methods are relatively quick.

If you have previously failed the NBCOT examination, you are ineligible for a temporary permit. Additionally, the Board may choose to not issue a temporary permit for any applicant they deem ineligible.

An individual who has been issued a temporary permit and receives notification of failing the examination shall not continue to practice occupational therapy under his or her temporary permit.

Likewise, the permit will be revoked upon notification to the Board of the examination results. A temporary permit is revoked if the applicant fails to have the NBCOT send his or her successful scores to the Board office within 12 months from the date of the approval of the Board. If an applicant fails the exam, and re-applies to sit for the exam, they must request and pay NBCOT to forward the score results to the Florida Board again.

If an exam applicant fails the exam 3 times within the 12 months allowed for submission of a passing score, **prior to** re-scheduling with the NBCOT, he or she must contact the Board office for further direction on additional education and training that should be completed in order to continue with Florida's licensure process by exam.

After completing the required education and training, the applicant will have 2 additional opportunities to submit passing scores within the same 12-month period. If unsuccessful, the applicant must withdraw the Exam application and apply for licensure by the Endorsement method, after successfully completing the exam. The applicant must ensure that proof of NBCOT Certification is sent to the Florida Board Office directly from the NBCOT, **prior to** submission of the new application by Endorsement.

Only non-US trained graduates must request a NBCOT letter of eligibility be sent to the Board office before the temporary permit can be issued.

Section II - Completing the Application

REQUIRED OF ALL APPLICANTS

COMPLETED APPLICATION FORM

All application questions *must be answered*. Application questions may not be answered with "refer to attached resume." If a particular question does not apply, please enter N/A in the appropriate field. For incomplete applications, Board staff will issue a letter of deficiency notifying the applicant of the documentation necessary to complete the application file. Further action will not be taken until proper documentation is provided and the application is complete.

If you would like to explain or clarify any question, or if any of the sections in the application do not contain sufficient space for the requested information, use an additional sheet of paper and attach to the application.

It is your responsibility to ensure that the Board office has received all required documentation to complete your application.

Incomplete applications expire after one year requiring the applicant to resubmit all necessary documentation and a new application with the appropriate application fee.

If questions arise regarding your eligibility for licensure or you have any "YES" answers to sections (1) Personal History, (10) Criminal History, and (11) Disciplinary History, the application must be referred to the Board Chair for advisement. The Board Chair may choose to refer the application for Board review at the next scheduled meeting, which may also include a request for a personal appearance. In this event, temporary permits and/or licensure may be withheld or delayed from normal processing, because Board meetings are scheduled approximately three months apart. (See Section III – ADDITIONAL REQUIREMENTS REGARDING "YES" ANSWERS ON PAGE FOUR OF THE APPLICATION).

SOCIAL SECURITY NUMBER

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.013, 409.2577, and 409.2598, Florida Statutes. Social Security numbers allow efficient screening of applicants and licensees by a Title IV-D

child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded with all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L 193, Section 317. Please complete and return the Confidential and Exempt From Public Records Disclosure page, the first page of the application.

☐ FEES (\$180 total)

\$ 100 non-refundable application processing fee (OT & OTA applicants)

\$ 75 initial licensure fee (OT & OTA applicants)

\$ 5 unlicensed activity fee (OT & OTA applicants)

There is no fee for a temporary permit. All applicants must pay application, initial licensure, and unlicensed activity fees. Fees may be paid by personal or company check, certified check or money order. Make check payable to DOH/Board of Occupational Therapy Practice. Please attach your check or money order to the front of your application. ONLY the \$80 licensure and unlicensed activity fees may be refunded, if requested in writing, when an application is withdrawn and/or a license is not issued.

Note: These fees are the only required fees for licensure by the State of Florida, however, there will be additional charges imposed by other entities such as the NBCOT for certification and/or eligibility letters, for the NBCOT examination, and for licensure verification letters requested from other state Boards or agencies.

☐ PREVENTION OF MEDICAL ERRORS EDUCATION

A two (2) hour continuing education course relating to prevention of medical errors is required for initial licensure and two (2) hours upon each renewal. The course can be completed by home study but only courses taken from a pre-approved Board of OT practice provider is acceptable for this requirement. For a current list of providers, visit www.cebroker.com. Click on "Course Search" to search for approved medical errors courses and continuing education providers for Occupational Therapists and Occupational Therapy Assistants.

A copy of the completion certificate must be submitted to the Board office via fax, email, or mail prior to the issuance of a temporary permit or permanent license.

You may also refer to Section 456.013(7), Florida Statutes and Rules 64B11-2.007, 64B11-3.005 and 64B11-5.001(5), F.A.C., for additional information, available on our website.

HIV/AIDS EDUCATION FOR INITIAL LICENSURE RENEWAL

All newly licensed occupational therapists or occupational therapy assistants are required to take one (1) hour of an approved HIV/AIDS course by his/her first renewal. Applicants should ensure that credit for this course is reflected in CE Broker and keep a copy of the completion certificate in their records.

You may also refer to Section 456.033, Florida Statutes, and Rule 64B11-5.001(4), F.A.C., for additional information.

REQUIRED OF EXAM APPLICANTS

☐ SCHEDULED NBCOT EXAM DATE

Applicants must be scheduled by NBCOT for the exam. You may submit your application prior to receiving your ATT letter (Authorization to Test); however, a temporary permit *will not* be issued until the scheduled examination date, scheduled with the Testing Center is received from you. You may notify us via fax, email or by regular mail. *You must* make arrangements with NBCOT or PES to forward your scores to the Board office as they will not be automatically forwarded. A copy of your certification is *not* acceptable. If you take the exam and are unsuccessful, when you re-schedule for the exam with NBCOT, you must again pay NBCOT to send your scores. Exam scores over six months old are not acceptable. If it has been six months since you took your exam, you should apply by endorsement (or by exam w/waiver) and request a certification letter from NBCOT to be mailed

directly from NBCOT to the Board office. The Board office must receive the results of your exam. If you change your exam date, you must notify the Board office and allow 3-4 weeks for the receipt of your scores. If the receipt of your exam scores is delayed due to changing your exam date, the temporary permit **cannot be extended or renewed**, as it is valid for a maximum of 12 months.

☐ NBCOT EXAM ELIGIBILITY OR ATT LETTER FOR NON-US TRAINED GRADUATES

ONLY Non-US trained graduates must request a NBCOT examination eligibility or ATT letter to be sent to the Board office. This letter verifies acceptance of your educational credentials, as well as, establishes an expiration date, by which the examination must be completed. NBCOT charges a fee for this service. Contact the NBCOT for more information at (301) 990-7979, or at www.nbcot.org. This letter is not required for U.S. graduates.

REQUIRED OF APPLICANTS APPLYING BY EXAM WITH WAIVER

☐ NBCOT NON-CURRENT CERTIFICATION LETTER

The Board of Occupational Therapy Practice does not offer the examination. Applicants applying by examination with waiver must submit a current letter directly from NBCOT verifying successful passage of the NBCOT certification exam. Copies of your NBCOT certificate or wallet card will not be accepted. NBCOT charges a fee for this service. Contact the NBCOT at (301) 990-7979, or at www.nbcot.org.

☐ LICENSE VERIFICATION

Verifications are required for each occupational therapy and occupational therapy assistant and any health-related license or certificate currently or ever held. Upon initial review of your application, if available online, Board staff will research the applicable state licensing entity's website to verify your license. If unavailable online, or if the online verification lacks sufficient detail, such as disciplinary history, you will be responsible for requesting a verification letter to be sent to the Board office directly from that applicable state licensing authority.

You may use or copy the included Licensure Verification Form to send to the states or view the state Board websites for online verification requests. You may use or copy the included Licensure Verification Form to send to the states or view the state Board websites for online verification requests. Note that NBCOT maintains a list of all state regulatory entities with contact names, numbers, websites, and addresses on their website at www.nbcot.org.

REQUIRED OF APPLICANTS APPLYING BY ENDORSEMENT

☐ NBCOT LETTER VERIFYING CURRENT CERTIFICATION

A current letter verifying current certification must be sent directly from NBCOT or PES. Copies of your NBCOT certificate, wallet card, or older PES scores will not be accepted. NBCOT charges a fee for this service. Contact the NBCOT at (301) 990-7979, or at www.nbcot.org.

☐ LICENSE VERIFICATION

Verifications are required for each occupational therapy and occupational therapy assistant and any health-related license or certificate currently or ever held. Upon initial review of your application, if available online, Board staff will research the applicable state licensing entity's website to verify your license. If unavailable online, or if the online verification lacks sufficient detail, such as disciplinary history, you will be responsible for requesting a verification letter to be sent to the Board office directly from that applicable state licensing authority.

You may use or copy the included Licensure Verification Form to send to the states or view the state Board websites for online verification requests. Note that NBCOT maintains a list of all state regulatory entities with contact names, numbers, websites, and addresses on their website at www.nbcot.org.

Section III - Additional Information

ADDITIONAL REQUIREMENTS REGARDING “YES” ANSWERS FOR PERSONAL HISTORY ON THE APPLICATION

Written statement(s) to any and all “YES” answers regarding personal history of the application are required and you must explain in detail the circumstances, dates, and locations surrounding the issue(s), offense(s), problem(s), etc., including current disposition.

For “YES” answers to section (1) Personal History, include: supporting documentation regarding condition(s), addictive disorder(s), impairment(s), such as medical records, diagnosis, prescription medication(s), and an evaluation letter(s) from treating physicians and/or institutions.

In addition to the statement(s), you must submit supporting documentation to verify and support all “YES” answers. For “YES” answers to section (10) Criminal History include: court documents, arrest records, sentencing information, final disposition(s), restitution records, completion of probation, etc. If you have been adjudicated guilty of a felony, attach documentation of restoration of civil rights. The lack of restoration of civil rights does not automatically preclude licensure. You must have arrest and court records of final disposition for each offense listed. If the records are no longer available, you must have certification of their unavailability. Your application will not be considered complete until these records are received.

For “YES” answers to section (11) Disciplinary History include: supporting documentation regarding discipline, employment or occupational therapy related charges, such as Board orders, disciplinary reports, court documents, arrest records, sentencing information, final disposition(s), restitution records, completion of probation, employment records and/or employment verifications, employer and/or colleague recommendation letters, etc.

It is very important to submit all documentation necessary to validate, confirm, and support your desire and eligibility for licensure. (See 468.209 and 468.217, Florida Statutes)

Certain applicants may be required to appear before the Board to discuss their application and may be referred to the Professionals Resource Network (PRN) for an evaluation of competency to practice as a contingency for licensure. PRN is a consultant to the State of Florida contracted to evaluate prospective licensees and practitioners to ensure their ability to practice with reasonable skill and safety to the public. Please note: The expense for such evaluation and/or monitoring contract, *if* required by the Board, will be your responsibility. (<http://www.flprn.org/>)

Individual consideration of an application by the Board, a personal appearance before the Board, a PRN referral, or combination may require additional time for processing, because the Board meets every 3 months.

AN APPLICANT SEEKING REENTRY

Rule 64B11-2.012, Florida Administrative Code (F.A.C.), requires an applicant seeking reentry into the profession who has not been in active practice within the last five years, to submit to the Board documentation of 50 occupational therapy continuing education units, 12 of which may be home study, taken within the year prior to licensure. Proof of continuing education must be submitted to “complete” an application.

ADDRESS CHANGES

Official State of Florida mail is not forwarded by the US Postal Service. If you do not currently have a practice location, you may add that address to your licensure record after you become employed. Licenses are printed with the practice location address but are mailed to your home/ mailing address. The internet will display your practice location address only. If no location address is provided, your home/ mailing address will be displayed. Failing to notify the Board office of an address change, will

delay the receipt of your license. Pursuant to Part III of Chapter 468, F.S., licensees shall notify the Board in writing of any change of address within 60 days, whether or not within the state of Florida. Address changes may be submitted by email or on the Board website at <http://www.floridasoccupationaltherapy.gov>.

EMAIL ADDRESS

By checking “yes” on the correspondence by email, you agree to allow the Board office to contact you with information regarding your application via e-mail. If you choose this option, please check your e-mail account frequently and notify the Board office of any change to your e-mail address.

WITHDRAWAL OF APPLICATION

If you decide to withdraw your application, you must make the request in writing. Board staff must receive the request prior to the granting of licensure. Included in the request should be a request for refund of the appropriate fees. The application fee portion of your payment is non-refundable.

Do not stop payment on your check. This could result in a bad check charge being filed.

******REMEMBER******

YOU MUST ALLOW ADEQUATE TIME FOR THE PROCESSING OF YOUR APPLICATION FOR LICENSURE AND DO NOT START WORKING IN FLORIDA UNTIL YOU HAVE RECEIVED YOUR TEMPORARY PERMIT OR PERMANENT LICENSE.

AFTER LICENSURE

LICENSURE BIENNIUM

All occupational therapy and occupational therapy assistant licenses expire the same day, February 28th, of every odd numbered year. When an initial license is granted during the biennium, it will expire on that expiration date of the biennium, unless it is issued within 120 days of the expiration date. It will then expire on February 28th of the next biennium. Licenses issued more than 120 days from the expiration date will expire at the end of the current biennium. Continuing education providers also expire on February 28th of every odd year. Continuing education requirements must be completed during each biennium before the licensure expiration date.

The current and future biennium dates are:

3/1/2013 to 2/28/2015

3/1/2015 to 2/28/2017

3/1/2017 to 2/28/2019

BOARD OF OCCUPATIONAL THERAPY PRACTICE WEB SITE

As a licensee, we recommend you frequently visit the Board of Occupational Therapy Practice web site at <http://www.floridasoccupationaltherapy.gov>. The website is continually updated with information including, updates and changes in the profession, law and rule revisions, current applications, instructions, continuing education requirements for renewal, CE provider information, and a list of frequently asked questions (FAQs). Additionally, the website provides a “License Look-Up Search Screen” where licensure status (*once a temporary permit or permanent license has been issued*) may be verified. This screen does not provide access to “application processing status.”

CONTINUING EDUCATION

Each licensee is responsible for 26 hours of continuing education for each licensure biennium.

Twelve (12) hours of home study per biennium are allowed.

For additional information, please visit our “Continuing Education” page at the Board website:

<http://www.floridasoccupationaltherapy.gov/renewals>.

An HIV/AIDS course, approved by the Board, will be required for your **first** renewal. As of July 1, 2006, licensees are no longer required by Chapter 456, F.S. to take an HIV/AIDS course for each subsequent renewal. This Board, for this requirement, accepts courses approved by any Board within the Division of Medical Quality Assurance of the Department of Health.

Two (2) hours of the 26 hours must be in a continuing education course relating to the Prevention of Medical Errors. An Occupational Therapy Board approved continuing education provider must provide this course. A current list of Board approved providers of this course are kept on the Board Website.

Two (2) hours of the 26 hours must be in a continuing education course relating to the laws and rules for occupational therapy, i.e., Chapters 456 and 468 Part III, Florida Statutes, and Chapter 64B11, Florida Administrative Code. An Occupational Therapy Board approved continuing education provider must provide this course. A current list of Board approved providers of this course are kept on the Board Website.

For additional information regarding continuing education, exemptions, to view lists of Board approved providers for the mandatory courses, and to view information regarding continuing education tracking, please visit the Board Website at <http://www.floridasoccupationaltherapy.gov/renewals> and CE Broker at www.CEBroker.com.

ADDRESS OF LICENSEE

64B11-4.007, Florida Administrative Code, states "Each person holding a license issued pursuant to Part III of Chapter 468, F.S., must maintain on file with the Board a current mailing address at which any notice required by law may be served by the Department, the Board, or its agents, and the address of the current place of practice if different from the current mailing address. The licensee shall notify the Board in writing of any change of address within 60 days, whether or not within this state."

You may acquire a personal log in and password by calling (850) 488-0595 and change your address in your licensure records, or complete a change of address form printed from the website and fax it to 850-487-9626, or write a letter requesting the change. If you have applied for a license and have not received a license number, please include the profession. Mail to: MQA Communication Services, 4052 Bald Cypress Way Bin #C01, Tallahassee, FL 32399-3251.

FAILING TO REPORT TO THE BOARD

Once a person is licensed, it is the licensee's responsibility to comply with the following statute: Section 456.072(1)(x), F.S., states: "Failing to report to the Board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the Board, or department if there is no board, on or before October 1, 1999."

APPLICATION CHECKLIST

Use the following checklist to help ensure that you send in all necessary documentation for your licensure application. **Complete ALL applicable steps below BEFORE you submit the application to the Board office.**

- _____ **1. APPLICATION** (Submit only Pages 1-5) - All questions answered? If question is not applicable, mark with N/A. Questions left blank will delay processing. **NOTE:** Mailing address will display on the Internet if you do not provide a practice location address.

 - _____ **2. FEES** - \$180 - OT & OTA (Do not stop payment on your check. This could result in a bad check charge being filed against you.)

 - _____ **3. VERIFICATION(S) OF LICENSE IN ANOTHER STATE.** From each and every state you have held or currently hold a license, regardless of licensure status. Upon initial review of your application, if available online, Board staff will research the applicable state licensing entity's website to verify your license. If unavailable online, or if the online verification lacks sufficient detail, such as disciplinary history, you will be responsible for requesting a verification.

 - _____ **4. STATEMENT(S) AND ADDITIONAL DOCUMENTATION NEEDED FOR "YES" ANSWERS TO PERSONAL HISTORY QUESTIONS.**

 - _____ **5. NBCOT CERTIFICATION LETTER** (Must be requested and sent directly from NBCOT)
 - Proof of current certification or
 - Proof of Non-current certification proving successful completion of exam or
 - ATT Letter for proof of Exam Eligibility (For non-US trained graduates only).

 - _____ **6. PROOF OF PREVENTION OF MEDICAL ERRORS EDUCATION.**(certificate of completion)

 - _____ **7. PROOF OF 50 CONTINUING EDUCATION UNITS FOR AN APPLICANT SEEKING REENTRY** – Proof of CE's must be submitted before a license may be issued.
-

WHERE TO SEND APPLICATION AND SUPPORTING DOCUMENTATION

Make your personal check or money order payable to the
DOH/Board of Occupational Therapy Practice. (DOH/Board of OT)

INITIAL APPLICATION, FEES AND ANY SUPPORTING DOCUMENTATION IN THE SAME ENVELOPE:

Department of Health
Board of Occupational Therapy Practice
P. O. Box 6330

Tallahassee, FL 32314-6330

ALL DOCUMENTATION NOT INCLUDED WITH APPLICATION AND FEE:

Department of Health
Board of Occupational Therapy Practice
4052 Bald Cypress Way, Bin #C05
Tallahassee, FL 32399-3255

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

FLORIDA DEPARTMENT OF HEALTH
BOARD OF OCCUPATIONAL THERAPY PRACTICE

LICENSE VERIFICATION FORM

PART I: TO BE COMPLETED BY APPLICANT
*Complete and submit a copy to each state where you hold or have ever held
a license to practice occupational therapy, making copies of this form as necessary.*

APPLICANT NAME _____
ADDRESS _____
LICENSE NUMBER _____ STATE OF _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Occupational Therapy Practice.

APPLICANT SIGNATURE _____ DATE _____

PART II: TO BE COMPLETED BY AN OFFICIAL OF STATE LICENSURE BOARD
Please complete and return this form to the address listed below.

APPLICANT NAME: _____ STATE OF: _____

LICENSE NUMBER: _____ ISSUE DATE: _____

LICENSE BASED ON: STATE EXAM _____ EXPIRATION DATE: _____
NATIONAL EXAM _____ ENDORSEMENT _____

IS LICENSE IN GOOD STANDING? ____ YES ____ NO If "NO," please explain below.

HAS THE LICENSE EVER BEEN REVOKED, SUSPENDED OR IN ANY WAY ACTED AGAINST (E.G. REPRIMAND, PROBATION, FINES,
ETC.)? ____ YES ____ NO If "YES," please explain below.

WAS THE LICENSE ORIGINALLY DENIED OR GRANTED UNDER RESTRICTIONS OF ANY KIND?
____ YES ____ NO If "YES," please explain below.

DO YOU HAVE ANY DISCIPLINARY ACTION INFORMATION ON FILE REGARDING THE LICENSEE?
____ YES ____ NO If "YES," please attach to this form.

REMARKS: _____

VERIFIED BY: _____
Signature of Official _____ Date _____
Please Print Name _____
Title _____

BOARD SEAL

Medical Therapies/Psychology
Florida Department of Health Board of Occupational Therapy Practice
4052 Bald Cypress Way, Bin C05 • Tallahassee, Florida 32399-3255
Phone: (850) 245-4373 • Fax: (850) 414-6860 • <http://www.floridashealth.com>