



**STATE OF FLORIDA APPLICATION FOR LICENSURE AS AN
OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT**

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.

Florida provides methods of application which streamline the process for licensure. Eligibility requirements are provided below and checklists for applying are also enclosed in this packet to assist you with obtaining licensure in the most efficient manner possible.

LICENSURE ELIGIBILITY REQUIREMENTS

- Is of good moral character.
- Graduated from an accredited OTA or 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 therapy assistant must have a minimum of 2 months supervised fieldwork experience. 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).

STATUTE & 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. 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.* The current laws and rules may be accessed at the Board website at this link: <http://www.floridasoccupationaltherapy.gov/resources>.

APPLICATION FEES
\$180 TOTAL

(\$100 application processing fee; \$75 initial licensure fee; and \$5 unlicensed activity fee.)

- All fees are payable by personal or company check, certified check or money order. Make payable to DOH/Board of Occupational Therapy Practice and attach to the front of your application.
- Applications will be returned unprocessed when received without the \$180 fee.
- The application processing fee is non-refundable. If requested in writing, the \$80 licensure and unlicensed activity fee may be refunded if your application is withdrawn and/or a license is not issued.
- Examination Fee: For new graduates, there are separate examination and registration fees payable to the National Board for Certification in Occupational Therapy (NBCOT). Contact the NBCOT at (301) 990-7979 for more information.

NEW GRADUATES
APPLICATION INSTRUCTIONS & CHECKLIST

- # 1. **BEFORE** you submit this state licensure application, apply to the National Board for Certification in Occupational Therapy (NBCOT) to schedule the examination required for licensure. Visit: www.nbcot.org or call: (301) 990-7979.

- # 2. **AFTER** you have passed the examination, you are **READY** to apply for your State of Florida license. Apply online at <http://floridasoccupationaltherapy.gov/> for a *streamlined process* or submit the paper application. *After successfully completing the exam*, you may select the "ENDORSEMENT" application method.

- # 3. **Once we determine that your application is COMPLETE and we are able to verify your passage of the examination, and all other relevant items are acceptable, your license will be issued.**

APPLICATION CHECKLIST

- **REGISTER FOR THE NBCOT EXAM**
Once you have completed the registration process for the exam, you will receive an exam eligibility, Authorization To Test (ATT) letter from NBCOT with instructions to contact the testing vendor and schedule your specific examination date.
- **SUCCESSFULLY COMPLETE THE NBCOT EXAMINATION REQUIREMENT**
Once you have passed the examination, provide a correct NBCOT certification number on your application and board staff will attempt to verify your certification online. If verification is unavailable, you will be required to request a certification letter to be sent directly from the NBCOT to the Florida Board.
- **APPLY ONLINE AT <http://floridasoccupationaltherapy.gov/> or SUBMIT APPLICATION FORM:**
All questions answered. If a question is not applicable, mark "N/A." Sign and date the application.
- **FEES: \$180**
Submit this fee along with your application. Paper applications should be accompanied by payment in the form of a cashier's check or money order payable

Send Application and Fees by Mail to:
DEPT of Health/Board of Occupational Therapy Practice
P.O. Box 6330
Tallahassee, FL 32314-6330

**Any Follow-Up Supporting Documentation may be sent
by E-Mail to mqa.occupationaltherapy@flhealth.gov or**

Mail to:
DEPT of Health/Board of Occupational Therapy Practice
4052 Bald Cypress Way
BIN #C-05, Tallahassee, FL 32399-3255

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

**YOU MUST NOT START WORKING IN FLORIDA UNTIL YOU HAVE RECEIVED
YOUR PERMANENT LICENSE FROM THE STATE OF FLORIDA BOARD OFFICE.**

NBCOT CERTIFIED APPLICANTS **APPLICATION INSTRUCTIONS & CHECKLIST**

- # 1. If you have ever been certified by the NBCOT, you are **READY** to apply for your State of Florida license! Apply online at <http://floridasoccupationaltherapy.gov/> for a streamlined process or submit the paper application.
- If your NBCOT Certification is **CURRENT**, select the "ENDORSEMENT" application method.
 - If your NBCOT Certification is **NOT CURRENT**, but you have at least one active license in another state or jurisdiction, you may select the "EXAM w/WAIVER" option.
- # 2. **Licensure Verifications:** On Question 7 of the application form be sure to list ALL licenses or certificates held as an occupational therapist, occupational therapy assistant or in other health-related professions in any state, U.S. territory, including Florida or a foreign country. Copies of licenses are not acceptable. Board staff will attempt to complete verifications online for those states that include disciplinary history. If the disciplinary information is not available online, you may be required to request an official verification of licensure from the applicable state licensing board and pay any associated fees required by that state. Note: NBCOT maintains a list of all state regulatory entities with contact names, numbers, websites, and addresses on their website at www.nbcot.org.
- #3. Once we verify that your application is **COMPLETE** and are able to verify your NBCOT certification, and all other relevant items are acceptable, your license will be issued.

APPLICATION CHECKLIST

- **Practice Reentry Requirements: 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. To find Board-approved CE courses on a variety of profession-related subjects, use the "Course Search" function at: www.CEBroker.com. Once you have completed the required continuing education, compile your course completion certificates and send in with your application. *Note: This requirement only applies to persons who have held an OT or OTA license, had a break in active practice, and are now ready to reenter the profession.*
- **APPLY ONLINE AT <http://floridasoccupationaltherapy.gov/> or SUBMIT APPLICATION FORM:** All questions answered. If a question is not applicable, mark "N/A." Sign and date the application.
- **FEES: \$180**
Submit this fee along with your application. Paper applications should be accompanied by payment in the form of a cashier's check or money order payable
- **Endorsement of Current NBCOT Certification Applicants:** Provide a correct NBCOT certification number on your application and board staff will attempt to verify your certification online. If verification is unavailable, you will be required to request a certification letter to be sent directly from NBCOT to the Florida Board.
- **Exam with Waiver of Current NBCOT Certification Applicants:** If you were once certified with the NBCOT, but have not maintained the certification, but hold at least one license in another state or jurisdiction, you may apply by this method. Provide a correct NBCOT certification number on your application and board staff will attempt to verify your certification online. If verification is unavailable, you will be required to request a certification letter to be sent directly from NBCOT to the Florida Board.

Send Application and Fees by Mail to:

DEPT of Health/Board of Occupational Therapy Practice
P.O. Box 6330
Tallahassee, FL 32314-6330

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by E-Mail to mqa.occupationaltherapy@flhealth.gov or
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DEPT of Health/Board of Occupational Therapy Practice
4052 Bald Cypress Way
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CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE*

Florida Department of Health Occupational Therapy Board

Name: _____
 Last **First** **Middle**

Social Security Number: _____

* This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USC § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

You must answer all of the following questions. If you answer "yes", you must explain in detail on a separate sheet. In your explanation, include date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc. Your "yes" answers must be substantiated by either official documents sent directly to us from the respective state licensing board, official copies of court records from the clerk of the court, or letters from treating physicians/practitioners. You must ensure that we receive the documents that substantiate your "yes" answers. Your "yes" answer would not be an automatic cause for denial.

NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Occupational Therapy Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under Section 468, Part III, Florida Statutes, Chapter 456, Florida Statutes, or Rule Chapter 64B11, Florida Administrative Code.

1. PERSONAL HISTORY

- A. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? YES NO
- B. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? YES NO
- C. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice occupational therapy within the past five years? YES NO
- D. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder, or, if you were previously in such a program, did you suffer a relapse within the last five years? YES NO
- E. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice occupational therapy within the past five years? YES NO
- F. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice occupational therapy? YES NO

Mission Statement:

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

4052 Bald Cypress Way, BIN #C-05 Tallahassee, FL 32399-3255

Phone: (850) 245-4373

Fax: (850) 414-6860

Website: <http://floridasoccupationaltherapy.gov/>

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 -
(Client5601/OT/\$180)
(Client5602/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.)

- Endorsement:** Holds an ACTIVE NBCOT Certification (XACT 1021)
 Exam W/Waiver: Holds an INACTIVE NBCOT Certification AND an ACTIVE OT or OTA license in another state (XACT 1024: no temp; XACT: temp)
 Examination: Has scheduled the NBCOT exam (XACT 1010) Scheduled Examination Date: ___/___/___ Submit official proof of scheduled NBCOT exam date to mqa.occupationaltherapy.gov.

Recommended: For most efficient licensure process, complete the NBCOT exam first & then apply by Endorsement.

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:

DATE OF BIRTH ___/___/___

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:** (____) ____ - ____

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: _____

*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.

NAME _____

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. CERTIFICATION HISTORY... ATTACH ADDITIONAL SHEETS IF NECESSARY

Have you taken the NBCOT (formerly AOTA or AOTCB) exam? YES NO

If yes, please provide your NBCOT Certification Number*:

*If uncertain, please verify your NBCOT certification number at www.nbcot.org.

If no, please contact the NBCOT at (301) 990-7979 to schedule and complete the examination requirement. A license cannot be issued until the NBCOT examination has been passed.

7. APPLICANT BACKGROUND... ATTACH ADDITIONAL SHEETS IF NECESSARY

a. Have you ever applied for Occupational Therapist or Occupational Therapy Assistant licensure in the state of Florida?

YES NO

b. If "Yes", please indicate the date you previously applied: _____ / _____ / _____

c. Do you now or have you ever held a temporary permit, license/certification, or other authorization, regardless of status, to practice Occupational Therapy or any health-related profession in any state (including Florida), U.S. territory or foreign country?

YES NO

State	License Title	License Number	Original Issue Date	Expiration Date	License Status

8. 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?

Note: This requirement only applies to persons who have held an OT or OTA license, had a break in active practice, and are now ready to reenter the profession.

YES NO

Not applicable, I am a new graduate.

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.

<p>11. 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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. 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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. 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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. 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.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. Have you been in good standing with a state Medicaid program for the most recent five years?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Did the termination occur at least 20 years before the date of this application?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. 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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

16. 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

17. REQUEST FOR TEMPORARY PERMIT (OPTIONAL)

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. 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 you are applying by examination, and are requesting a temporary permit you must provide proof of a scheduled examination date for the applicable NBCOT examination which contains your Confirmation of Appointment number; proof of requesting NBCOT score transmittal to Florida and the name of your supervisor and employer. Please contact the NBCOT AT 301-990-7979 to apply for the examination prior to requesting a permit. A temporary permit will not be issued until official exam date confirmation is provided to the Florida Board office and verified with the examination vendor. You may e-mail confirmation to mqa.occupationaltherapy@flhealth.gov or fax to (850) 414-6860 or mail to the Board Office at the address provided on the first page of the application form.

TEMPORARY PERMIT: YES NO

If yes, please carefully note all of the requirements above. In addition, please provide below your supervisor's contact information, as well as information on the entity for whom you intend to be employed if granted a permit.

Name of Florida-Licensed OT Supervisor: _____	Supervisor's License Number: _____
Supervisor's E-Mail Address: _____	
Supervisor's Phone Number: _____	

Supervisor's Employment Organization and MAILING Address (street address, city, state, ZIP): _____
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Temporary Permit Holder's Employment Organization PRACTICE Address (street address, city, state, ZIP): _____
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18. 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, 775.083 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)
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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 this section and submit a copy to each state or licensure jurisdiction where you hold or have ever held a license to practice occupational therapy. Make copies as necessary.

APPLICANT NAME _____ SS# _____ D.O.B. _____

ADDRESS _____

LICENSE NUMBER _____ STATE OF _____

I hereby authorize release of 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 this part and return this form to the address listed below.

APPLICANT NAME: _____ STATE OF: _____

LICENSE NUMBER: _____ ISSUE DATE: _____

LICENSE BASED ON: STATE EXAM _____ NATIONAL EXAM _____

RECIPROCITY WITH _____ ENDORSEMENT _____

EXPIRATION DATE: _____

IS LICENSE IN GOOD STANDING? _____

HAS THE LICENSE EVER BEEN REVOKED OR SUSPENDED? _____

IS THERE ANY DEROGATORY INFORMATION? _____

VERIFIED BY: _____
Signature of Official / Date

BOARD SEAL

Official's Printed Name / Title

Florida Department of Health / Board of Occupational Therapy Practice
Division of Medical Quality Assurance • Bureau of Health Care Practitioner Regulation
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