



GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858

(478) 207-2440 * www.sos.state.ga.us/plb/ot

REFERENCE – PERSONAL

APPLICANT: Please have a **NON-RELATED INDIVIDUAL COMPLETE THIS FORM**. Individual completing this form does not have to be a licensed/certified Occupational Therapist. Print your name and indicate the type of license you are seeking.

NAME: _____ (hereinafter applicant), OT OTA

Applicant: Do Not Write Below This Line

PERSONAL REFERENCE: This form must be returned to the board with the completed application by the applicant. Please complete the following information, sign in the presence of a Notary and return to applicant for submission with the application:

Your Name: _____ **Telephone Number:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

NBCOT Number: _____ **License Number:** _____ **State:** _____ **Current?** YES NO
(Foreign therapist must submit their practice credentials)

REFERENCE: PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:

STATEMENT FOR LICENSURE:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of _____
Print Applicant's Name
(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that I am not related to the applicant. I believe the applicant to be honest, have integrity and be of good moral character.

I AM UNABLE TO SUBMIT A REFERENCE FOR _____ (Print applicant's Name)

In the State of _____, County of _____

Reference Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

Date

(SEAL)
Signature of Notary

My commission expires: _____