



GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858

(478) 207-2440 * <http://sos.ga.gov/index.php/licensing/plb/36>

REFERENCE – PROFESSIONAL

APPLICANT: Please have a certified, licensed or registered Occupational Therapist complete this form. Print your name and indicate the type of license you are seeking.

NAME: _____ (hereinafter applicant), OT OTA

Applicant: DO NOT WRITE BELOW THIS LINE

PROFESSIONAL REFERENCE: This form must be returned to the Board, by the applicant, with the completed application. Please complete the following information, sign in the presence of a Notary and return to applicant for submission with the application. If you are an occupational therapist licensed, certified or registered in another country, please include, on a separate sheet, the name, address, and telephone number of the agency that regulates or oversees the practice of occupational therapy.

Your Name: _____ Telephone Number: _____

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

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

PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:

STATEMENT FOR OCCUPATIONAL THERAPIST APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of _____
(Print OT Applicant's Name)

(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant to be honest, have integrity and be of good moral character; and that I have observed the OT applicant, to be competent in the areas of planning, directing, implementing and supervising the evaluation of a client and planning and implementing appropriate occupational therapy programs, and that the applicant has competency in Occupational Therapy.

STATEMENT FOR OCCUPATIONAL THERAPY ASSISTANT APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of _____
(Print OTA Applicant's Name)

(hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant, to be competent to assist in the evaluation of a client, in the evaluation and implementation of appropriate occupational therapy programs and to seek instruction/supervision from the supervisor when needed.

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: _____