



GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858

(478) 207-2440

www.sos.state.ga.us/plb/ot

APPLICATION FOR LICENSURE GENERAL INSTRUCTIONS

Please Read These Instructions and the Law And Rules Carefully Prior To Completing Application. You may not practice in Georgia without a license or limited permit issued by the Board

APPLICANT'S MUST SUBMIT THE FOLLOWING DOCUMENTS:

APPLICATION FEE	Please refer to fee schedule for appropriate remittance. The respective fee must accompany each application. The application fee is non-refundable and cannot be combined with any other fee. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.
APPLICATION	Type or print in ink. You must respond to all the questions and requests on the application or it will be returned for you to complete.
REFERENCES	Three (3) references are required. The references must have known you within the past five (5) years and must not be related to you. The three (3) completed, signed and notarized reference forms <u>must be submitted by the applicant with the application materials</u> . Two (2) references must be licensed, certified or registered OCCUPATIONAL THERAPISTS. Occupational Therapist licensed in another country must submit, on a separate sheet, the name, address and telephone number of the agency which regulates or oversees the practice of Occupational Therapy, be it licensure, certification or registration. The third reference is a personal reference.
TRANSCRIPTS	Official documentation of satisfactory completion of OT/OTA curriculum. Your college/school must forward an OFFICIAL TRANSCRIPT DIRECTLY TO YOU IN A SEALED ENVELOPE. The transcript must include degree and date awarded. Duplicate, personal copies of your transcript will not be accepted. Include your sealed transcript envelope with your application materials and submit together.
NBCOT CERTIFICATION	If you are certified by NBCOT, you MUST request verification of your certification to be sent to the Georgia State Board of Occupational Therapy. <u>If this is not noted on the application, page 4 of 11, then the administrative staff will not know to look for your scores and the application processing may be delayed.</u>
FOREIGN APPLICANTS	An official transcript, showing date and degree awarded, MUST BE RECEIVED IN THIS OFFICE DIRECTLY FROM YOUR COLLEGE/SCHOOL.
VERIFICATION OF LICENSURE	Applicants licensed in another state must request each State Board where hold or have ever held a license to verify to the Georgia Board the status of the license. Please contact the states where you are or ever have been licensed.

LIMITED PERMIT: A limited permit is a letter of authority to work under supervision and it is not the same as a license. An OT or OTA applicant who has received a letter of authority must work under supervision of a licensed occupational therapist. The limited permit is valid for up to 90 days and is non-renewable. See Board rule 673-3-.06 Limited Permit.

Applicants waiting to take the NBCOT Examination may be issued a limited permit upon receipt of the Application for Licensure, Fee, References, and Official Transcripts. An application should not be mailed to the Board until the applicant has completed fieldwork. If an official transcript is not available, the Board will accept an official letter from the Registrar or Program Director with the school's seal, which verifies satisfactory completion of curriculum. An official transcript showing degree and date awarded should be mailed within 35 days otherwise the letter of authority will be revoked and a license will not be issued.

You must request NBCOT to include your examination scores on the official roster sent to Georgia, otherwise your letter of authority will be revoked and there will be a delay in issuance of a license. Once the board receives passing certification exam scores, a license will be issued if all other requirements have been met. If you fail the certification examination, your letter of authority is automatically revoked and will not be renewed.

Under special circumstances, a letter of authority may be issued or extension granted for any circumstance that may cause delay in receiving official transcript from college or references.

PHYSICAL AGENT MODALITIES (PAM): Georgia requires a separate certification for use of physical agent modalities by Occupational Therapist and Occupational Therapy Assistants. You may submit an application for PAM's certification to the Board only **AFTER** you have been issued a license.

BOARD REVIEW: It takes approximately 4 - 6 weeks to process a **complete** application for licensure. Therefore it is unlikely that an occupational therapy assistant or occupational therapist can start work in Georgia the week after completing fieldwork or submitting the application. Decisions of the board are disseminated within 10 business days following the board meeting. The board staff is not authorized to discuss board decisions over the telephone with the applicant or any third party. Applications are processed between board meetings. If it is determined that all requirements for licensure have been met, a letter of authority or license may be issued between Board meetings, subject to review by the Board at its next meeting.

EXAMINATION SCHEDULE: The NBCOT Certification Examination is offered "On-Demand". For registration and candidate handbook, please visit NBCOT's website at: www.nbcot.org.

VETERAN'S PREFERENCE POINTS are awarded in addition to a final score if applicant qualifies for this addition. An applicant must submit a written request to apply for the points and a Form DD 214.

ADA REQUEST: If you have a disability and may require an accommodation to take the examination and/or meet licensure requirements, be sure to read the "Request for Disability Accommodation" and submit all information required with your application by the filing deadline date.

POWER OF ATTORNEY: If you are a person sponsoring an applicant for licensure and want information sent to you rather than the applicant, please request the appropriate Power of Attorney from the Board office.

ADDRESS, E-MAIL AND NAME CHANGES: Please notify this office immediately, in writing, of any address, e-mail and/or name change. Address changes may also be made via the website www.sos.state.ga.us. The post office does not forward mail from the board. All name changes must include a **copy** of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

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**APPLICATION FOR LICENSURE FOR:
 OCCUPATIONAL THERAPIST or OCCUPATIONAL THERAPY ASSISTANT**

_____ Application Fee: **OT** \$60.00 * *OR* * _____ Application Fee: **OTA** - \$50.00

NOTE: Application fees are **NON-REFUNDABLE**. Check only ONE (OT or OTA). Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

PERSONAL INFORMATION

NAME

 LAST FIRST MIDDLE MAIDEN

NAME as shown on documentation or transcripts

(if different): _____
 LAST FIRST MIDDLE MAIDEN

SOCIAL SECURITY NO. _____ - _____ - _____ **DATE OF BIRTH** M M - D D - Y Y Y Y
 (THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

ADDRESS

HOME/PHYSICAL ADDRESS (P.O. BOX, NOT ACCEPTABLE) _____ APT # _____
 CITY STATE ZIP

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

ADDRESS

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS) _____ APT # _____
 CITY STATE ZIP

DAYTIME PHONE _____ - _____ - _____

OTHER PHONE _____ - _____ - _____

E-Mail Address: _____

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

APPLICATION FOR LICENSURE

Instructions:

1. Please read the general instructions thoroughly before completing this application.
2. **If you have ever held a license in the State of Georgia, this is the wrong application**, please complete the Restoration Application.
3. Fill out this application completely. Type or print clearly.
4. Enclose a nonrefundable application fee. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20 and the processing of your application will be delayed.
5. Include a recent passport type photograph taken within the last 60 days.
6. Sign and have the application notarized.

✓ CHECK TYPE OF APPLICATION

- OCCUPATIONAL THERAPIST - \$60.00 non-refundable fee.
 OCCUPATIONAL THERAPY ASSISTANT - \$50.00 non-refundable fee.

PROFESSIONAL INFORMATION

HAVE YOU SUCCESSFULLY PASSED THE NBCOT CERTIFICATION EXAM YES NO

Date Exam Taken: _____ Have you requested verification of your certification to be sent to the Georgia State Board of Occupational Therapy? Yes ___ No ___

(Failure to do so may delay processing time)

IF NO, INDICATE DATE YOU PLAN TO TAKE THE NBCOT CERTIFICATION EXAM _____

HAVE YOU EVER BEEN LICENSED AS AN OT/OTA IN GEORGIA OR ANY OTHER STATE, TERRITORY OR COUNTRY? YES NO

(If no, continue to question 14. If yes, for every OT/OTA license you have provide the Name of the State, Territory or Country, License Number, Type and status of the license. Verification Forms are required for all licenses.)

Place of Initial license _____ License # _____ OT or OTA Current? Yes No

State _____ License # _____ OT or OTA Current? Yes No

State _____ License # _____ OT or OTA Current? Yes No

State _____ License # _____ OT or OTA Current? Yes No

HAVE YOU REQUESTED EACH STATE IN WHICH YOU HAVE HELD A LICENSE TO COMPLETE THE VERIFICATION OF LICENSE FORM? Yes No (Current/Active or NOT)

WERE YOU LICENSED BY CAREER LADDERING? Yes No

PROFESSIONAL EDUCATION AND SUPERVISED FIELD WORK

A. NAME OF COLLEGE/UNIVERSITY: _____

Dates Attended _____ Date of Graduation _____

Degree(s) Received: _____ Major: _____

NAME OF COLLEGE/UNIVERSITY: _____

Dates Attended _____ Date of Graduation _____

Degree(s) Received: _____ Major _____

B. HAVE YOU SATISFACTORILY COMPLETED YOUR SUPERVISED FIELD WORK EXPERIENCE? Yes No

EMPLOYMENT HISTORY (GIVE THREE PLACES OF EMPLOYMENT, INDICATE MOST RECENT FIRST)

A. EMPLOYER NAME: _____ City/State: _____ Dates of Employment: _____

Job Title & Responsibilities: _____

B. EMPLOYER NAME: _____ City/State: _____ Dates of Employment: _____

Job Title & Responsibilities: _____

C. EMPLOYER NAME: _____ City/State: _____ Dates of Employment: _____

Job Title & Responsibilities: _____

NAMES OF THE THREE REFERENCES YOU WILL SUBMIT:

A. Professional Reference: _____

B. Professional Reference: _____

C. Personal Reference: _____

BACKGROUND INFORMATION

HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE EVER:

- A. YES NO DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?
B. YES NO REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?
C. YES NO REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE? If you answered "yes" to any of the above, you must submit a letter of explanation and request that the licensing board, NBCOT or agency send a certified copy of the action taken against your license or certification with relevant supporting documents to the Georgia Board of Occupational Therapy 237 Coliseum Drive, Macon, GA 31217. Your application must be reviewed by the Board and will not be considered complete until the information is received.

YES NO HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI ARE NOT MINOR TRAFFIC VIOLATIONS.) If yes, please provide a complete explanation of each offense and provide certified copies of the final court disposition. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)

YES NO HAVE YOU FAILED TO RENEW A LICENSE, CERTIFICATION OR REGISTRATION DURING AN INVESTIGATION AGAINST YOU BY A LICENSING BOARD OR OTHER AGENCY?

YES NO IS THERE ANY DISCIPLINARY ACTION OR INVESTIGATION PENDING AGAINST YOU BY ANY LICENSING BOARD, AGENCY, OR NATIONAL CERTIFYING ORGANIZATION?

YES NO HAVE YOU FAILED OR BEEN REFUSED AN EXAMINATION BY ANY PROFESSIONAL ORGANIZATION, BOARD OR AOTCB/NBCOT?

YES NO HAVE YOU EVER HAD ANY PROFESSIONAL LIABILITY SUITS FILED AGAINST YOU?

YES NO HAVE YOU USED DRUGS OR OTHER INTOXICATING SUBSTANCES TO THE EXTENT THAT THESE AFFECTED YOUR PROFESSIONAL COMPETENCE?

If you answered yes to any of the above questions, you must attach a letter of explanation. You are expected to read each question carefully and completely and to provide updated information for any changes. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and correctly may be grounds for denial of your application or other disciplinary action against you. The Board must review the letter of explanation and any supporting documents and your application will not be considered complete until the information is received.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]



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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 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. 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:** _____

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

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: _____



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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 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. 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:** _____

NBCOT Number: _____ **License Number:** _____ **State:** _____ **Current?** YES NO

(Foreign therapist may submit their practice credential)

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: _____



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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 may submit their practice credential)

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: _____