



GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858

(404) 424-9966

<https://sos.ga.gov/georgia-state-board-occupational-therapy>

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.

It is suggested that you do not accept employment until you have been issued a license or limited permit.

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 non-transferrable. 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. If a question does not apply to you enter N/A as your response. Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.
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 must be submitted by the applicant with the application materials. Two (2) must be professional references and at least one (1) professional reference must come from a certified or licensed OCCUPATIONAL THERAPY PRACTITIONER. 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 in that country. The second professional reference may be from another certified or licensed occupational therapy practitioner or any other licensed healthcare professional. The third and final reference must be a personal reference.
TRANSCRIPTS	Official documentation of satisfactory completion of OT/OTA curriculum. Your college/school must forward an OFFICIAL TRANSCRIPT DIRECTLY TO THE BOARD IN A SEALED ENVELOPE or they may forward an official copy electronically to PLB-Healthcare2@sos.ga.gov . The transcript must include degree and date awarded. Duplicate, personal copies of your transcript will not be accepted.
NBCOT EXAM SCORES & CERTIFICATION	If you have passed the NBCOT certification exam, you MUST state on page 4 of 11 whether or not you have verified that your certification & score information is available electronically on the NBCOT Verification portal. If you have taken the exam MORE THAN ONCE, the Board must receive copies of ALL of your scores, not just the passing score. If you failed the exam three (3) times or more, you may also be required to complete a supervised clinical experience before a license is issued. You MUST contact NBCOT by phone at (301) 990-7979 or by email at info@NBCOT.org and request an Exam Score Transfer Order Form. Complete it and return it along with any necessary fees to NBCOT. If you have not yet taken and passed the NBCOT, staff will not search the portal for your certification. In this case, you MUST cause the submission of your exam scores and/or request that NBCOT submit a verification of your certification to the Board office by visiting https://secure.nbcot.org/cverification/ . NOTE: A COPY OF YOUR CERTIFICATION WILL NOT BE SUFFICIENT TO SATISFY THIS REQUIREMENT.
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. Permits are also issued to those required to complete a supervised clinical experience based on failing the exam 3 times or more.

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 (PAMs): Georgia requires a separate certification for use of physical agent modalities by Occupational Therapist and Occupational Therapy Assistants. You may submit an application for PAMs certification to the Board only AFTER you have been issued a license. ***NOTE: If you are an OTA licensed in the state of Georgia who is now applying for an OT license; AND, you were approved to perform Physical Agent Modalities (PAMs) under your Georgia OTA license, you do not need to complete a new PAMs application after you become a Georgia licensed OT. Your certification will automatically be added to your OT 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. 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. Applicants may check the status of their application online by visiting https://secure.sos.state.ga.us/PLB_appStatus/. Decisions of the Board are disseminated within 10-15 business days following the board meeting. Board staff are not authorized to discuss Board decisions over the telephone with the applicant or any third party.

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 Online Services section of the Board website at <http://sos.ga.gov/index.php/licensing/plb/36>. The post office does not forward mail from the Board; therefore, you are responsible for providing updated address information, to include email addresses, within thirty (30) days of any changes. All name changes must include a copy of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

PROOF OF ACTIVE DUTY STATUS (if applicable): If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34. Proof of your status may be accomplished by providing a copy of one or more of the following documents (**NOTE: If you are a military spouse, you are to provide one of the documents listed below AND a copy of your official marriage certificate**): 1) DD Form 214; 2) DD Form 215; 3) DD Form 256; 4) NGB Form 22 or NBG Form 22-a; 5) Current, unexpired military ID card; and, 6) Other active, official military order forms.

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



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

GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY
 237 Coliseum Drive, Macon, Georgia 31217-3858
 (404) 424-9966 * <https://sos.ga.gov/georgia-state-board-occupational-therapy>

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

Check ONE: _____ Application Fee: **OT** \$70.00 Total (\$60.00 application fee + \$10.00 processing fee)
 _____ Application Fee: **OTA** - \$60.00 Total (\$50.00 application fee + \$10 processing fee)

NOTE: Application fees are **NON-REFUNDABLE & NON-TRANSFERRABLE**.
 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.**

Please Check this box if you are a military spouse or transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34. Proof of your status may be accomplished by providing a copy of one or more of the following documents (NOTE: **If you are a military spouse, you are to provide one of the documents listed below AND a copy of your official marriage certificate**): DD Form(s) 214, 215, 256; NGB Form 22 or 22-a; a current, unexpired military ID card; or any other active, official military order forms.

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 Reinstatement Application.
3. Fill out this application completely. Enter N/A when appropriate. Type or print clearly.
4. Enclose a non-refundable 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 sixty (60) days before of the date you complete the application.
6. Sign the application in the presence of a notary.
7. **PROOF OF ACTIVE DUTY STATUS** ((if applicable): If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34.

✓ CHECK TYPE OF APPLICATION (Check only one)

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

PROFESSIONAL INFORMATION

1. Have you taken the NBCOT Certification exam? Yes No
How many times have you taken the exam? _____
List the date(s) that you took the exam: _____

HAVE YOU SUCCESSFULLY PASSED THE NBCOT CERTIFICATION EXAM? Yes No

Date You Passed: _____ Identify the State where you passed the exam: _____

Enter your NBCOT Certification Number: _____

If you took the exam, have you checked with NBCOT to ensure that your scores and certification information is available on the NBCOT Verification of Certification & State Regulatory Portal? If you took the exam MORE THAN ONCE, did you submit the Exam Score Transfer Report from NBCOT for ALL exam scores? Failure to do so may delay processing time.

2. IF YOU HAVE NOT TAKEN THE EXAM, WHEN ARE YOU SCHEDULED TO TAKE THE EXAM? _____

3. IF YOU MEET CRITERIA, DO YOU WANT TO BE ISSUED A LIMITED PERMIT? Yes No

(If you answer YES you must submit a copy of your authorization to test from NBCOT and confirmation of your scheduled test date from Prometric. A limited permit WILL NOT be issued if the documentation is received within two weeks of your scheduled test date or if your license may be subject to disciplinary action by the Board.)

4. HAVE YOU EVER BEEN LICENSED AS AN OT/OTA IN GEORGIA OR ANY OTHER STATE, TERRITORY OR COUNTRY? Yes No

(If no, continue to section 6. If yes, provide the Name of the State, Territory or Country, License Number, Type and status of each OT/OTA license you HAVE EVER held. Verification Forms are required for all licenses. If you need additional space, please attach an additional page to your application and provide the information indicated below.)

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

5. HAVE YOU REQUESTED EACH STATE IN WHICH YOU HAVE HELD A LICENSE TO SUBMIT A LICENSE VERIFICATION TO THE BOARD REGARDLESS OF THE STATUS OF THE LICENSE? Yes No N/A

6. WERE YOU LICENSED BY CAREER LADDERING OR UNDER A GRANDFATHER CLAUSE? Yes No

7. 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

8. 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: _____

9. NAMES OF THE THREE REFERENCES YOU WILL SUBMIT:

- A. Professional Reference: _____
- B. Professional Reference: _____
- C. Personal Reference: _____

BACKGROUND INFORMATION

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. IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS BELOW, YOU MUST ADDITIONAL DOCUMENTATION.

10. 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 detailed 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 will not be considered complete until the information is received and will be presented to the Board during a meeting for consideration.

11. 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, you must provide a detailed letter of explanation for each offense and provide certified copies of the final court disposition. If the case has not yet been adjudicated in court, you must provide a certified copy of the arrest warrant, incident report or citation complete with a list of charges, indictments and sentencing and plea agreements, if applicable. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)

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

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

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

15. YES NO HAVE YOU USED DRUGS OR OTHER INTOXICATING SUBSTANCES TO THE EXTENT THAT THESE AFFECTED YOUR PROFESSIONAL COMPETENCE? If yes, you must provide a detailed letter of explanation. Your application will be presented to the Board during a meeting for consideration.

**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 October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot 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(g). 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.

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

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

_____ An unexpired 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]1

_____ An unexpired 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]

_____ An unexpired 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]

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

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

_____ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired 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]

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

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

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

_____ An unexpired 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]

_____ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [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)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.



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I. REFERENCE – PROFESSIONAL

APPLICANT: Please have a certified or licensed Occupational Therapy Practitioner 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: _____

NBCOT Number: _____ 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 _____

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

(SEAL)
Signature of Notary

My commission expires: _____

Reference Signature

Date



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II. REFERENCE – PROFESSIONAL

APPLICANT: Please have a certified or licensed occupational therapy practitioner or any other licensed healthcare professional 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

NBCOT Number: _____ (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 _____

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

Signature of Notary (SEAL)

My commission expires: _____

Reference Signature

Date



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I. REFERENCE – PERSONAL

APPLICANT: Please have an INDIVIDUAL WHO IS OF NO RELATION 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 _____
(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. Print Applicant's Name

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

Signature of Notary (SEAL)

My commission expires: _____



**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
 Employment with elder care (Purpose code 'N')
 Employment with children (Purpose code 'W')

You must select one of the four options below for the number of days for authorization:

This authorization is valid for

1. _____ 90 days
2. _____ 180 days
3. _____ days from date of signature
4. I, _____,

give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY
237 Coliseum Drive, Macon, Georgia 31217-3858

VERIFICATION OF EMPLOYMENT

Instructions:

- 1. Applicant: complete Section I and sign.
- 2. Submit this form to your most recent employer (Personnel Director, Human Resources Department) who can provide verification of your practice in Occupational Therapy.

Submit this completed, signed and notarized form with your application materials.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as an Occupational Therapist and Occupational Therapy Assistant to the Georgia Board of Occupational Therapy. I understand this information is required as part of the application for licensure process.

Signature of Applicant: _____

Applicant Phone Number(s): _____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:

- 1. Complete Section II of this form.
- 2. Occupational Therapy employment must have been for compensation.
- 3. Return the signed, notarized and completed form to applicant for submission with their application materials.

1. Name of Business: _____ Phone Number: _____

2. Physical Location of practice: _____
City State Zip Code

3. Applicant’s Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Description of Applicant’s experience in facility: _____

6. Printed name and title of person verifying employment: _____
Name Title

(Signature of Individual Completing this information)

Sworn to and subscribed before me this

Signature of Employer/Person completing this form
_____ Day of _____, 20____.

Notary Public Signature _____
My commission expires: _____

(Notary Seal)