



# 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 LICENSE REINSTATEMENT GENERAL INSTRUCTIONS

Please Read These Instructions and the Law and Rules Carefully Prior To Completing Application.

### ALL 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. 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. 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 If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.
CONTINUING EDUCATION	Applicants for reinstatement are subject to automatic continuing education audit. You must submit documentation of 24 hours of continuing education with 2 hours of Ethics. Many applications are delayed because of incomplete documentation of continuing education; please refer to Rule 671-3-.09 for complete instructions. <u>The continuing education must be completed within two (2) years of the date of this application.</u> Please complete the CE reporting form, page 13.
VERIFICATION OF CURRENT LICENSE	Applicants for reinstatement who hold, or have held, a license in another state will be required to request that license verification(s), with the state's seal, be mailed directly from that state to the Georgia Board, or included with your application documents.
VERIFICATION OF EMPLOYMENT	Applicants must submit employment verification to most recent employer to verify last date of practice in Occupational Therapy. The signed, notarized form must be submitted by the applicant with the application.
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. Applicants who have not practiced within the past five (5) years may submit Form B (Certification of completion of Supervised Clinical Experience) to satisfy the requirements of Rule 671-3-.09 (2a).
PROOF OF ACTIVE MILITARY 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): 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.

**APPLICANTS WHO HAVE NOT PRACTICED IN 5 YEARS MUST SUBMIT** verification of completion of 320 hours of supervised clinical practice (under the supervision of a licensed occupational therapist) pursuant to Board Rule 671-3-.09. A description of the training must be submitted using Form B (page 11) for Board approval, and take place in a facility, which meets the requirements of an accredited or approved occupational therapy or occupational therapy assistant curriculum. The applicant must submit "Form B" (see page 11) for Board approval with the application. Upon approval of submitted Form B, a 90 day limited permit will be issued.

**BOARD REVIEW:** All applications for reinstatement must be presented to the Board for review. It is important to submit a completed application with all supporting documents and verifications to avoid delays in the processing of 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.

**ADDRESS, E-MAIL AND NAME CHANGES:** Please notify this office immediately, in writing, of any addresses and/or name changes. All name changes must include a copy of the official document that changes the name. (Social security cards and driver's licenses are not acceptable). You may also change your address on the Board's website.

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 LICENSE REINSTATEMENT**  
 OCCUPATIONAL THERAPIST *or* OCCUPATIONAL THERAPY ASSISTANT

**Check ONE:** \_\_\_\_\_ Application Fee: OT - \$110.00 (\$100.00 application fee + \$10.00 processing fee - non-refundable)  
 \_\_\_\_\_ Application Fee: OTA - \$90.00 (\$80.00 application fee + \$10.00 processing fee - non-refundable)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20

**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.

✓ CHECK TYPE OF APPLICATION

OCCUPATIONAL THERAPIST - \$100.00

OCCUPATIONAL THERAPY ASSISTANT - \$80.00

1. GA Lic # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_

2. Have you worked as an OT or OTA in the state of Georgia Since your license expired? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, enter the dates that you practiced. \_\_\_\_\_

3. Previously granted Physical Agent Modalities certification in GA? Yes \_\_\_\_\_ No \_\_\_\_\_

4. List any state where you hold, or have held, a current/temporary license or permit: State \_\_\_\_\_ License# \_\_\_\_\_  
Current? \_\_\_ Yes \_\_\_ No  
State \_\_\_\_\_ License# \_\_\_\_\_  
Current? \_\_\_ Yes \_\_\_ No  
State \_\_\_\_\_ License# \_\_\_\_\_  
Current? \_\_\_ Yes \_\_\_ No

**\*\*Note: Please attach additional states on separate sheet of paper and contact each state for license verification.**

5. Reason for not renewing: \_\_\_\_\_

6. EMPLOYMENT HISTORY (INDICATE MOST RECENT FIRST)

A. EMPLOYER: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. EMPLOYER: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_

Job Title & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Add additional sheets if needed)

**C. IF YOU HAVE NOT PRACTICED OCCUPATIONAL THERAPY WITHIN THE LAST 5 YEARS, PLEASE INDICATE THE FOLLOWING:**

1. I will complete 320 hours of supervised clinical experience with the following Occupational Therapist:

Name of Occupational Therapist	License Number/State	Issue Date	Expiration Date
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2. I will complete the training at the following facility: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:**

**If you are reinstating a license that has been lapsed for five (5) or more years, in addition to the CE Hours, you must complete Form B and submit it to the Board for review.**  
**Upon completion of the supervised practice, the Board must receive Form C which documents satisfactory completion of the requirement.**

Visit the Board website to review the requirements outlined in Board Rule 671-3-.09 Reinstatement of a License. Amended.

**BACKGROUND INFORMATION**

7. 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.

8.  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.)

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

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

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

12.  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 SIGNATURE AND AFFIDAVIT

### YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Occupational Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 7 & 8 of this application.**
  
- 2) \_\_\_\_\_ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 7 & 8 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Occupational Therapy and/or criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature (Notary Seal)

My commission expires: \_\_\_\_\_

**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 law<sup>1</sup> [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)]

<sup>1</sup>Senate 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.

**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                      (Notary Seal)**

**My commission expires: \_\_\_\_\_**





# 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>

## 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 \_\_\_\_\_

Reference Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Date \_\_\_\_\_

\_\_\_\_\_  
(SEAL)

Signature of Notary

My commission expires: \_\_\_\_\_

\_\_\_\_\_



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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: \_\_\_\_\_

NBCOT 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: \_\_\_\_\_

\_\_\_\_\_



# 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>

## 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 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

\_\_\_\_\_  
(SEAL)  
Signature of Notary

My commission expires: \_\_\_\_\_



**Georgia State Board of Occupational Therapy 237**  
**Coliseum Drive**  
**Macon, Georgia 31217-3858**  
**Telephone: (404) 424-9966**  
**<https://sos.ga.gov/georgia-state-board-occupational-therapy>**

## **“FORM B”**

### **LIMITED PERMIT SUPERVISED CLINICAL PRACTICE AGREEMENT (FORM B)**

**Instructions:**

1. The applicant and the licensed clinical practice supervisor must read these instructions and the form in its entirety.
2. The applicant and licensed clinical practice supervisor must read Board Rules 671-2-.02, 671-2-.03, and 671-3-.06(1-2) prior to completing this form.
3. The licensed clinical practice supervisor must ensure that the candidate for licensure is in the State of Georgia and obtain a copy of the limited permit from the applicant before the supervised clinical practice begins.
4. A copy of the current valid license of the Occupational Therapist who will serve as the clinical practice supervisor must be submitted with this agreement.
5. A calendar or outline of the supervised clinical practice and practice areas, including orientation (if applicable) must also be submitted with this agreement.

**NOTE: Supervised Practice may not begin until Form B has been approved by the Board and a limited permit has been issued to the applicant.**

To begin supervised practice without prior approval of the Board is unlicensed practice and/or aiding and abetting unlicensed practice and may subject the applicant and the supervisor to sanctions by the Board.

1. Applicant Name: \_\_\_\_\_ License Type (circle one):  OT  OTA
2. Agency Name: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_
3. Agency Address: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip
4. OT Supervisor: \_\_\_\_\_ License No: \_\_\_\_\_

**The information below is to be completed by the Occupational Therapist who will supervise the practice of the applicant under a limited permit.**

By completing and signing this **Limited Permit Supervised Clinical Practice Agreement**, I hereby swear and affirm that I have read this application and the referenced Board Rules. I understand that I must ensure the applicant is in the State of Georgia and I have obtained a copy of the limited permit issued to the applicant identified above before the supervised clinical practice can begin. I further understand that I may be subject to sanctions if I fail to do so. I affirm that I hold an active, unencumbered license as an occupational therapist. I further affirm that I will supervise the applicant in accordance with the Board Rules while he/she completes 320 hours of clinical practice which meets the requirements of an accredited or approved occupational therapy or occupational therapy assistant curriculum. Upon receiving notice that the permit has expired or upon determining that the applicant is not able to meet the minimum standards of prevailing practice, I will submit a notarized statement to the Board indicating that the applicant has ceased to practice and that I have terminated this agreement.

\_\_\_\_\_  
**Signature of OT Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Supervisor**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**



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**“FORM C”**

**SUPERVISED CLINICAL PRACTICE EVALUATION**

**Applicant Name:** \_\_\_\_\_ **License Type (circle one):** OT OTA

**INSTRUCTIONS:** Please evaluate the present ability of the above-named applicant to practice occupational therapy in accordance with the laws governing the practice of the license type for which the applicant has applied. Your evaluation should address the types of patient care provided by the applicant during the experience, the applicant’s professionalism, clinical skills, knowledge of their scope of practice and their ability to practice within the minimum reasonable standard of care. Please attach another sheet of paper if you require more space to complete your evaluation.

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Yes  No Have you determined that the applicant has satisfactorily practiced occupational within their scope of practice for the period of supervised clinical experience and meets the requirements for licensure?  
**If “No,” please explain below and attach relevant documentation.**

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**CERTIFICATION OF COMPLETION OF SUPERVISED CLINICAL (FORM B)**

I certify that \_\_\_\_\_ (Applicant) provided a copy of his/her limited permit, was in the state of Georgia before the period of supervision began and has satisfactorily completed a minimum of 320 hours of supervised clinical practice in field of occupational therapy as approved by the Georgia State Board of Occupational Therapy.

The program began on \_\_\_\_\_ and was completed on \_\_\_\_\_.

\_\_\_\_\_  
 Signature of OT Supervisor **OT License #:** \_\_\_\_\_

\_\_\_\_\_  
 Printed Name of OT Supervisor

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public

(NOTARY SEAL)

My Commission Expires: \_\_\_\_\_

**GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY**  
 Professional Licensing Boards  
 237 Coliseum Drive  
 Macon, GA 31217-3858

**CE REPORT FORM**

**Continuing Education:** See Board Rule 671-3-.08, regarding CE requirements on the Board website at <https://sos.ga.gov/georgia-state-board-occupational-therapy>. To renew your license, you must provide documentation that you have completed the required twenty-four (24) hours of CE as stated in Board Rule 671-3-.08. **PLEASE PRINT OR TYPE** - Be sure to sign and date in the space provided.

Institute, Organization, Agency Conducting Program or Online Course	Title of Program or Description of Content	CE Credit Hours	Setting/Method of Program (Workshop, online, in-service)	Dates Attended

TOTAL HOURS CLAIMED \_\_\_\_\_

Attach copies of your Continuing Education Certificates. Do not send original certificates. The originals will not be returned. Please provide course outlines/description/agenda for any CE course over 4 hours.

**AFFIDAVIT**

I certify under penalty of perjury to the truth and accuracy of all statements, answers and representations made in this report.

\_\_\_\_\_  
 (Signature of Licensed Occupational Therapist or Occupational Therapy Assistant)

\_\_\_\_\_  
 (Printed/Typed Name)

\_\_\_\_\_  
 (Date)

OT/OTA License # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

Mail to: Georgia State Board of Occupational Therapy, 237 Coliseum Drive, Macon, Georgia 31217-3858



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 A

### NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3- 35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).



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.