

STATE OF MAINE
OCCUPATIONAL THERAPY PRACTICE
APPLICATION FOR LICENSURE

- Permanent Occupational Therapist



Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Occupational Therapy Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Reference Form
- Verification of Licensure Form

ADDITIONAL RESOURCES

- Licensing Law for Occupational Therapists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch32sec0.html> or call (207) 624-8626

- Licensing Rules for Occupational Therapists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#477> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. Your application will be reviewed and processed in the order that it was received.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.



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OFFICE PHONE: (207)624-8626

(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637

Licensure as an Occupational Therapist

There are two (2) pathways to licensure as an occupational therapist.

PATHWAY I – Change of status from temporary to permanent licensure shall include the following:

- A completed and signed Application for Permanent Licensure;
- Written request for change of status;
- Payment of a Licensure Fee of \$80.00;
- Official Transcript, if not previously submitted; and
- Verification of certification form completed and signed by NBCOT. (Form is available at <http://www.nbcot.org/>) Applicants applying within three (3) months of having taken the examination, who have had the examination score sent directly to the board, are exempt from this requirement.

PATHWAY II – (Standard or licensed in another state) applications shall include the following:

- A completed and signed Application for Permanent Licensure;
 - Written request for change of status;
 - Payment of an Application Fee of \$60.00;
 - Payment of a Licensure Fee of \$80.00;
 - Payment of a Criminal History Record Check Fee of \$21.00;
- Note: All fees can be in one payment.**
- Verification of Certification Form completed and signed by NBCOT;
 - Official Transcript indicating earned/conferred degree;
 - Verification of Licensure from sending state(s) (if applicable): and
 - Two (2) professional references addressing ethical practice (see Reference Form).



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STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 Hearing Impaired: (888) 577-6690 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



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GARDINER, MAINE

FAX: (207)624-8637



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.
SIGNATURE _____ DATE _____

Board of Occupational Therapy Practice Required Fee: \$161 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$80.00 1446 - \$60.00 2619 - \$21.00
Please Select License Type: <input type="checkbox"/> Occupational Therapist (OT1421)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 2/2012	

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:
NAME OF CARDHOLDER (please print) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____
Card number: <i>XXXX-XXXX-XXXX-XXXX</i> Expiration Date <i>mm / yyyy</i>
SIGNATURE _____ DATE _____

Education**(Official transcripts must be submitted directly from Institution)**

Name of Academic Institution:

Mailing Address:

City:

State:

Zip Code:

Degree Granted:

Date Conferred:

Current or Intended Place of Employment

Workplace Name:

Position Held:

Dates:

Mailing Address:

City:

State:

Zip Code:

Previous Employment**(should reflect occupational therapy practice for the last three (3) years of two (2) places of employment)**

Workplace Name:

Position Held:

Dates:

Mailing Address:

City:

State:

Zip Code:

Workplace Name:

Position Held:

Dates:

Mailing Address:

City:

State:

Zip Code:

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country? YES NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken an occupational therapy examination? YES NO

If yes:

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

Exam Title:	Location:
Date Taken:	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

NBCOT Certification Number: _____

Affirmation

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE: _____ DATE: _____



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Paul R. LePage
Governor

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Occupational Therapy Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

VERIFICATION OF LICENSURE FORM
(for use by applicants licensed or certified in another jurisdiction)
Page 1 of 2

The applicant listed below is applying to practice as an occupational therapist in the State of Maine. The Board of Occupational Therapy Practice requests written verification from all states that the applicant holds or has held any certification, licensure, or credential. This is your authority to release any information in your files, favorable or otherwise.

Directions to applicant:

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold a current license to practice. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

Directions to State Board:

Complete Page 2 of this form and return pages 1 and 2 to the following address:

Board of Occupational Therapy Practice
35 State House Station
Augusta, ME 04333-0035



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**Board of Occupational Therapy Practice
Verification of Licensure (Page 2 of 2)**

Exam taken: _____

Date exam passed:

If no examination was taken, how was licensure obtained?

- Grandfathered Endorsement/Comity from which state: _____
- Other _____

What were the requirements for education at the time the license was issued?

Are there any pending complaints against this licensee? [] Yes [] No
If yes, please explain:

Have there been any other actions taken against this licensee? [] Yes [] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [] Yes [] No
If no, please explain:

Signature: _____

Printed Name: _____

Title: _____

State: _____ Phone Number _____

Date: _____

State Board Seal



Paul R. LePage
Governor

STATE OF MAINE
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AND FINANCIAL REGULATION
Board of Occupational Therapy Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

Anne L. Head
Director

REFERENCE FORM

Name of applicant _____

In what professional capacity do you know the applicant? _____

How long have you known the applicant? _____

Are you related to the applicant? If so, how _____

Please give a brief statement of your knowledge of the applicant's ethical practice of occupational therapy:

Date: _____ Signed: _____

Printed name and title of reference: _____

Mailing address: _____

Telephone number during work hours: _____



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