



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Occupational Therapy Section

Occupational Therapy Restoration Application Instructions

The restoration application applies to any occupational therapy practitioner who is seeking to restore a current escrowed Ohio occupational therapy license. Please review rule 4755-3-05 of the Ohio Administrative Code for the restoration requirements.

To restore your license in the year it expires, the completed restoration application must be received by the Board no later than April 30.

- If your license is restored between January 1 and March 31 of your expiration year, the restored license will expire that June 30.
- If your license is restored between April 1 and April 30 of your expiration year, the restored license will expire on June 30 of the following expiration year.
- If you do not submit a completed restoration application by April 30 of your expiration year, you must renew your license in escrow and submit a restoration application after July 1. If you do not renew in escrow, your license will expire on June 30 and you will be required to submit a reinstatement application.

Applications are reviewed on a weekly basis. All applications must be **FULLY** completed before they are reviewed and a license is restored. If your application remains incomplete for one year from the date the Board receives it, your file will be closed.

Each restoration applicant must demonstrate proof of continuing education (CE) completion. **Any CE credits used to restore your license to active status may not be used to fulfill the continuing education renewal requirements.**

You may not practice occupational therapy in Ohio until your license is restored. Please note all restored licenses expire on the same date that the escrowed license was set to expire. For example, if your escrowed license expires on June 30, 2011, your restored license, regardless of the restoration date, will expire on June 30, 2011.

To restore your Ohio license, you must complete all of the following:

(This form and instruction sheet is for your personal records.)

Application Fee

- The application fee is non-refundable. Please submit a cashier's check, business check, or money order made payable to "Treasurer State of Ohio" for \$80.00. Personal checks, cash, and/or credit cards will not be accepted.

Photograph

- Please staple a passport style photograph of your face taken within the six month period immediately preceding the date of your application. The photo should be 2 x2 inches in size. If the photo is digital, it must be a clear representation and must meet the specifications listed above. For more information please review the *Passport Photograph Guidelines* on the Board's website (<http://otptat.ohio.gov>).

Jurisprudence Examination

- You must score a 90% or better to pass the examination. Please download the Ohio Occupational Therapy Laws and Rules and licensure law test from the Board website.

Continuing Education

- You must provide proof of completion of 20 hours of continuing education, including one hour of ethics, in the two years prior to the date you are requesting the restoration. Please provide copies of your certificates of completion. Originals received will not be returned.



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Additional Requirements For Individuals Who Have Not Practiced Occupational Therapy For Five Or More Years Prior to the Date of This application

Applicants for restoration of an escrowed license who have not engaged in the practice of occupational therapy for five or more years, prior to the date the individual applies to the Section for escrow restoration may be subject to additional requirements outlined by the Occupational Therapy Section. The Section may consider, but is not limited to, the following additional requirements: (1) Competency-based performance appraisals; (2) Mentorship; (3) Additional continuing education; (4) Extended coursework; (5) Professional development plan; and (6) Clinical examination (certification exam).



The Occupational Therapy Section

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
 77 South High Street, 16th Floor
 Columbus, Ohio 43215-6108

Phone (614) 466-3774 Fax (614) 995-0816
 Website: <http://otptat.ohio.gov>
 Email: board@otptat.ohio.gov

APPLICATION FOR LICENSE TO PRACTICE OCCUPATIONAL THERAPY IN OHIO	
Profession (Select one)	
<input type="radio"/>	Occupational Therapist
<input type="radio"/>	Occupational Therapy Assistant
Application Type (Select one)	
<input type="radio"/>	Examination
<input type="radio"/>	Endorsement
<input type="radio"/>	Reinstatement
<input type="radio"/>	Limited Permit
<input type="radio"/>	Restoration

INSTRUCTIONS, PLEASE READ:

- A. Complete all relevant categories (type or print in ink).
- B. Photo must be submitted with this application.
- C. Fee must be submitted with application. (**Money Order/Cashier's Check** must be made payable to "**Treasurer State of Ohio**")

ALL LICENSURE APPLICATION FEES ARE NON-REFUNDABLE

****PLEASE READ:** Provision of your social security number is mandatory and may be provided for child support enforcement purposes (ORC 3123.50) and for reporting requirements to the Federal Healthcare and Integrity Protection Data Bank (42 USC 132a-7e, 5 USC 552a, 45CFR pt. 61). In compliance with section 1347.05 (E) of the Revised Code, you are notified that failure to supply the information requested in this application may result in a denial of the application.

Section A: IDENTIFICATION INFORMATION					
First Name		Middle Name	Last Name		Maiden Name
Home Phone Number (with Area Code)			Work or Alternate Phone Number (with Area Code)		
Permanent Mailing Address					
City		State	Zip	County	
**Social Security Number		Email Address (Optional)			
Date Of Birth (mm/dd/yyyy)			Place Of Birth (City and State)		
Color of Hair	Color of Eyes	Weight	Height	Gender <input type="radio"/> Male <input type="radio"/> Female	
According to rule 4755-3-08 of the Ohio Administrative Code, you must inform the Occupational Therapy Section in writing of any change of name, address, or employment within thirty days after the change.					

Staple Passport Photograph Here

Photograph must be 2 x 2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken with the past 6 months. Sign back of photograph.

FOR OFFICE USE ONLY
Application Received
Amount \$:
Money Order #:
Batch Number

Section B: EDUCATION

Entry Level Occupational Therapy Education

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR)	
		From	To

Other Post High School Education

Please list all post-professional education and/or other colleges attended.

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR)	
		From	To

Section C: EXPERIENCE

(Starting with present position, list chronologically your work experience during the past ten years. Limited Permit and Examination Applicants must list their field work experience. Please attach a separate page if necessary.)

DATES (MO/YR)		JOB TITLE, TYPE OF PRACTICE AND AVERAGE WORK HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	PERFORMED OT DUTIES IN OHIO	
Start	End			YES	NO

Section E: LICENSURE HISTORY

Do you currently hold or have ever held a **license, limited permit, certification, or registration** to practice occupational therapy or another healthcare profession in this state and/or another state. YES NO

If YES, Please complete the table below.

Initial license to practice as an Occupational Therapist Occupational Therapy Assistant issued by which State?

STATE	LICENSE # / LIMITED PERMIT #	ISSUE DATE	EXPIRATION DATE

Section F: BACKGROUND QUESTIONS

Answer the following questions by **initialing** in the appropriate space at the right.

NOTE: Be advised that you are under a continuing obligation to supplement your answers to these questions should any answers change following the submission of this application.

	YES	NO
1. Have you ever been convicted of, found guilty of, pled guilty to or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude in Ohio, another state, or a US territory?		
2. Have you ever been adjudged by a court, in Ohio, another state, or a US territory to be incompetent?		
3. Have you ever been denied licensure to practice as an occupational therapist or occupational therapy assistant, or another healthcare profession in Ohio, another state, or US territory?		
4. Have you ever been disciplined in any state or US territory in which you have ever held a license to practice as an occupational therapist or occupational therapy assistant, or any other healthcare profession?		
5. Have you used drugs, narcotics, or alcohol to the extent that it impairs you ability to practice occupational therapy or another healthcare profession?		
6. Have you ever been convicted of a misdemeanor when the act that constituted the misdemeanor occurred during the practice of occupational therapy?		

If the answer to any questions is "yes", please provide a written statement explaining the incident(s) and what state it occurred in and attach supporting documentation including but not limited to: *court records, police records, and/or documentation from other state licensing boards.* . If you have been convicted of a felony, you must provide "certified" copies of the following court documents: *Indictment, Plea Entry, Disposition, Sentencing Entry, Terms of Parole or Probation, Parole or Probation and Release/Discharge*

SECTION G: ANTICIPATED PLACE OF EMPLOYMENT

If unknown at the time this application is completed, please put "Unknown")

Facility Name	Employment Starting Date
Facility Physical Address (include City, State, and Zip)	Title/Position
Name of Supervising Occupational Therapist	License Number
	Phone Number w/Area Code

SECTION H: CERTIFICATION OF APPLICANT

The section must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

I, _____, certify that I am the person referred to in this application and that the foregoing statements are true in every respect, and that the attached photograph is a true likeness of myself.

I hereby authorize all my references; educational institutions; employers; business; professional organizations and associates - past, present, and future- to release to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board any information requested by the Board in connection with the processing of this application or subsequent licensure.

In accordance with the Revised Code, section 1347.05(E) you are notified that failure to supply the information requested on the application may result in denial of the application.

I hereby certify to the Occupational Therapy Section that I am not presently functioning and will not function as an Occupational Therapist or Occupational Therapy Assistant or use any titles or initials to indicate or imply that I am licensed in Ohio to perform occupational therapy services until I receive a full license or limited permit from the OT/PT/AT Board.

I further certify that if I accept employment as an OT/OTA, or limited permit holder (a category for recent graduates who have not yet taken the NBCOT Examination), I will only perform duties in accordance with the laws and rules governing occupational therapy practice in the State of Ohio.

I understand the Board is authorized to investigate persons whom they have reason to believe are unlawfully practicing occupational therapy.

I further understand that pursuant to section 4755.11 of the Ohio Revised Code, the Occupational Therapy Section may suspend, revoke, or refuse to issue or renew the license of an individual who has violated any of the laws and rules governing occupational therapy in the State of Ohio.

If I am applying for a limited permit, I hereby certify that I understand that my limited permit will be valid for four (4) months from the date of issue, or when the Section receives the results of my NBCOT examination, *whichever occurs first*. I also understand that my limited permit will immediately expire if I fail the NBCOT examination. If I fail the NBCOT examination, I shall notify my employer and must immediately cease performing as a limited permit holder.

Signature of Applicant

Date

SECTION I: Notary Public please complete the following:

Subscribed and sworn to in my presence this _____ day of _____, Year _____.

Signature of Notary

Date Commission Expires

Return This Document To:

Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Notary Seal



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Occupational Therapy Continuing Education Reporting Form

Full Name _____

License Number: OT/OTA _____

- A. Presentations of occupational therapy programs, workshops, or seminars
- B. Preparation to teach a clinical course in occupational therapy
- C. Supervision of fieldwork

(A maximum of 8 hours may be earned in each of these categories)

Name of Course/Activity	Date	# of Hours

Research Projects

(A maximum of 10 hours may be earned in this category)

Name of Research Project/Activity	Date	# of Hours

Informal Independent Study

(A maximum of 4 hours may be earned in this category)

Name of Informal Independent Study/Activity	Date	# of Hours

Applicant's Signature

Date

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