



Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
Ted Strickland
Executive Director
Jeffrey M. Rosa

Dear Licensee:

This is your renewal for your license that expires on June 30, 2009. Please read all instructions carefully and fill in all required fields to prevent your license from expiring.

Any person whose occupational therapy license expires in 2009 should complete this renewal application or renew their license on-line. Please contact the Board if your received this in error.

1. Complete the renewal application in its entirety. You are required to provide all of the following:
 - Your Social Security Number;
**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 Integrity and Protection Data Bank (42 USC 132a-7e, 5 USC 552a, 45 CFR pt. 61). **
 - Your current home and business addresses;
 - Your current home and business phone numbers; and
 - Answers to all questions.
2. Remit a money order, business check, or cashier's check in the EXACT amount indicated on page 1 of the application, made payable to "Treasurer, State of Ohio". All renewal fees are non-refundable.
3. All continuing education (CE) requirements must be completed by June 30, 2009. Pursuant to rule 4755-9-01 of the Administrative Code, a licensee must complete:
 - Twenty (20) contact hours of CE between July 1, 2007 and June 30, 2009 to renew an occupational therapy license that was valid from July 1, 2007 and June 30, 2009.
 - Ten (10) contact hours of CE between July 1, 2008 and June 30, 2009 to renew an athletic training license that was valid from July 1, 2008 and June 30, 2009.
 - Zero (0) contact hours of CE is required if this is your first renewal and you obtained your initial license by examination within 12 months of graduating from an entry-level occupational therapy educational program.
 - Zero (0) contact hours of CE to renew an occupational therapy license in escrow.

You are required to complete the appropriate number of continuing education hours, including at least one contact of ethics, prior to renewing your license.

4. **YOU MUST SIGN AND DATE THE RENEWAL OR YOUR APPLICATION WILL NOT BE PROCESSED.**

Processing takes approximately four (4) weeks. Failure to appropriately complete the renewal materials will lead to a delay in the processing, and the possible expiration, of your license. Incomplete applications will not be processed and your license will expire on June 30, 2009.

RENEWAL CYCLE UPDATE

The Occupational Therapy Section amended rule 4755-3-10 to change the expiration date for occupational therapy assistant licenses. Due to this change, a renewed occupational therapy assistant license will only be valid for one year. All occupational therapy assistants must renew again on June 30, 2010 & complete 10 contact hours of CE between 7/1/09 and 6/30/10.

Occupational therapists renewing in 2009 will renew for two years.

NAME OR EMPLOYMENT CHANGE

Rule 4755-3-08 of the Administrative Code requires all licensees to notify the occupational therapy section in writing of any change of name, place of business or employment, or mailing address within thirty days after the change.”

REINSTATEMENT APPLICATION PROCEDURE

If your renewal application is postmarked after June 30, 2009, you must apply to reinstate your license.

You must do all of the following:

1. Complete a reinstatement application;
2. Submit the reinstatement fee;
3. Meet the CE requirement;
4. Have official verifications of all non-Ohio licenses sent to the Board; and
5. Take and pass the Ohio Laws and Rules examination.

In addition, the Occupational Therapy Section may require:

1. A reinstatement interview; and/or
2. Completion of a refresher course.

ESCROW RESTORATION CHANGE

On May 1, 2009, rule 4755-3-05 of the Administrative Code will be amended to add requirements for individuals seeking to restore an escrowed license if the license was in escrow for more than five years **and** if the applicant did not engage in the practice of occupational therapy during that time period. Please review the text of the new rule on the Board’s website (<http://otptat.ohio.gov>).

CONTACT US

You may contact the Board Monday through Friday from 8:00 am to 5:00 pm at 614-466-3774 or board@otptat.ohio.gov, or by visiting the Board’s website at <http://otptat.ohio.gov>. Please be sure to include your name, license or social security number, and phone number on all correspondence sent to the Board.

REMEMBER:

1. You license is not renewed until your application and fee are received and processed by the Board.
2. If you do not complete ALL sections of this renewal application, your application will be considered incomplete and will be returned. **This may result in the expiration of your license.**
3. If your payment is returned, a “Hold” will be placed on your license until the Board recovers all fees.

Before mailing your renewal materials to the Board, please ensure that you completed and/or included the following items:

- The front and back of the renewal application;
- A money order, cashier’s check, or business check made payable to “Treasurer, State of Ohio.”
- The required information on the back portion of the renewal application, including your home phone number, employment information, answers to questions 1 through 7, signature, and date.
 - If you answered yes to any of questions 3-7, please provide details on a separate sheet of paper and include copies of any court and/or licensing board orders.

Jeffrey M. Rosa, Executive Director

You may keep this portion for your records.

***** **Complete both sides and return this page to the Board** *****

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Regular Renewal Amount Due: \$80.00 (OT) \$40.00 (OTA)

Escrow Renewal Amount Due: \$20.00 (OT) \$10.00 (OTA)

Application for biennial renewal of license to practice as an Occupational Therapist Occupational Therapy Assistant

License Number: _____

(Please Print)

Name _____

Address _____

County _____

I DO NOT WISH TO RENEW MY LICENSE.

(Please check if you do not wish to renew and return the application to the Board.)

The following information must be fully completed or your application will be considered incomplete. Incomplete applications will not be processed and your license will expire on June 30, 2009.

In accordance with rule 4755-3-08 of the Administrative Code, you must record a street address for employment. If you are self employed and/or use a P.O. Box, you must also give a street address.

Home Phone Number _____

Email Address (optional) _____

Current Employer Information

Name _____

City, State, Zip _____

Address _____

Work Phone Number _____

Please check your primary practice area

- | | |
|--|--|
| <input type="checkbox"/> Active Duty Military | <input type="checkbox"/> Acute Care Hospital |
| <input type="checkbox"/> College or University – Academic/Faculty/Research | <input type="checkbox"/> College or University – Athletic/Clinic |
| <input type="checkbox"/> Community-Based | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Health System/Hospital-Based Outpatient Facility/Clinic |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Not Working in the Profession | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Professional Sports | <input type="checkbox"/> Research Center |
| <input type="checkbox"/> School System (Preschool/Primary/Secondary) | <input type="checkbox"/> Sales – Related to the Profession |
| <input type="checkbox"/> Subacute/Rehabilitation Facility/Unit/Clinic | <input type="checkbox"/> Skilled Nursing Facility/Long-Term Care/Assisted Living |

Social Security Number _____

Renewal application continues on back of page.

Please circle your answer to the following questions.

- | | | |
|--|-----|----|
| 1. Did you receive a continuing education waiver from the Section? (if yes, proceed to question 3) | Yes | No |
| 2. Did you complete the required amount of continuing education? | Yes | No |

Note: If you answered No to Question 2, you are not eligible to renew your license at this time. Please complete the required amount of continuing education before submitting your renewal application.

Since your last renewal or license reinstatement, have you been:

- | | | |
|--|-----|----|
| 3. 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? | Yes | No |
| 4. Adjudged by a court to be incompetent? | Yes | No |
| 5. Denied a license to practice occupational therapy or another healthcare profession by any state (including Ohio) or U.S. territory? | Yes | No |
| 6. Disciplined in any state (including Ohio) or U.S. territory you currently hold or have ever held a license to practice occupational therapy or another healthcare profession? | Yes | No |
| 7. Using drugs, narcotics, or alcohol to the extent that it impairs your ability to practice occupational therapy? | Yes | No |

If you answered yes to any of questions 3-7, you are required to provide details on a separate sheet including the location(s) where the action(s) occurred. You must also include copies of any court and/or licensing board orders.

I, the undersigned, hereby certify that the information is true. I am aware that misrepresentation on this application may result in disciplinary action in accordance with Ohio Revised Code section 4755.11.

Signature

Date