

Ohio OTPTAT Board
Athletic Trainers Reinstatement Application Instructions

The **reinstatement application** applies to:

- anyone who has previously held a license to practice athletic training in Ohio at any time

REQUIRED DOCUMENTS

Applicants are required to electronically upload documents to apply for licensure.

Document to Upload with your online application
Non-refundable application fee of \$100.00. Pay fee with online application. Acceptable forms of payment are: Master Card, Visa, or Discover.
Written Statement. You must submit a written statement indicating why you did not renew your license by the prescribed renewal date or why you would like to reinstate your Ohio license. Upload the written and signed statement with the online application. Retain hard copy for your records.
Athletic Trainers Jurisprudence Exam Transcript Review the Ohio AT Practice Act. Then register on mycourse website to access the Ohio AT Jurisprudence Exam. From the mycourse course catalog, select the <i>Ohio AT Jurisprudence Exam for Licensure Applicants</i> and request that a transcript be sent. The minimum passing score is 90% or better.
Employment History Form Complete this form. Upload the completed form with the online application. Retain the hard copy for your records.
Continuing Education. You must provide proof of completion of 25 hours of CE, including one hour of ethics education and at least 2 hours in evidence-based practice. CE must be completed in the two years, prior to the date you submit this reinstatement application. Please scan all certificates of completions into one pdf document, then upload one attachment to the online application. Retain the hard copy for your records.
Verification of Licensure Complete the Licensure History Form . You must provide an official verification from any jurisdiction in which you hold or have ever held a license, certification, or registration to practice athletic training or another health care profession. Jurisdiction means any state, U.S. territory, or foreign country. Upload the completed Licensure History form and completed Verification of Licensure documents from (any jurisdiction in which you hold or have ever held a license, certification, or registration to practice occupational therapy or another health care profession) with online application. If submitting verifications from multiple states, please scan all verifications into one pdf document, then upload one attachment to the online application. Retain the hard copy for your records.
BOC Certification Verification. If the reinstatement application is submitted on or after December first of the year in which the applicant's license expired, the applicant is required to show proof that applicant holds current certification by the Board of Certification (BOC). Please contact the Board of Certification (BOC) to request an Official Electronic Verification. Upload the BOC Certification Verification with online application. Your BOC Certification pocket id card will not be accepted.
Applicants with Felony Convictions Please review the <i>Requirements for Applicants with Felony Convictions</i> document on the Board's website for information about information that should be submitted to expedite the processing of your application. Upload documentation to the online application.

TO APPLY

Complete the online application through the Ohio elicense portal: <https://elicense.ohio.gov>

Failure to supply required information may result in denial of the application. If your application remains incomplete for one year from the date it is received, your file will be closed.

Providing your Social Security Number for licensure is required by state & federal law.

AFTER YOU APPLY

Following submission and payment for your application, you will receive an email confirming your submission and payment. Once you have submitted your application you cannot make any changes to your application.

If you need to contact the Ohio OTPTAT Board, please visit: <http://otptat.ohio.gov/ContactUs.aspx>

Revised Dec 2018



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Employment History

This form is MANDATORY for Reinstatement Applicants

This form must be completed by any person who is applying to reinstate an Ohio license. Attach additional sheets if necessary. **If this form is not complete in its entirety, your application will not be processed and this form will be returned to you for completion.**

Section A

1. What type of license are you applying to reinstate? (Please provide Ohio license number) OT # _____ OTA # _____ PT # _____ PTA # _____ AT# _____ LO # _____ LP # _____ LPO # _____ LPED # _____
2. When did you discover your license expired (please list a specific date)? _____
3. How did you discover your license expired? <input type="radio"/> Board letter <input type="radio"/> Employer discovered <input type="radio"/> Other, Explain
4. Have you provided treatments to patients/clients as an OT, OTA, PT, PTA, AT, LO, LP, LPO, or LPED in Ohio since your license expired? <input type="radio"/> Yes <input type="radio"/> No (If no, complete section D.)
5. If "yes" to question 4, were you employed by a contract company/agency? <input type="radio"/> Yes (If yes, complete sections B, C, and D.) <input type="radio"/> No (If no, complete sections C and D.)

Section B

<i>If you were employed by a contract company/agency, you are required to list the details for each facility in Ohio where you provided OT, OTA, PT, PTA, AT, LO, LP, LPO, or LPED services, including the name of each person who supervised you and the dates you provided services at each facility.</i>	
Name of Contract Company/Agency:	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):

Section C

<i>Employment Information*-If you worked for a contract company, list the facility(s) where you provided services in this section.</i>	
Employer #1: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility *(Only list the dates you practiced at this facility after your licensed expired):	



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Employer #2: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility *(Only list the dates you practiced at this facility after your licensed expired):	

Employer #3: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility *(Only list the dates you practiced at this facility after your licensed expired):	

Section D

I, the undersigned, hereby certify that the information provided on the employment history form is accurate to the best of my knowledge.

Print Name

Type of License (OT, OTA, PT, PTA, AT, LO, LP, LPO, or LPED)

Signature

Date

Return This Document

The applicant will upload the completed form to:

<https://elicense.ohio.gov>

Print Name _____

Print Application Number _____

LICENSURE HISTORY FORM

Do you currently hold or have ever held a **license, limited permit, certification, or registration** to practice occupational therapy, physical therapy, athletic training or another healthcare profession in this state and/or another state. YES NO
If YES, Please complete the table below.

STATE	LICENSE # / LIMITED PERMIT #	ISSUE DATE	EXPIRATION DATE

I, the undersigned, hereby certify that the information provided on the licensure history form is accurate to the best of my knowledge.

Signature _____

Date _____

Return the complete document to the Board office:

Email	Mail	Fax
board@otptat.ohio.gov	Ohio OT PT AT Board 77 South High Street, 16 th Floor Columbus, OH 43215-6108	614-995-0816



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Verification of Licensure

This form must be completed by an official from each jurisdiction where the applicant currently holds or has ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process. The Board will accept another state's verification of licensure form, provided that it contains the information requested below.

This section must be completed by the applicant. Please print or type.		
Name (First, Middle, Last):		Maiden Name:
Name as it appears on this state's license, certificate, registration, or permit:		
Type of License/Certificate/Registration/Permit: <input type="checkbox"/> OT <input type="checkbox"/> OTA <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> AT <input type="checkbox"/> LO <input type="checkbox"/> LP <input type="checkbox"/> LPO <input type="checkbox"/> LPED <input type="checkbox"/> Other _____	Jurisdiction	License Number
Social Security Number:	Date of Birth (mm/dd/yyyy):	

The Ohio OT PT AT Board requests that I submit evidence of my license/certification/registration/permit in your jurisdiction. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board. The jurisdiction must mail the completed form directly to the applicant.

Applicant Signature

Date

This section must be completed by an administrative officer of the regulatory agency. Please print or type.			
Licensure Jurisdiction:	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: <input type="radio"/> Active <input type="radio"/> Inactive/Expired <input type="radio"/> Suspended/Revoked <input type="radio"/> Other (Explain)			
The license was issued on the basis of: <input type="radio"/> Examination <input type="radio"/> Endorsement <input type="radio"/> NBCOT or BOC or ABC <input type="radio"/> Grandfather <input type="radio"/> Other (Explain)			
Has the applicant's license to practice ever been restricted or disciplined in any way? If yes, please explain and attach any relevant documentation.			
Does the applicant have any pending complaints or is the applicant currently under investigation? If yes, please explain and attach any relevant documentation.			

Print Name

Title

Signature

Date

Return This Document To the Applicant:
 The applicant will upload the completed form to:
<https://elicense.ohio.gov>

Board Seal



Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board

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

Governor
John Kasich
Executive Director
Jeffrey M. Rosa

Requirements for Applicants with Felony Convictions

If you are applying for licensure in the State of Ohio and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of the following court records:

1. Indictment
2. Plea Entry
3. Disposition
4. Sentencing Entry
5. Terms of Parole or Probation
6. Parole or Probation Release/Discharge

Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-3774 or board@otptat.ohio.gov.



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Athletic Trainer's Section

Athletic Training Jurisprudence Examination Instructions

The Ohio AT Jurisprudence Exam is open book. You will need to download the Ohio Athletic Training Practice Act (Laws and Rules) before beginning this examination.

1. You will need to create a user profile to access the online Ohio AT Jurisprudence Exam. To create a user profile, click on the "New User" link in the upper right hand corner of the page accessed at the link below and complete the required information. The accuracy of this information will help ensure that the Board can match your exam results to your license application and/or your Ohio license.
2. On the Course Catalog page, select the box in the Enroll column next to the appropriate exam and click on the "Order now" button.

*Please select the "**Ohio AT Jurisprudence Exam For Licensure Applicants**" on the Course Catalog page if you are taking the exam as part of your licensure application.

*Please select the "**Ohio AT Jurisprudence Exam for CE Credit**" on the Course Catalog page if you are taking the exam for continuing education credit.

There is no additional fee to take the Jurisprudence Exam.

3. Once you complete the exam, you will see your score and will be prompted to send transcripts. The Board will automatically receive a copy of the transcript that you send to yourself. Make sure to: (1) check the box to add the course to your transcript; (2) enter your email address in the "E-mail Transcripts to:" box; (3) preview the transcript; and (4) send the transcript.

Please do not forget to request that the transcript be sent.

The Ohio AT Jurisprudence Exam can be accessed at <https://ohiootptatboard.myicourse.com>.