



# 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)	
<input type="radio"/> OT # _____	<input type="radio"/> PT # _____
<input type="radio"/> AT # _____	<input type="radio"/> _____
<input type="radio"/> OTA # _____	<input type="radio"/> PTA # _____
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, or AT <b>in Ohio</b> 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

*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, or AT services, including the name of each person who supervised you and the dates you provided services at each facility.*

Name of Contract Company/Agency:

Address, City, State, Zip Code:

Phone Number w/ Area Code:

Supervisor(s) Name, Title, License Number(s):

### Section C

*Employment Information\*-If you worked for a contract company, list the facility(s) where you provided services in this section.*

**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 <b>*(Only list the dates you practiced at this facility <u>after your licensed expired</u>):</b>	

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 <b>*(Only list the dates you practiced at this facility <u>after your licensed expired</u>):</b>	

### 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)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Return This Document

The applicant will upload the completed form to:

<https://elicense.ohio.gov>