



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Credit Card Payment Authorization Form

Credit card payments may be mailed, faxed, emailed, or phoned in to the Board office. **This document will be shredded after your payment is processed.**

Section I: Provide Credit Card Information		
Card Holder Name: (Print First and Last Name)		
Mailing Address, including City, State, and Zip Code:		
Phone Number w/ Area Code:	Email Address (for receipt):	
Credit Card Type: <input type="radio"/> Master Card <input type="radio"/> Visa <input type="radio"/> Discover	Credit Card Number	
Credit Card Expiration Date	CVV2/CID# (The three digit number on back of card):	Payment Amount (\$0.00):
Section II: Provide Payment Information		
Name of Applicant, if different than card holder name (Print First and Last Name):		
Specify License Type: <input type="radio"/> OT <input type="radio"/> OTA <input type="radio"/> PT <input type="radio"/> PTA <input type="radio"/> AT License Number (i.e. AT.000000) if applicable: _____		
Payment for: <input type="radio"/> Examination Application <input type="radio"/> Endorsement Application <input type="radio"/> Reinstatement Application <input type="radio"/> Restoration Application <input type="radio"/> Renewal <input type="radio"/> CE Application <input type="radio"/> Duplicate Wall Certificate <input type="radio"/> License Verification <input type="radio"/> Fine		

Signature

Date

Return This Document To:

Ohio OT PT AT Board
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Columbus, OH 43215-6108

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Fax (614) 995-0816

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