

IDAHO STATE OCCUPATIONAL THERAPY LICENSURE BOARD

Idaho Bureau of Occupational Licenses

700 West State Street, Boise ID 83702 or

P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: oct@ibol.idaho.gov

APPLICATION FOR IDAHO OCCUPATIONAL THERAPIST LICENSE

Please note that the license must be issued before you can begin practice. **Only an individual may be licensed under this chapter.** (See Idaho Code § 54-3703) *Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122.

The initial license fee is \$80.00
All returned checks are subject to a \$20.00 fee.

I hereby apply for a license or permit in the State of Idaho under the provisions of Title 54, Chapter 37, Idaho Code, and provide the following:

If you are applying to work under a limited permit or a temporary license please initial here: _____ and include an additional \$25.00 payment along with the initial license fee for a total of \$105.00.

1. Full Name (Mr., Mrs., or Ms.) _____

2. Business Address _____
(The above address is public record) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. Date of Birth ___/___/___ **Place of Birth** _____
mm dd yyyy (Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

5. Social Security No. ___/___/___ **E-mail** _____
*Not a public record; collected by I.C. § 73-122

6. Business Phone (_____) _____ **Cell Phone** (_____) _____
(This number is public record.)

7. I am a graduate of _____ **(which is an institution with an approved Occupational Therapy or Occupational Therapy Assistant curriculum).**
(If applying by exam, official transcripts must be received by this office directly from the institution registrar before your application will be processed. If applying for endorsement, attach a copy of the diploma.)

8. Is the institution nationally accredited by the American Occupational Therapy Association's Accreditation Council for Occupational Therapy Education (ACOTE)? () Yes () No

9. Have you passed the National Board for Certification in Occupational Therapy Examination? () Yes () No
(If yes, official documentation of passage must be received by this office directly from the National Board. If No, NBCOT confirmation of examination registration and eligibility to exam notice (or ATT) letter must be received directly from professional exam services.)

10. Are you or have you ever been licensed as an occupational therapist or assistant in any state other than Idaho? () Yes () No
(If yes, we must receive certification of licensure from the issuing authority before your application will be processed.)
List all current and non-current licensure states: _____

11. Have you ever been denied registration or licensure by any state, district, or regulatory body? () Yes () No
(If yes, please explain what occurred and provide any documents relevant to the denial.)

12. Have you ever had any disciplinary action (i.e. had a license or similar authorization revoked, suspended, restricted, etc) taken against you by any state professional regulatory agency or professional organization? () Yes () No
(If yes, a copy of the charges & the final order must be received before your application will be processed.)

13. Have you ever been convicted (including but not limited to being found guilty, received a withheld judgment or suspended sentence) or charged with any crime other than minor traffic offenses in this or any other state? () Yes () No
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, & any other relevant information must be received before your application will be processed.)

APPLICATION FOR IDAHO OCCUPATIONAL THERAPIST LICENSE
(continued)

14. FIELDWORK EXPERIENCE (new graduates applying for licensure by exam only): List your occupational therapy Level II Supervised fieldwork experience including supervisor's names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

15. RELATED WORK EXPERIENCE: List your occupational therapy work experience during the last five years including employers' names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

(If more space is needed, attach a separate sheet of paper)

(continued)

**APPLICATION FOR IDAHO OCCUPATIONAL THERAPIST LICENSE
(continued)**

16. Attach a passport style photograph of yourself taken within the last 12 months.

HEIGHT _____ WEIGHT _____

ATTACH

EYE COLOR _____ HAIR COLOR _____

PHOTOGRAPH

HERE

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature

My Commission Expires _____

CERTIFICATE OF RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT. Two (2) certificates of recommendation are required; please duplicate this form. Recommendations should be from persons having personal knowledge of your character.

Applicant's Name: _____

Address: _____

TO BE COMPLETED BY THE RECOMMENDING PERSON. Please complete and return this form to: Bureau of Occupational Licenses P.O. Box 83720, Boise, Idaho 83720-0063 or Fax to (208) 334-3945

TO: Idaho Occupational Therapy Licensure Board:

I have known _____ for _____ years,
from _____ to _____ while he/she was studying
or practicing occupational therapy. To the best of my knowledge he/she
is ethical and of good moral and professional character.

Additional Comments:

Signature _____

Printed Name _____

Profession _____

Date _____ Phone Number _____