

APPLICATION FOR IDAHO OCCUPATIONAL THERAPIST LICENSE
(continued)

13. 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 _____

14. 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)

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(continued)

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

HEIGHT _____ WEIGHT _____

ATTACH

EYE COLOR _____ HAIR COLOR _____

PHOTOGRAPH

HERE

AFFIDAVIT

I hereby certify that I am the person named above and that I am of good moral character. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I further certify that I have reviewed and will comply with the Idaho Laws and Rules governing the license and practice for which this application is being submitted. I also hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or it's authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license for which I am applying. I also hereby 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 otherwise protected or confidential that may have bearing on my eligibility for or maintenance of any license issued subsequent to this application.

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 _____