

NORTH DAKOTA BOARD OF OCCUPATIONAL THERAPY PRACTICE

VERIFICATION OF LICENSURE STATUS

Applicant,

Please complete this section of the form and mail to each state board in which you are now *or have ever been licensed* (temporary or permanent) or certified to practice. If needed, you may photo copy this form for additional copies. Verification fees vary within the states, applicants are responsible for payment of fees.

In applying for a license to practice in the State of North Dakota, the State Board of Occupational Therapy Practice requires this form to be completed by each of the states or jurisdictions wherein I hold or have ever held a license or certificate. This is your authority to release any documents, records, files, and information, favorable or otherwise, formal or informal, pending or closed pertaining to me to:

North Dakota State Board of Occupational Therapy Practice
PO Box 4005
Bismarck, ND 58502-4005

Applicant's Name _____

Address _____

City _____

State _____ Zip _____

License Number _____

Signature _____

Back section to be completed by an official of the state board and returned directly to the North Dakota State Board of Occupational Therapy Practice.

State of _____

Full Name of Licensee _____

Graduate of _____

License Number _____ Issued Date _____

By: Endorsement Reciprocity with _____

By: (Your state board's written exam) _____

License is current? _____ If no, why not _____

Has License been suspended or revoked? _____ If yes, why? _____

Has Licensee ever been on probation? _____ If yes, why? _____

Has Licensee ever been requested to appear before the Board? _____ If yes, why? _____

Comments, if any _____

STATE
BOARD
SEAL

Signed _____

Title _____

State Board _____

Date _____