

NORTH DAKOTA STATE BOARD OF OCCUPATIONAL THERAPY PRACTICE

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# APPLICATION FOR STATE LICENSURE

Name to appear on license: \_\_\_\_\_

\_\_\_\_\_

First Middle Last Maiden

Mailing Address \_\_\_\_\_

Street City State Zip

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Education \_\_\_\_\_

College Location (City/State)

\_\_\_\_\_

Degree/Certificate Date Major

Occupational Therapy Degree B.S./B.A. \_\_\_\_\_ M.S./M.A. \_\_\_\_\_ A.A.S. \_\_\_\_\_ Other \_\_\_\_\_

I am applying for a:  Occupational therapist  Occupational therapy assistant

License

Limited Permit plus License

License by Reciprocity

**LICENSE BY RECIPROCITY APPLICANTS ONLY MUST SUBMIT THE FOLLOWING:**

- Verification from the licensing authority in another jurisdiction that you are currently licensed and in good standing.
- A copy of the law and rules from the jurisdiction in which you are licensed which establishes the requirements for obtaining and maintaining a license in that jurisdiction.

Have you previously been licensed in North Dakota or other jurisdiction? \_\_\_\_\_ If yes, what jurisdiction? \_\_\_\_\_

**Field Work Experience** (Please include the location, type, and dates)

\_\_\_\_\_

\_\_\_\_\_

Date you completed the National Board for Certification Exam (M/D/Y/) \_\_\_\_\_

**Current Professional Practice:**

Establishment \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ O.T. Supervisor (if applicable) \_\_\_\_\_ Date of Hire \_\_\_\_\_ First Day of Work \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_ Known Since \_\_\_\_\_

\*If not currently working as an OT/OTA, what was the end date of your last employment as an OT/OTA? \_\_\_\_\_

**CONTINUED ON OTHER SIDE**

**REFERENCES**

This certifies that I have been personally acquainted with the applicant; that I believe him or her to be of good moral character and worthy of licensure in North Dakota; and that any reservations I may have about the applicant I agree to send by certified mail in a confidential letter to the North Dakota State Board of Occupational Therapy Practice.

Professional Reference: \_\_\_\_\_  
Name (printed) Signature

Address City State Zip Telephone No. Known Since

Personal Reference: \_\_\_\_\_  
Name (printed) Signature

Address City State Zip Telephone No. Known Since

Have you ever been sued for malpractice? \_\_\_ Yes \_\_\_ No  
Have you ever been convicted of an offense other than a minor traffic violation? \_\_\_ Yes \_\_\_ No  
Have you ever been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy? \_\_\_ Yes \_\_\_ No  
Has any state occupational therapy board denied, reprimanded, suspended or revoked a license issued to you? \_\_\_ Yes \_\_\_ No  
**NOTE: IF THE ANSWER TO ANY OF THE QUESTIONS IS YES, PLEASE GIVE COMPLETE DETAILS ON A SEPARATE SHEET AND ATTACH A COPY OF THE COURT JUDGMENT.**

**PERSONAL INFORMATION**

Do you want your personal information\* maintained by the NDSBOTP to be closed to the public, except for your home address which may be disclosed in the discretion of the NDSBOTP to continuing education providers and individuals performing research? \_\_\_ Yes \_\_\_ No

\*Personal information means a person’s home address, home telephone number; photograph; medical information; motor vehicle operator’s identification number; social security number; payroll deduction information; the name, address, phone number, date of birth, and social security number of any dependent or emergency contact; any credit, debit, or electronic fund transfer card number; and any account number at a bank or other financial institution.

**AFFIDAVIT OF APPLICATION**

I certify the foregoing application to be true and correct, cognizant that any falsification could result in denial, suspension, and/or revocation of license.

Signature of Applicant \_\_\_\_\_

Sworn to me this \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_

Notary Public My commission expires (Notary Seal)

**FEE SCHEDULE:**

<b>Initial application fee</b>	<b>\$50</b>	(All applicants must submit this fee)	
<b>Initial License Fee- Based on date application received by board office:</b>			
OT	OTA		
After 6/30 even year and before 7/1 odd year	\$150	\$110	
After 6/30 and on or before 12/31 odd year	\$75	\$55	
On or after 1/1 even year	\$150	\$110	
<b>Student Limited Permit Fee:</b>	<b>OT</b>	<b>OTA</b>	
	\$40	\$30	

\*Student limited permit fees will be applied to initial license fee.