

NORTH DAKOTA STATE BOARD OF OCCUPATIONAL THERAPY PRACTICE

PO BOX 4005 BISMARCK, ND 58502-4005

701-250-0847

Fax 701-224-9824

ndotboard@aptnd.com

www.ndotboard.com

Requirements and Instructions for Licensure Application

Read the following instructions first. Failure to do so may affect your licensure process.

You may keep the requirements and instructions pages (pages 1 & 2) for your information.

INITIAL LICENSE APPLICANTS: You should apply for this if you have passed the NBCOT exam and never been licensed in another state.

___ Application for State Licensure with **Initial License marked**.

___ Initial Application and License fee based on date application received by board office:

	OT	OTA
After 6/30 even year and before 7/1 odd year	\$200	\$160
After 6/30 and on or before 12/31 odd year	\$125	\$105
On or after 1/1 even year	\$200	\$160

___ Verification of passing score on NBCOT examination – Please send a copy of your test scores verifying you passed the exam. The NBCOT certificate is not acceptable for this. The Board may print your scores from the NBCOT website if you had requested the scores to be sent to the ND Board. Your exam must have been successfully completed with eighteen (18) months of the date your initial license application is received by the board office. NOTE: If you took the exam more than 18 months ago and are NOT licensed in another state, you will need to retake the exam. You may contact NBCOT at 301-990-7979 or www.nbcot.org.

___ NDSBOTP Jurisprudence Exam over the ND Law and Administrative Rules governing OT licensure.

___ Substantiation of supervision (Only **IF** already employed as OTA)

LICENSE BY RECIPROCITY: You should apply for this method if you are **currently licensed** in another state.

___ Application for State Licensure with **License by Reciprocity marked**.

___ Initial Application and License fee based on date application received by board office:

	OT	OTA
After 6/30 even year and before 7/1 odd year	\$200	\$160
After 6/30 and on or before 12/31 odd year	\$125	\$105
On or after 1/1 even year	\$200	\$160

___ Substantiation of supervision - Only required **IF** already employed as OTA in North Dakota. You may submit the form when you begin practicing in ND or treating ND patients.

___ Verification from the licensing authority in another state/jurisdiction that you are licensed in good standing. You must request this from ALL states you have held licensure even if the license has expired. The verification must be sent directly from the state board. You may have the state fill out the Board's verification form or the state may use its own designated form or letter.

___ A copy of the law and rules from the state/ jurisdiction in which you are licensed which establishes the requirements for obtaining and maintaining a license in that jurisdiction/state.

- 1. Application for State Licensure form:** Incomplete applications will be returned.
 - *Make sure you indicate what level (OT or OTA) you are applying for.
 - *Make sure you answer the four questions on page 2. If you answer yes, please submit an explanation and appropriate documents as directed in the application.
 - *You must have the application notarized by a notary public. A notary public is authorized to validate your signature. Do not sign the application on page 2 until you are in the presence of a notary public. Most banks have a notary public.
 - *It is your responsibility to have two references listed and their signatures on your application. One should be a professional in the occupational therapy field such as a past or present supervisor or instructor. The other reference may be a personal reference such as friend or relative.
- 2. License Fee:** Applications will not be processed without the fee. If sending the paper application, the fee must be paid by check or money order payable to NDBOTP. Credit cards are not accepted unless you complete the online application. Do not send the paper application and fee if you apply for licensure online.
- 3. Substantiation of Supervision:** The law requires that all Occupational Therapy Assistants complete a "Substantiation of Supervision" form before you begin practicing. The form is **NOT** required for licensure. You may send this form later when you have employment.
- 4. Jurisprudence Exam:** This is an online open-book exam over the ND Law and Administrative Rules governing OT licensure. **You must submit your application before taking the exam!** Your information must be entered in the database before you can login. Please give us 7-10 days after you mail your application, depending on your location, to enter your information. The NDSBOTP Law and Administrative Rules that govern the practice of occupational therapy in the State of North Dakota can be found on the Board web site, www.ndotboard.com, under the Regulations tab. Please review them and complete the Jurisprudence exam. Failure to submit the completed quiz and obtain a score of 80% or higher will result in a delay of issuing your licensure.

Licenses are typically issued on a weekly basis once all documents are received and the Jurisprudence exam is passed.

If you have any questions during the application process, please contact the Board office at ndotboard@aptnd.com or call (701) 250-0847.

APPLICATION STATUS

You may view your application status at the Board's website, <https://www.ndotboard.com/status/index.asp>. You may also take the online Jurisprudence exam at the Board's website, <https://www.ndotboard.com/jp/apply/index.asp>. To login to either one, you will need to enter your last name, the last 4 digits of your Social Security Number, and your date of birth. The application status is updated several times per week as the required documents for your application are received in the NDSBDE Office. **Please allow 7-10 business days after mailing your application, depending on your location, before checking your status online.** If you have questions regarding your application status, you may email the Board office at ndotboard@aptnd.com.

IT IS AGAINST THE LAW TO WORK AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT UNTIL YOU ARE LICENSED IN NORTH DAKOTA.

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APPLICATION FOR STATE LICENSURE

You may complete this application online and pay with a credit card at the Board's website, <https://www.ndotboard.com/apply/address.asp>. If you apply online, DO NOT send the paper form. If you having trouble with the online application, please contact the Board office for assistance.

PLEASE PRINT LEGIBLY! DO NOT USE PENCIL!

CONTACT INFORMATION

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

Education _____
College Location (City/State)

Degree/Certificate _____ Date _____ Major _____

Occupational Therapy Degree: B.S./B.A. _____ M.S./M.A. _____ A.A.S. _____ Other _____

LICENSE TYPE

Have you read the appropriate Requirements and Instructions page? Doing so will assist you in the application process and may prevent delays in the issuance of your license or limited permit.

I am applying for a: _____ Occupational therapist _____ Occupational therapy assistant

Licensure Method

_____ Initial Licensure (You have never been licensed before and passed the NBCOT exam within the last 18 months.)

_____ License by Reciprocity (You are currently licensed in another state/jurisdiction(s))

In what state(s) or jurisdiction(s) do you hold a current or past license? _____

Employer Information

Current Professional Practice (Leave this blank if you are not employed or do not have employment pending.):

Employer Address City State Zip

Telephone Number Position O.T. Supervisor (if applicable) First Day of Work

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

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

Date you passed the National Board for Certification Exam (M/D/Y/) _____

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 OT/OTA 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

PERSONAL QUESTIONS - YOU MUST ANSWER ALL THE QUESTIONS BELOW OR YOUR APPLICATION WILL BE RETURNED!

If the answer to any of the questions is yes, please give complete details on a separate sheet and attach a copy of the appropriate document(s).

1. Have you ever been sued for malpractice? _____ No _____ Yes
If yes, attached an explanation and any related documents.

2. Have you ever been convicted of an offense other than a minor traffic violation? _____ No _____ Yes
If yes, attach a brief but thorough explanation, a copy of the criminal judgment, and any related documents.

3. Have you ever been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy? _____ No _____ Yes
If yes, provide an explanation and any related documents.

4. Has any state occupational therapy board denied, reprimanded, suspended or revoked a license issued to you? _____ No _____ Yes
If yes, attach a copy of the settlement agreement or order and any related documents.

5. Are you a military member of OR a spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States? _____ No Yes, Member of Armed Forces _____ Yes, Military Spouse _____
If yes, please read the below information and submit the appropriate documents.

Military members – Please submit a copy of your military ID or orders of active duty. The Board is tracking how many military members are working in the state.

Military Spouses: *If you are currently licensed in another state/jurisdiction AND your spouse is an active member of the military, you are not required to pay the fee to receive a license to practice as an OT or OTA in North Dakota.* To qualify for the waiver, please submit the following documents:

- Proof of military spouse status, such as military issued ID noting relationship to the military member.
- A copy of the orders of the active military member spouse.
- Proof that you have practiced for 2 of the last 4 years. Please have your employer send a signed letter to the Board office or you may send a curriculum vitae with your signature, if you have practiced privately.
- If you do not have licensure in another state, but you do have current certification with NBCOT, please send a copy of your current certification.

As defined in NDCC 43-51-01(5), a military spouse is one who is currently licensed in another state or jurisdiction and who is the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in this state in accordance with military orders or stationed in this state before a temporary assignment to duties outside of this state. This law and fee waiver are effective as of August 1, 2019.

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

This should be signed by you in the presence of a notary public. Most banks will have a notary public.

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: Check or money order should be payable to **NDBOTP**. The Board cannot accept credit card payments except if you apply online at the Board’s website.

Initial License and License by Reciprocity Fees: (The \$50 application is included in the price of all fees.)

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