

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](mailto:ndotboard@aptnd.com) [www.ndotboard.com](http://www.ndotboard.com)

**REFERENCES FOR OT/OTA LICENSURE AND LIMITED PERMIT APPLICANTS – ONLINE APPLICANTS ONLY**

**Applicant:** For your online application for licensure or limited permit, you will need to have your references complete the information below and sign their name. *For those submitting a paper application, this reference page is already in the paper application, so you do not need to complete this page again.*

This is a required form for the online application and the completed form will need to be received before the license or limited permit can be issued. You may send separate forms to your references, if necessary. You should upload the completed form(s) with your online application for licensure or limited permit. However, you may also fax or email the form(s) if you are not able to upload the completed form(s) at time of online application. If that is the case, you can upload a document with the online application that states you will be sending the completed reference form(s) at a later time.

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**Please print!** Applicant Name (Last, First, MI)

Date of Birth

**Reference:** By signing this form, you are attesting that you know this applicant and that you have no reservations or concerns about them holding a license or limited permit in North Dakota to practice and serve the public. If you do have reservation or concerns, please report them in writing to the Board office.

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 (licensed OT/OTA in ND or another state who has a relationship to the applicant as an instructor, supervisor, or co-worker):**

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Name (printed) and indicate if you are an OT/OTA

Signature

Date

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Address

City

State Zip

Telephone No.

Known Since

**Personal Reference (friend, classmate, or relative of the applicant. Does not need to hold an OT/OTA license):**

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Name (printed)

Signature

Date

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Address

City

State Zip

Telephone No.

Known Since

If you have any questions regarding this form, please contact the Board office.