

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 LIMITED PERMIT APPLICATION

Read the following instructions first. Failure to do so may delay the issuance of your limited permit.

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

- The Board may grant a limited permit to a person who has completed the education and experience requirements set forth in N.D.C.C Chapter 43-40. A limited permit allows the person to practice occupational therapy under supervision of a North Dakota licensed occupational therapist. A limited permit is valid for 4 months or until the results of the passing examination are received by the Board. Limited permits are issued weekly if all documentation is submitted and all requirements have been met.
- The holder of a limited permit must take the next available examination. According to N.D. Admin. Code 55.5-02-01-06, "next available examination" means examination within four months of completion of the education and experience requirements.
- **A limited permit may only be issued to those who have graduated within the past four months and have not yet passed the NBCOT examination. A permit is issued for four months.**
- A limited permit may be renewed one time for an additional four months, if the person has failed the examination or with good cause as determined by the Board. If you need an extension, you must send a request in writing prior to the expiration of your permit.

Please read the following instructions carefully! All application forms and license information is available on the Licensure page at the Board's website, www.ndotboard.com.

You must submit the following forms and documents to the Board to apply for the limited permit:

- ____ Completed Application for State Licensure with "Limited Permit plus Licensure" marked
- ____ Limited Permit Fee: OT/\$90 OTA/\$80
- ____ Official transcript sent from the college/university directly to the Board office, OR
- ____ Letter of good standing from faculty advisor, if you have not graduated yet
- ____ Completed Substantiation of Supervision form
- ____ NDSBOTP Jurisprudence exam over the ND Laws and Rules governing OT practice completed on the Board's website. **You must have your application submitted before taking the online exam.**

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 the second page of the application. 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 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. **Letter of Good Standing:** If you have not yet graduated, you are required to have a letter sent from your school indicating you have successfully completed your academic and fieldwork requirements and are eligible to sit for the next examination.
4. **Official Transcript:** If you have graduated, your official transcript must be sent directly from the college/university to the Board office.
5. **Substantiation of Supervision:** The law requires that all Occupational Therapists and Occupational Therapy Assistants complete a "Substantiation of Supervision" form before a limited permit will be issued.
6. **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 limited permit.

Once all documents are received, limited permits are typically issue on a weekly basis. Limited permits are issue for four months and may be renewed one time with an explanation and at the discretion of the Board Chair.

If your application is incomplete, it will be returned to you and the process will be delayed. You may not practice occupational therapy until your limited permit is issued.

Licensure: Once you pass your exam, you will need to get your permanent license to continue practicing past the expiration of your limited permit. In order to receive your permanent license, you must request NBCOT to send your exam scores to the Board office. We will then access your scores through the NBCOT website. You must also submit the remaining licensing fee to the Board office.

Once you pass the exam and are ready to be transitioned to a full license, you must pay the following fee:

If the current date is:	OT	OTA
After 6/30 even year and before 7/1 odd year	\$110	\$80
After 6/30 and on or before 12/31 odd year	\$35	\$25
On or after 1/1 even year	\$110	\$80

The above fee must be paid by check or money order payable to NDBOTP.

Licenses issued after 1/1 of the even year will be effective until the next renewal expiration date. For example, licenses issued on January 2, 2020, will not need to renew in 2020 and will be effective until June 30, 2022.

APPLICATION STATUS: Once you have submitted an application, 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.

NOTE: IT IS AGAINST THE LAW TO WORK AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT UNTIL YOU HOLD A VALID LIMITED PERMIT OR HAVE A CURRENT LICENSE 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 are having trouble with the online application, please contact the Board office for assistance.

CONTACT INFORMATION - PLEASE PRINT LEGIBLY! DO NOT USE PENCIL!

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

_____ Limited Permit plus Licensure (You have never been licensed before and graduated from an accredited NBCOT program within the last 4 months and have not taken the NBCOT exam yet.)

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 will take the National Board for Certification Exam (MM/DD/YY) _____

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
If yes, please read the below information.

Attention Active Military Spouses:

The Board is tracking military members and spouses at the request of the ND State Legislators. If you answered yes, please submit the following:

- 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.

- Complete the application on the next page -

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 unless you apply online at the Board’s website.

Limited Permit plus License Fee: OT - \$90 OTA - \$80

Transition to Permanent License:

Licensure: Once you pass your exam, you will need to get your permanent license to continue practicing past the expiration of your limited permit. In order to receive your permanent license, you must request NBCOT to send your exam scores to the Board office. We will then access your scores through the NBCOT website. You must also submit the remaining licensing fee to the Board office.

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