

APPLICATION FOR RENEWAL OF LICENSE 2020 / 2022

DO NOT SEND THIS FORM IF YOU ALREADY RENEWED ONLINE!

Make checks or money orders payable to NDBOTP.

Do not staple or tape your check to the form to avoid torn checks and forms.

Print legibly and do not use pencil to complete application.

OFFICE USE ONLY

Postmark Date _____

Date Received _____

Amount _____

Check # _____

OT \$150.00 _____

OTA \$110.00 _____

LATE FEE \$100.00 _____

INCLUDE LATE FEE IF APPLICATION, FEE, AND CONTINUING EDUCATION ARE
NOT POST MARKED ON OR BEFORE JUNE 1, 2020.

Has your _____ name _____ address _____ place of employment changed since your last renewal?

LICENSE NO. _____

NAME _____
LAST MIDDLE FIRST MAIDEN

MAILING ADDRESS _____
This should be the address where you want the Board office to send your mail.

_____ CITY STATE ZIP COUNTY

PHONE _____ E-MAIL _____

EMPLOYER _____ WORK PHONE _____

WORK ADDRESS _____

_____ CITY STATE ZIP COUNTY

Employment Setting (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Clinic/Private Practice | <input type="checkbox"/> Long-Term Care Facility |
| <input type="checkbox"/> Community-Based Care | <input type="checkbox"/> School System |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Work and Industry |
| | <input type="checkbox"/> Unemployed/Not practicing in OT field |

You must answer the following questions!

Have you been sued for malpractice in the last 24 months? _____ Yes _____ No

Have you been convicted of an offense other than a minor traffic violation in the last 24 months? _____ Yes _____ No

Have you been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy in the last 24 months? _____ Yes _____ No

Has any state occupational therapy board denied, reprimanded, suspended, or revoked a license issued to you in the last 24 months? _____ Yes _____ No

If the answer to any of the questions is yes, please attach an explanation with complete details on a separate sheet. A criminal judgment or related documentation must be submitted for convictions.

TURN APPLICATION OVER TO COMPLETE & SIGN!

Military Service

You must answer no if you are not a member of the US military or a military spouse.

Are you an active member of the U.S. Military _____ OR A spouse of an active U.S. Military member? _____ No _____
(If "yes", you must submit proof of your military status or your spouse's active member status. Please submit a military issued ID noting relationship to the military member and the orders of the active military member status for you or your spouse.)

Supervision

Please answer the appropriate questions about supervision:

OTs ONLY:

1. Are you the substantiating OT for any OTAs practicing in ND? _____ NO _____ YES - Go to #2.

Check YES only if are the substantiating OT of record. Do not check YES, if you are providing supervision over a short period of time due to a substantiating OT's absence due to vacation, medical leave, military leave, etc.

2. If you answered "Yes" to the above question, please print the names of the OTAs you will be substantiating for:

3. Are you currently supervising any limited permitholders? _____ NO _____ YES – Go to #4.

4. If yes, please print the names of the limited permitholders.

OTAs ONLY:

1. Are you currently practicing in ND as an occupational therapy assistant? _____ NO _____ YES - Go to #2.
2. If you are currently practicing OT, who is your current substantiating OT supervisor? *

***Your substantiating OT supervisor will need to complete and sign the Substantiation of Supervision form and return it with your renewal form. ***

All licensees must sign below or the application will be returned!

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

Date

A completed 2020/2022 Renewal of License form, renewal fee, completed Jurisprudence Exam, 20 hours of continued competency verification within the last 2 years preceding the date of this application, and completed OTA substantiation of supervision, if applicable, must be submitted to the Board office, postmarked on or before June 1, 2020. All practicing OTA's must also submit the completed Substantiation of Supervision form signed by their substantiating OT supervisor.

For renewal forms, fees, Jurisprudence exam, or continued competency verification postmarked after June 1, 2020, a \$100 late fee will be assessed in addition to the renewal fee. If not renewed, the license will expire June 30, 2020!