

## APPLICATION FOR RENEWAL OF LICENSE 2018 / 2020

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, 2018.

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!**

**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:

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

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

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**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? \*

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**\*Your *substantiating* OT supervisor will need to complete and sign the enclosed 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 2018/2020 Renewal of License form, renewal fee, completed self-assessment quiz, and 20 hours of continued competency verification within the last 2 years preceding the date of this application must be submitted to the Board office, postmarked on or before June 1, 2018. All practicing OTA's must also submit the completed Substantiation of Supervision form signed by their substantiating OT supervisor.**

**For renewal forms, fees, self-assessment quiz, or continued competency verification postmarked after June 1, 2018, a \$100 late fee will be assessed in addition to the renewal fee. If not renewed, all licenses expire June 30, 2018!**