NORTH DAKOTA STATE BOARD OF OCCUPATIONAL THERAPY PRACTICE
PO BOX 4005 · BISMARCK, ND 58502-4005 · Phone 701-250-0847 · Fax 701-224-9824
ndotboard@aptnd.com · www.ndotboard.com

APPLICATION FOR RENEWAL OF LICENSE
2022 / 2024

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, 2022.

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

Areas of Practice

Please answer to the best of your knowledge about your current practice. There is no incorrect response.

Workplace Settings (Settings taken from AOTA (2019) Workforce and Salary Survey)

Mark in which workplace settings you currently practice:

_____ Academia: college/university instructor
_____ Community: adult care program, group home, low vision program, prevention/wellness program, senior care
_____ Early intervention: early intervention program, pediatric daycare program
_____ Freestanding outpatient: comprehensive outpatient rehab facility, physician/optometrist office, private practice (office based), not-for-profit agency
_____ Home health: home health agency, mobile treatment/home care
_____ Hospital (non-mental health): general hospital-acute/inpatient, hospice, hospital-based outpatient, NICU, rehabilitation hospital or unit
_____ Mental health: behavioral health-freestanding or hospital based, partial hospitalization program, mental health day program
_____ New graduate or not working in OT field
_____ Schools: school system-public or private, transitional program for students
_____ Other: driving program, industrial rehab/work program, sheltered workshop, and any that don't apply to those listed above. _____

Clinical Practice Areas (Revised from Merritt & Perkins, 2013)
Mark in which clinical practice areas you currently practice:

_____ Acquired brain injury
_____ ADL assessments
_____ Autism spectrum disorders
_____ Caregiver training
_____ Dementia Care
_____ Driving assessments
_____ Ergonomics
_____ Equipment provision and adaptive technology
_____ Geriatrics
_____ Hand therapy/splinting/scar management
_____ Handwriting and fine motor skills
_____ Home modification assessments
_____ Intellectual disability
_____ Lymphedema
_____ Medical-legal assessment and reporting
_____ Mental health
_____ Neurological rehabilitation
_____ Nursing home consultations
_____ Occupational Health & Safety (OH&S) consultations
_____ Occupational rehabilitation
_____ Occupational training services
_____ Pain management
_____ Palliative care
_____ Pediatrics
_____ Physical Agent Modalities (PAMs)
_____ Professional supervision services
_____ Public Access
_____ Seating and wheelchair consultations
_____ Sensory integration
_____ Wellbeing and health promotion
_____ Workplace-related services and functional capacity evaluations
_____ Not working in OT field
_____ Other _____

Background Questions
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.

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 2022/2024 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, 2022. 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, 2022, a $100 late fee will be assessed in addition to the renewal fee. If not renewed, the license will expire June 30, 2022!