

STATE OF MAINE

OCCUPATIONAL THERAPY PRACTICE

APPLICATION FOR LICENSURE

- Permanent Occupational Therapist



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Occupational Therapy Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Reference Form
- Verification of Licensure Form
- NPDB/HIPDB Self-query Report Information Sheet

ADDITIONAL RESOURCES

- Licensing Law for Occupational Therapists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch32sec0.html> or call (207) 624-8626

- Licensing Rules for Occupational Therapists

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#477> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Fax submissions will not be accepted. If the application you submit to us is complete, it will be reviewed and processed in the order it was received.
- If there are deficiencies with your application, you will be notified by mail.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Licensing & Registration's website: http://www.maine.gov/pfr/professionallicensing/license_search.htm. We appreciate your thoughtful attention to this request.

Licensure as an Occupational Therapist

There are two (2) pathways to licensure as an occupational therapist.

PATHWAY I – Change of status from temporary to permanent licensure shall include the following:

- Completed and signed application for permanent licensure;
- Written request for change of status;
- Payment of a Licensure Fee of \$80.00;
- Official Transcript, if not previously submitted;
- NPDB/HIPDB self-query reports, if not previously submitted; and
- Verification of certification form completed and signed by NBCOT. (Form is available at <http://www.nbcot.org/>) Applicants applying within three months of having taken the examination, who have had the examination score sent directly to the board, are exempt from this requirement.

PATHWAY II – (Standard or licensed in another state) applications shall include the following:

- Completed and signed Application;
 - Payment of an Application Fee of \$60.00;
 - Payment of a Licensure Fee of \$80.00;
 - Payment of a Criminal History Record Check Fee of \$21.00;
- Note: All fees can be in one payment.**
- Verification of certification form completed and signed by NBCOT; (Form is available at <http://www.nbcot.org/>)
 - Official Transcript indicating earned/conferred degree;
 - Verification of licensure from sending state(s) (if applicable);
 - NPDB/HIPDB self-query reports; and
 - Two professional references addressing ethical practice – See board Reference Forms. (Page 8)

Applications will not be processed until all documentation is received. It is the responsibility of the applicant to see that all documentation is completed and returned to the board for consideration. If you need any further information please contact Jennifer Hawk at (207) 624-8626.

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/professionallicensing/license_search.htm.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ()	FAX ()	E-MAIL	

CRIMINAL BACKGROUND DISCLOSURE
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
1. Have you ever been convicted by any court of any crime? (circle one) NO YES If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one) NO YES If yes, enclose a detailed explanation and copies of all documents.
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.
SIGNATURE _____ DATE _____

Board of Occupational Therapy Practice Required Fee: \$161 (includes Criminal History Records Check Fee)	Office Use Only: 1421 - \$80.00 1446 - \$60.00 2619 - \$21.00
Please Select License Type: <input type="checkbox"/> Occupational Therapist (OT1421)	<i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 7/2008	

PAYMENT OPTIONS:
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:
NAME OF CARDHOLDER (please print) <i>FIRST</i> <i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Dept. of Professional and Financial Regulation, Office of Licensing and Registration to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD the following amount: \$ _____
Card number: <i>XXXX-XXXX-XXXX-XXXX</i> Expiration Date <i>mm / yyyy</i>
SIGNATURE _____ DATE _____

NBCOT Certification Number (n/a for temporary licenses): _____

Examination Date: _____

EMPLOYMENT INFORMATION

Current or Intended Place of Employment:

Name		Street address	
City/town	State	Zip code	Telephone #

Employment (reflecting occupational therapy practice for the last three years or two jobs):

Facility	Address	Position	Dates

CREDENTIALING HISTORY

Do you currently hold or have you previously held a license or registration in any jurisdiction?

YES NO

If yes, please complete the following:

State: _____

License #: _____

Date Issued: _____

Expiration Date: _____

AFFIRMATION

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Licensing and Registration will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

Signature of Applicant

Date



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Occupational Therapy Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

VERIFICATION OF LICENSURE IN OTHER STATE

DIRECTIONS TO APPLICANT:

Complete front portion of form and forward one to each state where you hold or have held a license to practice occupational therapy.

To: _____ I am applying for a license in the State of
State Board

Maine to practice as a _____. I was granted license # _____

license type _____ on _____ by the State of _____.

The Maine Board of Occupational Therapy Practice requests that I submit verification that my license in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Maine Board of Occupational Therapy Practice. Your early attention is appreciated.

Signature: _____

Print Name: _____

Date: _____

Note: Because some states charge a fee to complete this form, you should check with each state before mailing.



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(888) 577-6690 (TTY/HEARING IMPAIRED)
OFFICES LOCATED AT: 76 NORTHERN AVENUE,
GARDINER, MAINE

FAX: (207)624-8637



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GOVERNOR

STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
Board of Occupational Therapy Practice
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

(To be completed by State)

**DIRECTIONS TO STATE BOARD: Please complete and return form to the following address:
MAINE BOARD OF OCCUPATIONAL THERAPY PRACTICE
#35 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0035**

Name of Licensee: _____ License Type: _____

License #: _____ Date Issued: _____

License Current: Yes _____ No _____ Expiration Date: _____

Name of Exam Taken: _____ Date Exam Passed: _____

If no exam was taken, how was license obtained?

1. Grandfathered: _____ 2. Endorsement/Comity: _____ State: _____

What were the requirements for education at the time the license was issued?

Are there any pending complaints against this licensee?

Yes _____ No _____

Have there been any other actions taken against this licensee?

Yes _____ No _____

Explanation of above if answer is yes: _____

Signature and Title: _____

State Seal

Date: _____



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REFERENCE FORM

Name of applicant _____

In what professional capacity do you know the applicant? _____

How long have you known the applicant? _____

Are you related to the applicant? If so, how _____

Please give a brief statement of your knowledge of the applicant's ethical practice of occupational therapy:

Date: _____ Signed: _____

Printed name and title of reference: _____

Mailing address: _____

Telephone number during work hours: _____



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National Practitioner Data Bank (“NPDB”) and Healthcare Integrity and Protection Data Bank (“HIPDB”) Self-Query Reports

Pursuant to 10 M.R.S.A. §8003, sub-§10*, the Office of Licensing and Registration will require all applicants to submit a NPDB/HIPDB Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective **November 1, 2007**. Applications received without the NPDB/HIPDB self-query report will be considered incomplete which will further delay the application process.

* **“National disciplinary record system.** Within the limits of available revenues, all bureaus, offices, boards or commissions internal or affiliated with the department shall join or subscribe to the national disciplinary record system used to track interstate movement of regulated professionals who have been the subject of discipline by state boards, commissions or agencies and report disciplinary actions taken within this State to that system.”

Alcohol and Drug Counselors

License Alcohol and Drug Counselors
Certified Alcohol and Drug Counselor
Certified Clinical Supervisor
Alcohol and Drug Counselor Aide

Athletic Trainers

Athletic Trainers

Chiropractic Licensure

Chiropractor, Chiropractic Assistant
Chiropractic Acupuncture

Complementary Health Care

Acupuncturist, Naturopathic Doctor,
Naturopathic Acupuncture, Chinese Herbal
Formulation Certification

Counseling Professionals

LP, PC, LMFT, LCPC, RC
Including Conditional

Dietetic Practice

DI, DT / Including Temporary

Hearing Aid Dealers and Fitters

Hearing Aid Dealer and Fitter / Trainees

Massage Therapists

Massage Therapist

Nursing Home Administrators

AD, MLA, RC

Occupational Therapy

OT, OTA / Including Temporary

Physical Therapy

Physical Therapists
Physical Therapists Assistants

Pharmacy

Pharmacist
Pharmacist Technician
Pharmacies
Mail Order Pharmacies
Mail Order Contact Lens Suppliers
Wholesale Distributor
Manufacturer

Podiatric Medicine

Podiatrist, Resident Podiatrist

Psychologists

Psychologist, Psychologist Examiners
Including Conditional and Temporary

Radiologic Technologists

Radiologic Technologists – 3 authorities
Limited Radiographers / Special Permit
Including Temporary

Respiratory Care

Respiratory Therapist
Respiratory Technician
Associate

Social Worker Licensure

LS, LX, LM, LC, MC

SLP and Audiologists

SLP, Audiologist

The instructions to request a self-query report are available at NPDB/HIPDB’s website: www.npdb-hipdb.hrsa.gov. The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information is provided below:

NPDB-HIPDB Customer Service Center

Tel: (800)767-6732

TDD: (703)802-9395

Dated: September 28, 2007