STATE OF MAINE

OCCUPATIONAL THERAPY PRACTICE

APPLICATION FOR LICENSURE

- Permanent Occupational Therapy Assistant

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

Office Telephone: (207) 624-8626
Office Facsimile: (207) 624-8637
TTY USERS CALL MAINE RELAY 711
Internet: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised: 12/2016

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.

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. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.

- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.

- 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 Professional and Occupational Regulation's website: http://pfr.informe.org/almsonline/almsquery/welcome.aspx. We appreciate your thoughtful attention to this request.

IMPORTANT INFORMATION FOR LICENSEES:

- **Renewal**

  This is an annual license, renewable by March 31st each year. You may renew online at your convenience 24 hours a day, 7 days a week up to 60 days in advance of your license expiration date. Renewal reminders are currently sent to the e-mail address on file. Late renewals (up to 90 days after license expiration) incur a late renewal fee of $50.00. Those wishing to obtain licensure after the late renewal period must meet the requirements for licensure current at the time of the application.

- **10 Day Reporting**

  Please be advised, pursuant to 10 MRS §8003-G, licensees and applicants are to report to the Office, in writing, any change in a name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
  http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html

  Further, pursuant to Chapter 5 of the Board's Rules, any changes in supervision must be reported to the Office within ten (10) days. A form is available at the Board's website:
  http://www.maine.gov/pfr/professionallicensing/professions/occupational/forms.html

- **GovDelivery**

  The Board of Occupational Therapy Practice has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

  As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

  To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

Licensure as an Occupational Therapy Assistant

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

Pathway 1 – Change of Status

Applicants who wish to change their status from temporary to permanent licensure must submit the documentation and fee as outlined in the checklist below. Please note that reference forms are no longer required.

- ☐ A completed and signed Application for Permanent Licensure;
- ☐ Written request for change of status;
- ☐ Payment of a Licensure Fee of $35.00;
  Note: All fees can be in one payment.
- ☐ Completed Verification of Supervision Form;
- ☐ Official Transcript sent by mail or courier directly to this Office by the educational institution, if not previously submitted; and
  - ☐ Official score report released to the Board directly from NBCOT (only for applicants applying within 3 months of having passed the exam)

    or
  - ☐ Official Verification of Certification Form completed and sent by mail or courier directly to this office by NBCOT.

Note: Contact NBCOT directly: www.nbcot.org ~ info@nbcot.org ~ (301)990-7979

Note: Active temporary licensees wishing to use this pathway for full licensure must complete the application process prior to the expiration of their temporary license. Therefore, applications should be submitted in a timely manner to allow for review and processing.

Pathway 2 – Standard or Other Jurisdiction

Standard applicants or applicants licensed in another state must submit the documentation and fees as outlined in the checklist below. Please note that reference forms are no longer required.

- ☐ A completed and signed Application for Licensure;
- ☐ Payment of an Application Fee of $60.00;
- ☐ Payment of a Licensure Fee of $35.00;
- ☐ Payment of a Criminal History Record Check Fee of $21.00;
  Note: All fees can be in one payment.
- ☐ Official Transcript indicating earned/conferred degree sent by mail or courier directly to this office by the educational institution;
- ☐ A completed, original Verification of Supervision Form (photocopies cannot be accepted); and
- ☐ Official Verification of Certification Form completed and sent by mail or courier directly to this office by NBCOT.

Note: Contact NBCOT directly: www.nbcot.org ~ info@nbcot.org ~ (301)990-7979

Those licensed or those who have held licensure in other jurisdiction(s) must also provide:

- ☐ Official Verification(s) of Licensure sent by mail or courier directly to this Office from the issuing agency.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: www.maine.gov/professionallicensing

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: http://pfr.informe.org/almsonline/almsquery/welcome.aspx.
- **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 Professional and Occupational Regulation 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 PROFESSIONAL & OCCUPATIONA REGULATION
INDIVIDUAL LICENSE APPLICATION

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

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

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 Professional & Occupational regulation 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: $116
(includes Criminal History Records Check Fee)

Office Use Only:
1421 - $35.00
1446 - $60.00
2619 - $21.00

Please Select License Type:

☐ Occupational Therapist Assistant (OA1421)

Office Use Only:
Check #_____
Amount:_____
Cash #_____
Lic. #_____

Rev. 12/2016

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS the following amount: $_____

☐ **I understand that fees are non-refundable**

Card number: XXXX-XXXX-XXXX-XXXX Expiration Date mm / yyyy

SIGNATURE **DATE**

Applicant's Name: _____

Education **(Official transcripts must be submitted directly from Institution)**		
Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:	Date Conferred:	

Current or Intended Place of Employment		
Workplace Name:	Position Held:	Dates:
Mailing Address:		
City:	State:	Zip Code:

Previous Employment **(should reflect occupational therapy practice for the last three (3) years of two (2) places of employment)**		
Workplace Name:	Position Held:	Dates:
Mailing Address:		
City:	State:	Zip Code:

Workplace Name:	Position Held:	Dates:
Mailing Address:		
City:	State:	Zip Code:

Applicant's Name: _____

Credentialing History

Do you hold or have you ever held a professional license/certification/ registration in this or any other state/country? [ ] YES [ ] NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken the NBCOT certification examination? [ ] YES [ ] NO

If yes:

Exam Title:	Location:
Date Taken:	Select One: [ ] Pass [ ] Fail

Exam Title:	Location:
Date Taken:	Select One: [ ] Pass [ ] Fail

NBCOT Certification Number: _____

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 Professional and Occupational Regulation 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.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SIGNATURE: _____ DATE: _____

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

Paul R. LePage
Governor

Anne L. Head
Commissioner

VERIFICATION OF LICENSURE FORM
(for use by applicants licensed or certified in another jurisdiction)

The applicant listed below is applying to practice as an occupational therapist in the State of Maine. The Board of Occupational Therapy Practice requests written verification from all states that the applicant holds or has held any certification or licensure. This is your authority to release any information in your files, favorable or otherwise.

Directions to applicant:

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold or have held licensure or certification. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:	Date:	

Directions to State Board:

Complete page 2 of this form and return pages 1 and 2 directly to the Board by mail or courier:

U.S.P.S. Mailing Address: Board of Occupational Therapy Practice, 35 State House Station, Augusta, Maine 04333
-or-
Courier/Delivery Address: Board of Occupational Therapy Practice, 76 Northern Avenue, Gardiner, Maine 04345

Board of Occupational Therapy Practice
Verification of Licensure (Page 2 of 2)

Name of Applicant: _____

Exam taken: _____

Date exam passed: _____

If no examination was taken, how was licensure obtained?

☐ Grandfathered ☐ Endorsement/Comity from which state: _____

☐ Other _____

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

_____

_____

_____

Are there any pending complaints against this licensee? [ ] Yes [ ] No
If yes, please explain:

Have there been any other actions taken against this licensee? [ ] Yes [ ] No
If yes, please explain:

Is the licensee considered to be in good standing in your state? [ ] Yes [ ] No
If no, please explain:

State Board Seal	Signature: _____ Printed Name: _____ Title: _____ State: _____ Phone Number _____ Date: _____

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

Paul R. LePage
Governor

Anne L. Head
Commissioner

VERIFICATION OF SUPERVISION FORM
INITIAL APPLICATION

All OTA and Temporary OT applicants must practice under the supervision of a Maine licensed OT. A license cannot be issued until an original form signed by both the applicant and the supervising OT is received by the Board at the above address.

Please provide a separate form for each practice setting.

Name of Applicant:		
Name of Practice Setting:		
Address:		
City:	State:	Zip Code:

By signing this form, I understand that, upon licensure, it is my responsibility to obtain supervision and to practice occupational therapy pursuant to the laws of the State of Maine and all rules of the Board of Occupational Therapy Practice. I also understand that if this supervisory relationship changes, it is my responsibility to notify the Board within ten (10) days of the change.

Signature of Applicant: _____ Date: _____

Name of Supervisor:	Maine License Number:

By signing this form, I agree that, upon licensure of the above named applicant, I will provide supervision pursuant to the laws of the State of Maine and all rules of the Board of Occupational Therapy Practice. Further, I understand that I am legally and ethically responsible for the professional activities for this and other occupational therapy assistant(s) and/or temporary occupational therapist(s) under my supervision. I also understand that if this supervisory relationship changes, it is my responsibility to notify the Board within ten (10) days of the change.

Signature of Supervisor: _____ Date: _____