

**STATE OF MAINE**

**OCCUPATIONAL THERAPY PRACTICE**

**APPLICATION FOR LICENSURE**

- Temporary Occupational Therapist
- Temporary Occupational Therapy Assistant



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](http://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 Education Form
- Supervisor's Affidavit
- 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. 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](http://www.maine.gov/pfr/professionallicensing/license_search.htm). We appreciate your thoughtful attention to this request.

**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.**

## **REQUIREMENTS FOR TEMPORARY LICENSURE**

A temporary license may be granted to a person who has completed the education and experience requirements. This temporary license allows the person to practice occupational therapy under the supervision of a licensed occupational therapist. This license is valid until the results of the next scheduled national examination taken by the person are available to the Board. Please see Title 32, Chapter 32, § 2278 for complete information.

Applicants for temporary licensure must submit:

- Application with all sections completed;
- Payment of an Application Fee of \$60.00;
- Payment of a Licensure Fee of \$25.00 (Temporary Occupational Therapist);  
or
- Payment of a Licensure Fee of \$20.00 (Temporary Occupational Therapy Assistant);
- Payment of a Criminal History Records Check Fee of \$21.00;
- Note: All Fees can be in one payment**
- Completed Supervisor's Affidavit;\*\*
- Official transcript or completed verification of education form;
- NPDB/HIPDB self-query reports;
- Two professional references addressing ethical practice – see Board Reference Forms; and
- Documentation of NBCOT approval to sit for the certification examination.

**\*\*Please note: the Board must be notified of any change in the temporary licensee's supervisor within 15 days. Such notification shall be in the form of a signed supervisor's affidavit form and mailed directly to the board. Please refer to Board Rule Chapter 5, Section (3)(4)(B)**

## **REQUIREMENTS FOR CHANGE OF STATUS**

To change from a temporary to a permanent license, submit the following:

- Completed and signed application for permanent licensure;
- Written request for change of status;
- Payment of a Licensure Fee of \$80.00 (Occupational Therapist);  
or
- Payment of a Licensure Fee of \$70.00 (Occupational Therapy Assistant);
- Completed supervisor's affidavit (Occupational Therapy Assistants only);
- 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.

### 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](http://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**

<b>APPLICANT INFORMATION</b> (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	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>
<b>1. Have you ever been convicted by any court of any crime? (circle one)</b> <b>NO</b> <b>YES</b> If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b> <b>NO</b> <b>YES</b> 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.
<b>SIGNATURE</b> <span style="float:right"><b>DATE</b></span>

<b>Board of Occupational Therapy Practice</b>	
<b>Please Select License Type:</b>  <input type="checkbox"/> Temporary Occupational Therapist (TO1421) <p align="center"><b>Required Fee: \$106</b> <b>(includes Criminal History Records Check Fee)</b></p> <input type="checkbox"/> Temporary Occupational Therapy Assistant (TA1421) <p align="center"><b>Required Fee: \$101</b> <b>(includes Criminal History Records Check Fee)</b></p>	<b>Office Use Only:</b> 1421 - \$25.00 1421 - \$20.00 1446 - \$60.00 2619 - \$21.00  <i>Office Use Only:</i> Check # _____ Amount: _____ Cash # _____ Lic. # _____
Rev. 7/2008	

<b>PAYMENT OPTIONS:</b>			
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>		
<b>SIGNATURE</b>	<b>DATE</b>		

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

**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

**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:

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\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Printed name and title of reference: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number during work hours: \_\_\_\_\_



PRINTED ON RECYCLED PAPER

OFFICE PHONE: (207)624-8626

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

FAX: (207)624-8637



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**VERIFICATION OF EDUCATION FORM**

This verification form must be completed by an appropriate official - Dean, Director -from the educational institution where the applicant received the occupational therapy degree. If the institution does not use a school seal, the official signing the verification must sign in the presence of a Notary Public. **After completion, please mail this document directly to the Maine Board of Occupational Therapy at the address shown below.**

I hereby certify \_\_\_\_\_ has completed all didactic and  
(Name, please print)  
clinical education requirements of the Occupational Therapy Program on the \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_\_ and was granted /will be granted a degree of  
(underline one)  
Occupational Therapy or Occupational Therapy Assistant on \_\_\_\_\_ day  
(circle one)  
of \_\_\_\_\_ 20\_\_\_\_\_ by:

\_\_\_\_\_  
Name of Educational Institution

**SCHOOL SEAL**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Telephone Number

If a Notary Public is used in place of a school seal, this statement must be completed:  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires: \_\_\_\_\_

**SEAL**



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OFFICE OF LICENSING & REGISTRATION  
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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](http://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