



**State of Maine
Department of Professional & Financial Regulation
Office of Professional & Occupational Regulation**

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		SOCIAL SECURITY NUMBER	
<i>mm / dd / yyyy</i>		-	-
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE #	FAX #	E-MAIL	
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Board of Occupational Therapy Practice

LICENSE TYPE:

- Occupational Therapy Assistant (Pathway 1 - temporary to permanent licensure)(*OAI421*) Temp lic # _____
Required fee: \$30.00 license fee only
- Occupational Therapy Assistant (Pathway 2 - lic'd in other state or country)(*OAI421*)
Required fees: \$51.00 (includes criminal history records check fee)

Office Use Only:

1421 - \$30.00
2619 - \$21.00

Office Use Only:

Check # _____
Amount: _____
Cash # _____
Lic. # _____

REV. 08122020

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" – if you wish to pay by credit or debit card, fill out the following:

NAME OF CARDHOLDER (please print)	
<i>FIRST</i>	<i>MIDDLE INITIAL</i> <i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my card the following amount: \$ _____	
<input checked="" type="checkbox"/> I understand that fees are non-refundable	
Card number:	Expiration Date
<i>XXXX-XXXX-XXXX-XXXX</i>	<i>mm / yyyy</i>
SIGNATURE	DATE
_____	_____

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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address-35 State House Station, Augusta, ME 04333
- **Can I come to Gardiner to pick up my license?** No. Your license will be emailed to you.

What if I have other questions? Visit our website at: <http://www.maine.gov/pfr/professionallicensing/professions/occupational/> or contact the office at Tel. 207/624-8603 or e-mail: occ.board@maine.gov

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 & 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
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.

National Board for Certification in Occupational Therapy (NBCOT) Examination

Have you passed the NBCOT certification examination?

[] YES [] NO

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country?

[] YES [] NO

Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure?

[] YES [] NO

If yes:

Profession	License #	State/ Country	Date Issued	Expiration Date	Has this license been the subject of discipline or been denied? Yes or No

Background Check Notice

Pursuant to 5 MRS §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.

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.

SIGNATURE: _____ DATE: _____

Please read the laws governing the licensure and practice of occupational therapy prior to submitting your application. These are available at the following website:

<http://www.maine.gov/pfr/professionallicensing/professions/occupational/laws.htm>

Licensure as an Occupational Therapy Assistant

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

Pathway 1 – Change of status from temporary to permanent licensure:

- Payment of \$30.00 license fee;
- Official Transcript; if not previously submitted;
- Official score report from NBCOT (only for applicants applying within 3 months of having passed the exam) **or** official verification of certification form from NBCOT;
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 5); and
- Completed verification of supervision form (see page 6).

Pathway 2 – Standard or licensed in other state or country:

- Payment of \$30.00 license fee;
- Payment of \$21.00 criminal history records check fee;
- Official Transcript;
- Official verification of certification form from NBCOT;
- Verification of licensure for each license you hold or have held (see verification of license instructions on page 5); and
- Completed verification of supervision form (see page 6).

VERIFICATION OF LICENSURE

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked
- Type of license issued to you
- Date your license was issued
- Disciplinary action(s) against your license, if any

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web -address, date the License Verification was printed, and any indication of disciplinary history, e.g. no discipline or discipline. If discipline is indicated, please submit a copy of the discipline imposed such as the Board Order or Agreement.

A copy of your license is not acceptable as a license verification.



Janet T. Mills
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
Commissioner

VERIFICATION OF SUPERVISION FORM

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

Please provide a separate form for each practice setting.

Name of Applicant:		
Name of Practice Setting:		
Address:		
City:	State:	Zip Code:
<p>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.</p> <p>Signature of Applicant: _____ Date: _____</p>		
Name of Supervisor:		Maine License Number:
<p>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.</p> <p>Signature of Supervisor: _____ Date: _____</p>		