

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE

301 SOUTH PARK, 4th FLOOR

PO BOX 200513

HELENA MT 59620-0513

Phone: (406) 444-5711

APPLICATION UNIT EMAIL: UnitB@mt.gov

REQUIREMENTS AND APPLICATION INSTRUCTIONS

Incomplete applications will be returned with a statement regarding incomplete portions. Once an application is complete and deemed routine, the estimated time for issuance of permit or license is 5-7 days.

OCCUPATIONAL THERAPIST
OCCUPATIONAL THERAPY ASSISTANT
TEMPORARY PRACTICE PERMIT

- **Fees:** These are separate fees, they are not combined or pro-rated. Application and license fees must be submitted with your application. The temporary permit is a separate fee of \$120.00.

\$190.00 Application for OTR or OTA License

\$120.00 Temporary Practice Permit Application (In addition to the application fee)

Temporary Practice Permit: (Temporary Permit fee is \$120.00) make check or money order payable to the Board of Occupational Therapy Practice.

A temporary practice permit may be obtained by occupational therapy course graduates who are waiting to sit for the NBCOT examination. The temporary permit is valid until the person either fails the first examination for which the person is eligible following issuance of the permit or passes the examination and is granted a license. Applicants who have previously taken the national examination and failed, are **not** eligible for a temporary practice permit. Applicants for a temporary permit must meet the qualifications for licensure, complete the application and submit official transcripts sent directly from your school.

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Website: www.ot.mt.gov

Which license are you seeking--OTR or OTA? (Please submit \$190 fee.)

Are you requesting a Temporary Practice Permit?

OTR--OCCUPATIONAL THERAPIST

YES **If Yes, please add \$120 fee to your payment.**

OTA--OCCUPATIONAL THERAPIST ASSISTANT

NO **If No, no additional payment.**

1. FULL NAME

2. OTHER NAME(S) KNOWN BY

3. PRESENT EMPLOYER

4. EMPLOYER'S ADDRESS

5. HOME ADDRESS Street or PO Box# City & State Zip

6. EMAIL ADDRESS

7. TELEPHONE Business HOME FAX

8. SOCIAL SECURITY NUMBER FOREIGN ID NUMBER

9. DATE OF BIRTH Male Female

All applicants must answer the following questions. If you answer yes, give specific details (names of organizations, dates, reasons, and outcome) on a supplement sheet.

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.

Yes No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.

Yes No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.

Yes No

Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation.

Yes No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.

Yes No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

10. Have you ever taken the NBCOT Exam (If yes, please answer the following)

EXAM TYPE	RESULTS	DATES

NOTICE: SUBMIT CURRENT NBCOT CERTIFICATION NUMBER AND EXPIRATION DATE.

11. List all professional licenses you currently hold or have ever held including Occupational Therapist or Occupational Therapy Assistant licenses.

License Type	State	License Number	Date Issued	Is the License Current?
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				Yes No
				Yes No
				Yes No

12. EDUCATION:

List all colleges, universities, or course(s) that you have attended and/or completed. Temporary Permit applicants must include a copy of the official transcript and diploma from the occupational therapy educational program.

Name of University or College	City & State/Province/Territory	Dates Attended	Degree Earned

13. TEMPORARY PRACTICE PERMIT ADDITIONAL INFORMATION:

EXAM DATE OR SUBMIT NBCOT "ATT" LETTER

SIGNATURE AND DATE OF LICENSED OCCUPATIONAL THERAPIST WHO IS SUPERVISING APPLICANT:

SUPERVISOR:

DESCRIBE METHOD OF SUPERVISION FOR TEMPORARY PRACTICE PERMIT HOLDER: (Please type or print legibly).

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Occupational Therapy Practice.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application, or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

PLEASE
PLACE
PHOTO
HERE

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REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. **BE ADVISED** THAT SOME BOARDS REQUIRE A FEE OR HAVE AN ONLINE PROCESS FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARD(S) PRIOR TO SENDING THIS FORM TO INQUIRE ABOUT THEIR PROCESS AND/OR TO SEE IF YOU NEED TO INCLUDE PAYMENT.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Occupational Therapy in the State of Montana and the Board of Occupational Therapy Practice requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Occupational Therapy Practice
PO Box 200513
Helena, MT 59620-0513.

Your prompt response is appreciated.

Name (Please Print) Signature _____

Address:

Street or PO Box # City State Zip

My License Number from your State is: License Type:

This form is to be used to request official verification from states where you hold or have ever held a license. Please **DO NOT** return this form to our office.