

MONTANA BOARD OF OCCUPATIONAL THERAPY

301 S. PARK AVE., 4TH FLOOR

PO BOX 200513

HELENA, MT, 59620-0513

PHONE: 406-444-6880 EMAIL: dlibsdotp@mt.gov

Website: www.ot.mt.gov

Temporary Permit Application

Applicant info:

License being applied for: Occupational Therapist Occupational Therapy Assistant

Applicant Name: _____ Date of Birth: _____

Email: _____ Phone: _____

NBCOT Exam Date: _____ Number of Supervisors: _____

Montana Employer Sworn Statement Under Penalty of Perjury

I hold an unencumbered Occupational Therapy license in the State of Montana. I agree to ensure that the permit holder is directly supervised at all times, which means that the below named supervisor(s) as defined in the Montana Board of Occupational Therapy rules under ARM [24.165.601](#) and [24.165.501](#) is on the premises when and where the permit holder is working.

Supervisor Info:

Supervisor #1 Info:

Name and Title: _____

License Number: _____ Phone: _____

Supervisor Signature: _____ Date: _____

Supervisor #2 Info:

Name and Title: _____

License Number: _____ Phone: _____

Supervisor Signature: _____ Date: _____

Supervisor #3 Info:

Name and Title: _____

License Number: _____ Phone: _____

Supervisor Signature: _____ Date: _____