

MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE

301 SOUTH PARK, 4th FLOOR
PO BOX 200513
HELENA MT 59620-0513

Phone: (406) 444-6880

EMAIL: dlibsdhhelp@mt.gov WEBSITE: www.ot.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--OT or OTA? (Please submit \$190 fee.)

OT--OCCUPATIONAL THERAPIST

OTA--OCCUPATIONAL THERAPIST ASSISTANT

Are you requesting a Temporary Practice Permit?

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

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

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?	
				Yes	No
				Yes	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

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PO BOX 200513

HELENA, MT, 59620-0513

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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: _____

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. *See, 37-1-105, MCA.*
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 5. Have you ever withdrawn an application for any professional license? | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- | | | |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

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|--|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

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

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APPLICATION UNIT EMAIL: dlibsdopt@mt.gov
Website: www.ot.mt.gov

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.



Montana Department of
LABOR & INDUSTRY
Business Standards Division

SOCIAL SECURITY NUMBER

Applicants for professional licenses must provide a U.S. Social Security Number (SSN), if they have one, to facilitate child support enforcement, see, 42 USC § 666(a)(13) and § 37-1-307, Mont. Code Ann. The Division is also required to use an SSN to report certain license types to the National Health Care Databank, see, 42 USC § 1320a – 7e and 45 CFR § 60.15. An SSN is not required to receive or renew a license. An applicant for initial application who does not have an SSN must complete the following:

ATTESTATION

I, _____ am applying for a
Printed, Full Name of Applicant or Licensee

Montana license as a _____.

I have not been assigned a Social Security Number and am not required to have a Social Security Number. If assigned an SSN after the date of this affidavit, I will immediately report it to the Department of Labor & Industry or its successor administrator.

I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.

Signature

Date

Applicant Address of Record

City

State/Province

Country

Postal Code



Montana Department of
LABOR & INDUSTRY
Business Standards Division

CITIZENSHIP, ALIEN, AND IMMIGRATION STATUS

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 restricts professional license eligibility to individuals who qualify based on their citizenship, alien, or immigration status recognized by federal law. See generally, 8 USC § 1621. The Department of Labor & Industry requires all applicants for initial licensure to attest to the following questions under penalty of perjury:

ATTESTATION

I _____, am applying for a
Printed, Full Name of Applicant or Licensee

Montana license as a _____.

- 1. Are you a United States Citizen? [] YES [] NO
2. If you answered NO to question 1 above, are you (please check one of the following):
[] A "qualified alien" as defined in 8 USC § 1641. See, 8 USC §1621a (1).
[] A nonimmigrant under the Immigration and Nationality Act, 8 USC § 1101 et seq. See, 8 USC § 1621a (2).
[] A nonimmigrant whose visa for entry is related to such employment in the U.S. See, 8 USC § 1621c (2)(A).
[] A foreign national not physically present in the United States. See, 8 USC § 1621c (2)(C).

Other – Please provide detailed explanation: _____

I declare under penalty of perjury under Mont. Code Ann. §§ 1-6-105 and 45-7-201 that the foregoing ATTESTATION is true and correct. Providing a deliberate falsification is punishable by prison or fine under Mont. Code Ann. § 45-7-202. Providing false information is grounds for denial or summary suspension and revocation of a license, certification, registration or permit under Mont. Code Ann. § 37-1-316.

Signature _____ Date _____

Applicant Address of Record _____

City _____ State/Province _____ Country _____ Postal Code _____