

STATE OCCUPATIONAL THERAPY LICENSURE BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Building #4 Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: oct@dopl.idaho.gov

APPLICATION FOR IDAHO OCCUPATIONAL THERAPY ASSISTANT LICENSE

Please note that the license must be issued before you can begin practice. **Only an individual may be licensed under this chapter. (See Idaho Code § 54-3703)** Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

CHECKLIST FOR APPLICATION BY EXAMINATION / ENDORSEMENT. Please keep a copy of this application for your records.

- Completed application. All requested information must be provided along with the notary seal.
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Official transcripts must be sent directly to this office from the issuing authority is applying by exam. A copy of your diploma must be included with application if applying by endorsement.
- Official documentation of passage must be received by this office directly from the National Board if you have passed the National Board of Certification in Occupational Therapy Examination. If you have not yet passed, NBCOT confirmation of examination registration and eligibility to exam notice (or ATT) letter must be received directly from professional exam services.
- Certification of Licensure and examination type from any states where you have ever been licensed must be sent directly to our office from the issuing authority.
- Attach correct original license fees.

ORIGINAL LICENSE FEE - \$60.00 LIMITED PERMIT FEE (If applicable) - \$25.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-3703, you must be licensed to practice. The Board’s Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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I hereby apply for a license or permit in the State of Idaho under the provisions of Title 54, Chapter 37, Idaho Code, and provide the following:

If you are applying to work under a limited permit or a temporary license please initial here: _____ and include an additional \$25.00 payment along with the initial license fee for a total of \$85.00.

1. **Full Name** (Mr., Mrs., or Ms.) _____

2. **Business Address**
(The above address is a public record.) _____
Street City State Zip

3. **Mailing Address**
(Will be used as address of record if none provided above.) _____
Street/PO Box City State Zip

4. **Date of Birth** ____/____/____
mm dd yyyy
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license must be attached.)

5. **Social Security No.** ____/____/____ **E-mail** _____
(This is not a public record; required by I.C. § 73-122.) (This is not a public record; required by I.C. § 67-2609.)

6. **Business Phone** (____) _____ **Cell Phone** (____) _____
(The above phone number is a public record.) (The above phone number is a public record.)

7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

8. **I am a graduate of _____ (which is an institution with an approved Occupational Therapy or Occupational Therapy Assistant curriculum).**
(If applying by exam, official transcripts must be received by this office directly from the institution registrar before your application will be processed. If applying for endorsement, attach a copy of the diploma.)

9. **Is the institution nationally accredited by the American Occupational Therapy Association’s Accreditation Council for Occupational Therapy Education (ACOTE)?** () Yes () No

10. **Have you passed the National Board for Certification in Occupational Therapy Examination?** () Yes () No
(If yes, official documentation of passage must be received by this office directly from the National Board. If No, NBCOT confirmation of examination registration and eligibility to exam notice (or ATT) letter must be received directly from professional exam services.)

11. **Are you or have you ever been licensed as an occupational therapist or assistant in any state other than Idaho?**
(If yes, we must receive certification of licensure from the issuing authority before your application will be processed.) () Yes () No
List all current and non-current licensure states: _____

12. **Have you ever been denied registration or licensure by any state, district, or regulatory body?** () Yes () No
(If yes, please explain what occurred and provide any documents relevant to the denial.)

13. **Have you ever had any disciplinary action (i.e. had a license or similar authorization revoked, suspended, restricted, etc) taken against you by any state professional regulatory agency or professional organization?** () Yes () No
(If yes, a copy of the charges & the final order must be received before your application will be processed.)

14. **Have you ever been convicted (including but not limited to being found guilty, received a withheld judgment or suspended sentence) or charged with any crime other than minor traffic offenses in this or any other state?** () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

**APPLICATION FOR IDAHO OCCUPATIONAL THERAPY ASSISTANT LICENSE
(continued)**

15. FIELDWORK EXPERIENCE (new graduates applying for licensure by exam only): List your occupational therapy Level II Supervised fieldwork experience including supervisor's names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

16. RELATED WORK EXPERIENCE: List your occupational therapy work experience during the last five years including employers' names, addresses, phone numbers and dates of practice.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYERS NAME _____ **PHONE NO.** _____

DATES OF EXPERIENCE FROM: _____ **TO:** _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

(If more space is needed, attach a separate sheet of paper)

(continued)

**APPLICATION FOR IDAHO OCCUPATIONAL THERAPY ASSISTANT LICENSE
(continued)**

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

CERTIFICATE OF RECOMMENDATION

TO BE COMPLETED BY THE APPLICANT. Two (2) certificates of recommendation are required; please duplicate this form. Recommendations should be from persons having personal knowledge of your character.

Applicant's Name: _____

Address: _____

TO BE COMPLETED BY THE RECOMMENDING PERSON. Please complete and return this form to: Idaho Division of Occupational and Professional Licenses P.O. Box 83720, Boise, Idaho 83720-0063 or Fax to (208) 334-3945

TO: Idaho Occupational Therapy Licensure Board:

I have known _____ for _____ years,
from _____ to _____ while he/she was studying
or practicing occupational therapy. To the best of my knowledge he/she
is ethical and of good moral and professional character.

Additional Comments:

Signature _____

Printed Name _____

Profession _____

Date _____ Phone Number _____