

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@ibol.idaho.gov

LIMITED PERMIT/SUPERVISOR AFFIDAVIT INSTRUCTIONS

In accordance with Rule .021.03, the Board may issue a Limited Permit to a graduate occupational therapist or graduate occupational therapy assistant who meets the education and experience requirements set forth by Sections 54-3706(1) and 54-3706(2) Idaho Code and who has not yet passed the NBCOT examination as required.

NOTE: A Limited Permit shall be valid only until the person is granted or denied a license under Section 54-3710, Idaho Code, or until the results of the examination are available to the Board, whichever occurs first; provided however, a Limited Permit shall not be effective for more than six (6) months from the date of issue.

A limited permit shall only allow a person to practice occupational therapy in association with and under the supervision of a licensed occupational therapist. For a full review of the supervision requirements, please refer to the Licensure Rule .011.

Each person applying for a limited permit must submit the following:

- a complete, signed and notarized OCT application
- the \$25.00 limited permit fee
- a complete, signed and notarized supervisor affidavit form
- supporting documentation including;
 - 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 or the Certificate of Professional Education form,
 - the authorization to test (ATT) notice from NBCOT,
 - and two (2) certificates of recommendation forms.

Upon receipt of the above requested material and verification of its compliance; the Limited Permit will be issued to you and sent via postal mail to the address noted on the application for licensure form. **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 not be processed and will be returned, which will delay licensure.**

Please note, there is an initial license fee that you may submit along with the application or you may choose to wait until the results of the passing examination score are available. The limited permit will automatically be upgraded to a license when proof of a passing score on the NBCOT exam and the initial license fee have been received.

Attached is the required Limited Permit/Supervisor Affidavit form that you and the supervising, Idaho licensed occupational therapist (OT) will need to complete. If you will be under the supervision of more than one therapist; a separate affidavit form is required.

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.

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.

LIMITED PERMIT/SUPERVISOR AFFIDAVIT

I am applying for a **limited permit** to practice as an occupational therapist or occupational therapy assistant in the State of Idaho. Please complete and return this form directly to: Idaho Division of Occupational and Professional Licenses, PO Box 83720 Boise, ID 83720-0063.

Applicant's Name: _____

Address: _____

SUPERVISOR

Must hold a current Idaho occupational therapist license and must review and complete the Supervisor Affidavit.

Name _____
(First) (Middle Initial) (Last)

Address _____
(Street) (City) (State) (Zip Code)

(_____) _____ OT-_____/_____/_____
(Telephone) (License No.) (Expiration date)

AFFIDAVIT OF SUPERVISOR

I understand that a Limited Permit shall only allow a person to practice occupational therapy in association with and under my supervision as a licensed occupational therapist.

I also understand that a Limited Permit shall be valid only until the person is granted or denied a license under Section 54-3710, Idaho Code, or until the results of the examination are available to the Board, whichever occurs first; provided however, a Limited Permit shall not be effective for more than six (6) months from the date of issue.

Place of Employment

Signature of Supervisor

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature

My Commission Expires _____