

**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](mailto:oct@dopl.idaho.gov)**

**APPLICATION FOR IDAHO OCCUPATIONAL THERAPY 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.

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- 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 - \$80.00 LIMITED PERMIT FEE (If applicable) - \$25.00

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. 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.**



**APPLICATION FOR IDAHO OCCUPATIONAL THERAPIST 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 THERAPIST 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: Division of Occupational and Professional Licenses PO 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 \_\_\_\_\_