

STATE OF MAINE  
OCCUPATIONAL THERAPY PRACTICE  
APPLICATION FOR LICENSURE

- Permanent Occupational Therapist



Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8626  
Office Facsimile: (207) 624-8637  
TTY USERS CALL MAINE RELAY 711  
Internet: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

Office located at: 76 Northern Avenue, Gardiner, Maine

Revised: 12/2016

## APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Occupational Therapy Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### ADDITIONAL RESOURCES

- Licensing Law for Occupational Therapists

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://www.mainelegislature.org/legis/statutes/32/title32ch32sec0.html> or call (207) 624-8626

- Licensing Rules for Occupational Therapists

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#477> or call (207) 624-8626

- Licensing Rules for the Department of Professional and Financial Regulation

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>  
<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

### APPLICATION PROCEDURE

- Please submit your application materials to the Board by mail or hand delivery to our offices. Faxed submissions will not be accepted. Applications are reviewed and processed in the order received. Typical review and processing time of applications is up to two (2) to three (3) weeks. Incomplete applications, underlying circumstances surrounding applications and periods of high volume could result in further delays.
- If there are deficiencies with your application, you will be notified by mail. You may also check the Board's website. It is the responsibility of the applicant to see that all documentation is completed and returned to the department for consideration.
- Please do not call our office regarding the status of your application. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>. We appreciate your thoughtful attention to this request.

## **IMPORTANT INFORMATION FOR LICENSEES:**

### **➤ Renewal**

This is an annual license, renewable by March 31<sup>st</sup> each year. You may renew online at your convenience 24 hours a day, 7 days a week up to 60 days in advance of your license expiration date. Renewal reminders are currently sent to the e-mail address on file. Late renewals (up to 90 days after license expiration) incur a late renewal fee of \$50.00. Those wishing to obtain licensure after the late renewal period must meet the requirements for licensure current at the time of the application.

### **➤ 10 Day Reporting**

Please be advised, pursuant to 10 MRS §8003-G, licensees and applicants are to report to the Office, in writing, any change in a name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

### **➤ GovDelivery**

The Board of Occupational Therapy Practice has teamed up with GovDelivery to manage our digital communications. As its name implies, GovDelivery works exclusively with federal, state and municipal government agencies to communicate with licensees and the public.

As a subscriber, you will automatically receive notices from the Board based on the subscriber preferences that you select. Available topics include Board Meetings (agendas and minutes), Board Laws and Rules Notices (rulemaking and law changes) and Board Notices (news and information).

To become a subscriber, go to the Board's website and insert your e-mail address in the space provided on the left side of the page. You may unsubscribe at any time.

## **Licensure as an Occupational Therapist**

There are two (2) pathways to licensure as an occupational therapist.

### **Pathway 1 – Change of Status**

Applicants who wish to change their status from temporary to permanent licensure must submit the documentation and fee as outlined in the checklist below. Please note that reference forms are no longer required.

- A completed and signed Application for Permanent Licensure;
  - Written request for change of status;
  - Payment of a Licensure Fee of \$40.00;  
**Note: All fees can be in one payment.**
  - Official Transcript indicating earned/conferred degree sent by mail or courier directly to this office by the educational institution, if not previously submitted; and
    - Official score report released to the Board directly from NBCOT (only for applicants applying within 3 months of having passed the exam)
- or**
- Official Verification of Certification Form completed and sent by mail or courier directly to this office by NBCOT.

Note: Contact NBCOT directly: [www.nbcot.org](http://www.nbcot.org) ~ [info@nbcot.org](mailto:info@nbcot.org) ~ (301)990-7979

**Note: Active temporary licensees wishing to use this pathway for full licensure must complete the application process prior to the expiration of their temporary license. Therefore, applications should be submitted in a timely manner to allow for review and processing.**

### **Pathway 2 – Standard or Licensed in Another State**

Standard applicants or applicants licensed in another state must submit the documentation and fees as outlined in the checklist below. Please note that reference forms are no longer required.

- A completed and signed Application for Permanent Licensure;
- Payment of an Application Fee of \$60.00;
- Payment of a Licensure Fee of \$40.00;
- Payment of a Criminal History Record Check Fee of \$21.00;  
**Note: All fees can be in one payment.**
- Official Transcript indicating earned/conferred degree sent by mail or courier directly to this office by the educational institution; and
- Official Verification of Certification Form completed and sent by mail or courier directly to this office by NBCOT.

Note: Contact NBCOT directly: [www.nbcot.org](http://www.nbcot.org) ~ [info@nbcot.org](mailto:info@nbcot.org) ~ (301)990-7979

**Those licensed or those who have held licensure in other jurisdiction(s) must also provide:**

- Official Verification(s) of Licensure sent by mail or courier directly to this Office from the issuing agency.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

**Mailing Address:** 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345  
Phone: (207) 624-8603 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)

### Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035.
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: <http://pfr.informe.org/almsonline/almquery/welcome.aspx>.
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **Can I fax my application?** No.

### NOTICES

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question.
- Sign and date your application.
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE (    )	FAX (    )	E-MAIL	

<b>CRIMINAL BACKGROUND DISCLOSURE</b>	
<i>NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.</i>	
<b>1. Have you ever been convicted by any court of any crime? (circle one)</b>	<b>NO      YES</b>
If yes, enclose a detailed description of what happened (including dates) and a copy of the court judgment.	
<b>2. Has any jurisdiction taken disciplinary action against any professional license you hold or have held, or denied your application for licensure? (circle one)</b>	<b>NO      YES</b>
If yes, enclose a detailed explanation and copies of all documents.	
By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional & Occupational regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.	
<b>SIGNATURE</b>	<b>DATE</b>

<b>Board of Occupational Therapy Practice</b>						
<b>Required Fee: \$121</b> <b>(includes Criminal History Records Check Fee)</b>						
<b>Please Select License Type:</b>						
<input type="checkbox"/> Occupational Therapist (OT1421)						
Rev. 12/2016						
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><b>Office Use Only:</b></td></tr><tr><td style="text-align: right;">1421 - \$40.00</td></tr><tr><td style="text-align: right;">1446 - \$60.00</td></tr><tr><td style="text-align: right;">2619 - \$21.00</td></tr></table>		<b>Office Use Only:</b>	1421 - \$40.00	1446 - \$60.00	2619 - \$21.00	
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<i>Office Use Only:</i>						
Check # _____						
Amount: _____						
Cash # _____						
Lic. # _____						

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" – if you wish to pay by Mastercard, Visa, Discover or American Express fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:	<i>XXXX-XXXX-XXXX-XXXX</i>	Expiration Date	<i>mm / yyyy</i>
<b>SIGNATURE</b>	<b>DATE</b>		

**Education**

**(Official transcripts must be submitted directly from Institution)**

Name of Academic Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Degree Granted: \_\_\_\_\_

Date Conferred: \_\_\_\_\_

**Credentialing History**

**Do you hold or have you ever held a professional license/certification/ registration in this or any other state/country?**       YES  NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Have you ever taken the NBCOT certification examination?       YES  NO

If yes:

Exam Title: _____	Location: _____
Date Taken: _____	Select One: <input type="checkbox"/> Pass <input type="checkbox"/> Fail

NBCOT Certification Number: \_\_\_\_\_

**Affirmation**

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

I also understand, pursuant to 10 MRS §8003-G, I am to report to the Office, in writing, any change in my name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license I hold, or any material change set forth in this application within ten (10) days.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Paul R. LePage  
Governor

STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**Board of Occupational Therapy Practice**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0035

Anne L. Head  
Commissioner

**VERIFICATION OF LICENSURE FORM**  
**(for use by applicants licensed or certified in another jurisdiction)**  
**Page 1 of 2**

The applicant listed below is applying to practice as an occupational therapist in the State of Maine. The Board of Occupational Therapy Practice requests written verification from all states that the applicant holds or has held any certification or licensure. This is your authority to release any information in your files, favorable or otherwise.

**Directions to applicant:**

Complete page 1 of this form and forward pages 1 and 2 to the state where you hold or have held licensure or certification. Because some states charge a fee to complete this form, you should check with each state before mailing. All fees are the responsibility of the applicant. If verification is needed for more than one (1) state, please copy form as needed.

Name:		
Mailing Address:		
City:	State:	Zip Code:
License Number:	State:	Date of Issue:
Signature of Applicant:		Date:

**Directions to State Board:**

Complete page 2 of this form and return pages 1 and 2 directly to the Board by mail or courier:

**U.S.P.S. Mailing Address:** Board of Occupational Therapy Practice, 35 State House Station, Augusta, Maine 04333

-or-

**Courier/Delivery Address:** Board of Occupational Therapy Practice, 76 Northern Avenue, Gardiner, Maine 04345



PRINTED ON RECYCLED PAPER

**Board of Occupational Therapy Practice  
Verification of Licensure (Page 2 of 2)**

*Name of Applicant:* \_\_\_\_\_

Exam taken: \_\_\_\_\_

Date exam passed: \_\_\_\_\_

If no examination was taken, how was licensure obtained?

Grandfathered       Endorsement/Comity from which state: \_\_\_\_\_

Other \_\_\_\_\_

What were the requirements for education at the time the license was issued?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any pending complaints against this licensee?      [ ] Yes   [ ] No  
If yes, please explain:

Have there been any other actions taken against this licensee?      [ ] Yes   [ ] No  
If yes, please explain:

Is the licensee considered to be in good standing in your state?      [ ] Yes   [ ] No  
If no, please explain:

State Board Seal

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

State: \_\_\_\_\_ Phone Number \_\_\_\_\_

Date: \_\_\_\_\_