



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
VERIFICATION OF LICENSURE

MISSOURI BOARD OF OCCUPATIONAL THERAPY
 P.O. BOX 1335
 3605 MISSOURI BOULEVARD
 JEFFERSON CITY, MISSOURI 65102-1335
 TELEPHONE (573) 751-0877
 TDD (800) 735-2966

APPLICANT INSTRUCTIONS:

Please complete Section I and mail this form to each state, United States Territory, province, or country that you have or ever have had a license/certification/registration/temporary permit to practice occupational therapy. This verification must be returned to the Missouri Board of Occupational Therapy within ninety (90) days of your application. Some states require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), United States Territory, province, or country. This form may be duplicated as necessary.

SECTION I - TO BE COMPLETED BY THE APPLICANT

NAME FIRST	MIDDLE	LAST	SUFFIX	FORMER/MAIDEN)	DAYTIME PHONE NUMBER
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NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF LICENSE/CERTIFICATION/REGISTRATION/PERMIT HELD <input type="checkbox"/> OTR <input type="checkbox"/> COTA	NUMBER ISSUED
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SOCIAL SECURITY NUMBER	DATE OF BIRTH
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The Missouri Board of Occupational Therapy requests that I submit evidence of my license/certification/registration/permit in your state. You are hereby authorized to release any information in your possession pertaining to me directly to the Missouri Board of Occupational Therapy, PO Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE	DATE
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SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY

TYPE OF REGULATION <input type="checkbox"/> LICENSE <input type="checkbox"/> CERTIFICATION <input type="checkbox"/> REGISTRATION <input type="checkbox"/> PERMIT HOLDER	STATE OF
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LICENSE NUMBER	<input type="checkbox"/> OT <input type="checkbox"/> OTA	ISSUE DATE	EXPIRATION DATE
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LICENSE WAS ISSUED ON THE BASIS OF

NBCOT State Examination Education Grandfather Clause

Other (please explain)

HAS THE APPLICANT'S LICENSE EVER LAPSED?

YES NO IF YES, PLEASE EXPLAIN.

HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY?

YES NO IF YES, PLEASE EXPLAIN.

DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS?

YES NO IF YES, PLEASE EXPLAIN.

SIGNATURE	DATE
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TITLE

NAME OF STATE BOARD

**PLEASE AFFIX
 BOARD SEAL**