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STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
LIMITED PERMIT RENEWAL FORM

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

INSTRUCTIONS

- This form must be completed in legible print using black ink or be typewritten.
- Complete this form in its entirety. Failure to complete in its entirety may delay review of your application.
- Request that the certifying entity (National Board for Certification of Occupational therapy) Confirmation of Eligibility to Examine directly to the Missouri Board of Occupational Therapy.
- Only an individual who sat for the first available exam and did not receive a passing score may renew their limited permit.
- A limited permit may only be renewed once.
- Pursuant to §620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials. A citizen of a foreign country applying for licensure with the division shall be required to submit his/her visa or passport identification number in lieu of the SSN.

☐ Occupational Therapy Limited Permit ☐ Occupational Therapy Assistant Limited Permit

APPLICANT DATA

NAME FIRST	MIDDLE	LAST	SUFFIX	FORMER/MAIDEN	EMAIL ADDRESS

RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)	CITY	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER

CURRENT PLACE OF EMPLOYMENT	DATE EMPLOYMENT BEGAN	EMPLOYMENT TELEPHONE NUMBER

EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE

EXAM DATA

DATE OF FIRST AVAILABLE EXAM TAKEN (MM/DD/YY)	WERE EXAM RESULTS SENT TO THE MISSOURI BOARD? RESULTS SHALL BE SENT TO THE BOARD BY THE CERTIFYING ENTITY OR ITS DESIGNEE PURSUANT TO 4 CSR 205.3.030. ☐ Yes ☐ No

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.
If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as an occupational therapist, occupational therapy assistant, or limited permit holder in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice of occupational therapy subject to the rules and regulations of the Missouri Board of Occupational Therapy. I subscribe and agree to abide by all applicable laws and rules regarding the practice of occupational therapy. I hereby certify that I have familiarized myself with sections 324.050 - 324.089 RSMo, known as the Occupational Therapy Practice Act and applicable rules promulgated by the Missouri Board of Occupational Therapy.

I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	
NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	**USE RUBBER STAMP IN CLEAR AREA BELOW.**
	NOTARY PUBLIC SIGNATURE / MY COMMISSION EXPIRES	
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

Missouri Board of Occupational Therapy

Division of Professional Registration
Policies

This policy reflects the current National Board for Certification in Occupational Therapy (NBCOT) guidelines and is subject to change should those guidelines change.

Policies on "First Available" examination

It shall be the policy of the board that "first available examination" as referred to in section 324.077, RSMo and the rules and regulations promulgated by the board shall mean – A certification examination taken by an individual who has never previously sat for or been declared eligible to take such an examination, that is completed within 90 days from the first date on which the certifying entity declares that individual eligible to take the examination.

Policies on "Second Available" examination

It shall be the policy of the board that the "second available examination" as referred to in section 324.077, RSMo and the rules and regulations promulgated by the board shall mean- A certification examination taken by an individual who failed to achieve a passing score on his/her first available examination as defined by the board, that is completed no later than 270 days from the date on which the certifying entity declared that individual eligible to take the first available examination.

August 25, 2003