## Maryland Board of Occupational Therapy Practice Spring Grove Hospital \* 55 Wade Avenue \* Tuerk Building, 2nd Floor \* Baltimore, MD 21228 Phone: 410-402-8556 \* Fax: 410-402-8561 \* www.health.maryland.gov/botp Application for Biennial License Renewal

REMEEWAL DEADLINE:       5/31/2024 (POSTMARKED)         GRACE PERIOD:       6/16 - 6/30/2024 (POSTMARKED)         LATE FEE APPLIED:       6/16 - 6/30/2024 (POSTMARKED)         LATE FEE APPLIED:       6/16 - 6/30/2024 (POSTMARKED)         Continuing Competency Requirements Questions         or       0         Continuing Competency Requirements Questions         or       0         Work Phone:       0         Eres are non-refundable.       0         Cocupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Occupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Occupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Cocupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Cocupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Cocupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Cocupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Wite YES or No For the following questions.       \$25         *You may change your licens status to inactive during the renewal process.       Changing to an inactive status can affeet your ability to practice with this license. If you need more information regarding inactive status, please contact the Board office at 410-402-8556.         Chare the any outstanding complaints, inves		
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Fees (Make checks payable to: MD Board of OT)         Fees are non-refundable.         Total Amount Due         Occupational Therapist (\$254 Renewal Fee + \$26 MHCC Fee)       \$280         Occupational Therapy Assistant       \$200         * Elective Non-Renewal Status (Inactive)       \$ 50         Late Fee - \$25 for applications postmarked between 6/16 - 6/30       \$ 25         * You may change your license status to inactive status please contact the Board office at 410-402-8556.       \$ 25         Character and Fitness Questions       \$ -7         Have you been addicted to drugs or alcohol?       -         1. Have you been addicted to drugs or alcohol?       -         1. Have you been addicted to drugs or alcohol?       -         2. Has any state licensing or disciplinary board, or a comparable body in the armed services, denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation?       -         3. Have you surrendered a license in any jurisdiction due to disciplinary proceedings?       -       1. Have you bada physical, or mental illness that currently impairs your ability to practice your profession?       -         4. Are there any outstanding complaints, investigations or charges pending against you in any jurisdiction without an active license?       -         5. Have you had a physical, or mental illiness that currently impairs your ability to practice yo		Work Phone: ()
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Workers' Compensation: MD Health Occupations Article §1-202 requires that if you are an employer, you must comply with the	_	
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Workers' Compensation Law for license renewal. Please check one of the options. I hereby certify that:

- 1. I am exempt from maintaining workers' compensation insurance because I do not employ anyone; or
- 2. I employ one or more persons in my practice and maintain the following workers' compensation insurance:
  - a. Name of the Insurance Company (Workers' Compensation Only):
  - b. Policy Number:
  - c. Expiration Date:

## Notice for Mailing List

The information collected on the license application form and the license renewal forms is collected for the purposes of the Board's functions under the Maryland Health Occupations Code Annotated, Title 10. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.		
<ul> <li>Area of Practice/Specialty: Please check <u>all</u> that apply:</li> <li>1.  Mental Health</li> <li>2.  Productive Aging</li> <li>3.  Children and Youth</li> <li>4.  Work and Industry</li> <li>5.  Rehab, Disability &amp; Participation</li> <li>6.  Other</li> <li>7.  None</li> </ul>	<ul> <li>Race/Ethnicity: Voluntarily please check <u>all</u> that apply:</li> <li>1. American Indian or Alaska Native</li> <li>2. Asian</li> <li>3. Black or African American</li> <li>4. Hispanic or Latino</li> <li>5. Native Hawaiian or other Pacific Islander</li> <li>6. White</li> </ul>	
Attestation Write YES or NO for the following statements:		
I understand that the practice of occupational therapy without a current license issued by the Maryland State Board of Occupational Therapy is a violation of the Occupational Therapy Practice Act. I attest that the information provided in this application has been personally provided and reviewed by me and that the contents of this submission are true and correct to the best of my knowledge and belief. I understand that failure to provide truthful answers may result in disciplinary action.		
I agree that the Maryland State Board of Occupational Therapy may request any information necessary to process my application for an occupational therapy license in Maryland from any person or agency, including but not limited to postgraduate program directors, individual occupational therapists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.		
I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a licensed occupational therapy practitioner in the State of Maryland, including the issuance of a subpoena of documents or records.		
During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address of any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations Article, §10-315 or the Code of Maryland Regulations, (COMAR) 10.46.02.01.		
I affirm that the contents of this document are true and correct to the best of my knowledge and belief.		
I attest to having completed an approved implicit bias course during this renewal cycle or a previous renewal cycle.		
Signature:		
Date:		
License Number:		
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