

Application for Licensure

Maryland Board of Occupational Therapy Practice

Instructions:

health.maryland.gov/botp

- 1. Write answers in ALL CAPS.
- 2. Use black or blue ink.
- 3. Answer ALL questions completely and accurately.
- 4. ENCLOSE APPLICABLE FEE.

Spring Grove Hospital Center 55 Wade Avenue
 Tuerk Building, 2nd Floor Baltimore, MD 21228
 Phone: 410-402-8556 Fax: 410-402-8561
 TDD for Disabled: Maryland Relay Service 1-800-735-2258

Personal Profile

1. Last Name:

[Grid for last name]

2. First Name and Middle Initial:

[Grid for first name and middle initial]

3. Type(s) of License sought:

- Official License: OT OTA
- Temporary License: OT OTA
(exam candidates only)
- Reinstatement: OT OTA
- Reactivation: OT OTA

4. Social Security Number:

[Grid for social security number]

5. Gender:

- Male Female

6. Date of Birth:

[Grid for date of birth]

7. Please check all that apply: Ethnicity: American Indian or Alaska Native Asian Black or African American
 Hispanic or Latino Native Hawaiian or other Pacific Islands White Other

8. Address:

[Grid for address]

8a. Apt. Number (indicate APT in first three boxes):

OR

8b. In care of (if applicable):

[Grid for apt number]

[Grid for in care of]

9. City:

[Grid for city]

10. State:

[Grid for state]

11. Zip Code:

[Grid for zip code]

12. Country:

[Grid for country]

13. Professional Email Address:

[Grid for professional email address]

14. Primary Phone:

[Grid for primary phone]

15. Secondary Phone:

[Grid for secondary phone]

16. Alias (Maiden Name, etc.):

[Grid for alias]

17. Date of Alias Change:

[Grid for date of alias change]

Certificate Information

18. Verification of initial NBCOT certification is required. Please include documentation verifying certification.

- a. NBCOT Certification Candidate Number: _____
- b. NBCOT Status: Current/Active in Good Standing
 Inactive
 Retired in Good Standing
 Pending Exam Results

If you do not maintain current certification with NBCOT,, you must provide documentation for 24 contact hours completed within the preceding 24 months. In addition, you must send a completed Continuing Competency Requirement Compliance Report as part of your application.

19. Occupational Therapy Education

School Name:

Graduation Date:
(i.e., 5/2010)

- School Type:
- College/University
 - Community College

- Degree:
- Associates
 - Bachelors
 - Masters
 - Doctorate

LAST NAME:

FIRST NAME:

Discipline Questions

1. I understand that applicants with disciplinary history must submit a complete explanation and a certified copy of the court record showing the date and nature of the offense and the disposition of the case for any of the disciplinary questions for which the answer is yes. Yes No
2. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment for any criminal act, including driving while intoxicated or of a controlled dangerous substance offense? Yes No
3. Do you currently have, or have you ever had, any disciplinary action taken against your license in any state or country? Yes No
4. Do you have, or have you ever had, a chemical dependency condition that would interfere with your ability to practice your profession? Yes No
5. Do you have, or have you ever had, a physical or mental illness that would interfere with your ability to practice your profession? Yes No
6. Do you currently have, or have you ever had, a malpractice suit filed against you, or damages that have been settled or awarded against you? Yes No
7. Is there currently, or have you ever had, any hospital or employer that has denied you privileges or employment? Yes No
8. Are there any outstanding complaints, investigations or charges pending against you in any state? Yes No

Licensure Questions

1. Have you ever been licensed in occupational therapy by the State of Maryland? Yes No
 - 1a. If yes, License # _____
 - 1b. If yes, Initial License Year _____
2. I understand that practicing occupational therapy in Maryland without a valid Maryland license is a violation. Yes No
3. Are you, or have you ever been, licensed to practice occupational therapy in another state or country? Yes No
 - 3a. If yes, please list _____
(Verification of licensure must be provided to the Board.)

Military Experience

1. Are you active duty military, including reservists called to active duty for training or deployment? Yes No
2. Are you a military veteran discharged within one year of this licensing application? Yes No
 - 2a. If yes, date of discharge: _____
3. Are you the spouse of an active duty military or recently discharged veteran? Yes No

Education Experience

1. Has it been more than one year since you graduated from an Occupational Therapy academic program? Yes No

Certification Questions

1. I maintain current/active in good standing certification with NBCOT which fulfills the MD State Continuing Competency requirement;. Yes No
2. My certification with NBCOT is Retired in good standing or Inactive, and I am providing documentation for 24 contact hours and a completed Continuing Competency Requirement Compliance Report. Yes No

Professional Experience

1. Has there been a lapse of three years or more since you have practiced occupational therapy? Yes No
(If yes, please see COMAR 10.46.04.04 C (3) for additional requirements.)

Jurisprudence Exam Questions

1. Data collected during an evaluation must be interpreted by an occupational therapist. Yes No
2. A licensee wishing to render a license inactive for a specified renewal term may electively non-renew the license for that term. Yes No

3. Documentation of discharge summaries, verbal orders and clarification orders are to be in accordance with the policies and procedures of one's place of employment. Yes No
4. Under the direct supervision of an OT or OTA, an aide may apply adaptive devices to a client. Yes No
5. The Board has the authority to reprimand a licensee, place a licensee on probation, suspend, or revoke a licensee's license. Yes No
6. Under COMAR 10.46, Chapter 1, General Regulations, "direct supervision" is defined as occurring over the telephone or via email. Yes No
7. Periodic supervision requires a face-to-face meeting every 30 calendar days or 10 therapy visits between the occupational therapist supervisor and occupational therapy assistant. Yes No
8. Application documentation may be emailed, uploaded, faxed or mailed to the Board office. Yes No
9. Since licenses are renewed on a biennial basis, an initial license issued in an even-numbered year will expire in an odd-numbered year. Yes No
10. You are not required to complete any continuing education to renew your Maryland license if you maintain current active certification with the National Board for Certification in Occupational Therapy (NBCOT). Yes No
11. The procedure to be appointed to the Maryland Board of Occupational Therapy Practice includes contacting the Board office to inquire about vacancies **AND/OR** contacting the Maryland Occupational Therapy Association (MOTA) for application procedures. Yes No
12. You must be a member of the Maryland Occupational Therapy Association (MOTA) and currently certified by National Board for Certification in Occupational Therapy (NBCOT) in order to serve on the Maryland Board of Occupational Therapy Practice. Yes No
13. The Maryland Board of Occupational Therapy Practice (MBOT) issues licenses for occupational therapy practitioners to practice only in the State of Maryland. Yes No
14. The American Occupational Therapy Association (AOTA) and the Maryland Occupational Therapy Association (MOTA) are professional organizations which you may opt to join, but membership is not a requirement for licensure. Yes No
15. There are certain prescribed tasks within the treatment program that may be performed by an aide under the direct supervision of an occupational therapist, and other prescribed tasks that may be performed by an aide under the direct supervision of an occupational therapist or an occupational therapy assistant. Yes No
16. If your certification is currently active with NBCOT, your Maryland Continuing Competency Requirement (CCR) is waived. Yes No
17. A fee may be assessed if a licensee fails to report a change of mailing address or email address, in writing, within 30 days of the change. Yes No
18. An occupational therapy assistant may participate in the screening, evaluation, reevaluation, and discharge planning process by collecting data. Yes No
19. An occupational therapy assistant may practice limited occupational therapy under the periodic supervision of another occupational therapy assistant. Yes No
20. A temporary license authorizes the licensee to practice limited occupational therapy with direct supervision. Yes No
21. Fingerprints for a Criminal History Records Check must be completed as part of an application for a Maryland Occupational Therapy License. Yes No
22. In addition to a minimum of 24 continuing competency contact hours or current/active in good standing NBCOT certification, applicants requesting licensure with 3-8 years lapse in practice may be subject to additional requirements. Yes No
23. Cardiopulmonary resuscitation (CPR) courses are eligible for continuing competency credit. Yes No
24. A licensee may accrue continuing competency contact hours by being involved in a broad variety of programs and activities to maintain professional competency, including volunteering, mentoring and internet learning experiences. Yes No
25. Continuing competency documentation is to be maintained by the licensee and available to the Board upon notification of audit and/or request for a period of 4 years. Yes No
26. Paraffin is an example of an **electrical** physical agent modalities. Yes No
27. Before applying physical agent modalities to a client, a licensee shall complete 15 contact hours of continuing education relative to electrical physical agent modalities, 5 contact hours specific to ultrasound, and 5 contact hours specific to electromuscular stimulation. Yes No
28. An educator, as defined in Competency Requirements for Physical Agent Modalities, is limited to a licensed occupational therapist who has successfully met the requirements of that chapter. Yes No
29. The Board established sanctioning guidelines to be referenced when sanctioning licensees. Yes No
30. It is the responsibility of the licensee to report to the Board a person believed to be performing or aiding and abetting the illegal practice of occupational therapy. Yes No

31. Documentation for supervision of an occupational therapy assistant includes, but is not limited to: verification of periodic supervision, documentation for planned discharges, and documentation of demonstrated competencies. Yes No
32. Supervision documentation must be recorded in a specific format on a specific form mandated by the Board. Yes No
33. The Board does not regulate billing procedures but does sanction licensees for billing fraud. Yes No
34. An occupational therapist may include the use of electrical physical agent modalities in a treatment plan even if the therapist personally has not met the Maryland requirements to utilize PAMS as long as the OT or OTA applying the modalities has met the requirements. Yes No
35. Licensees are authorized to attend open session meetings of the Maryland Board of Occupational Therapy. Yes No

Affirmation Questions

I have read and understand the Annotated Code of Maryland Health Occupations Article Title 10, and the Code of Maryland Regulations (COMAR) 10.46, Maryland Board of Occupational Therapy Practice. Yes No

I understand that the practice of occupational therapy without a current license issued by the Maryland State Board of Occupational Therapy Practice 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. Yes No

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. Yes No

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. Yes No

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 or 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. Yes No

I affirm that the contents of this application are true and correct to the best of my knowledge and belief. Yes No

APPLICANT'S SIGNATURE (REQUIRED):

DATE:

Applicant Fee:	\$200
Reinstatement Fee:	\$225 or \$450
Reactivation Fee:	\$123 or \$246
Do not staple fee payment to form.	

Make check or money order payable to "MBOT". Cash cannot be accepted. If the application is not complete per regulation 10.46.01.02 C, the application may be destroyed. To reapply, a new application may need to be filed and another fee paid.

FEE IS NOT REFUNDABLE.

This space is to contain a recent passport type full-face photograph of the applicant.

Photograph must be securely taped in place.

Newspaper photographs, etc., are not acceptable.

PLEASE DO NOT STAPLE.