

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.

Area of Practice/Specialty: Please check all that apply:

- 1. Mental Health
- 2. Productive Aging
- 3. Children and Youth
- 4. Work and Industry
- 5. Rehab, Disability & Participation
- 6. Other
- 7. None

Race/Ethnicity: Voluntarily please check all that apply:

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Hispanic or Latino
- 5. Native Hawaiian or other Pacific Islander
- 6. White

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.

Signature: _____

Date: _____

License Number: _____