

MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE

Spring Grove Hospital Center ♦ Tuerk Building, ♦ 2nd Floor 55 Wade Avenue ♦

Baltimore, MD 21228 Phone: 410-402-8560 ♦ Fax: 410-402-8561 <http://www.health.maryland.gov/botp>

VERIFICATION OF LICENSURE FORM

COMAR 10.46.01.02 D (5) (a) - (c)

PART I – TO BE COMPLETED BY APPLICANT

1. Name: _____ 2. Social Security Number: xxx-xx-_____
3. Address: _____
4. City: _____ 5. State: _____ 6. Zip: _____
7. Home Phone: () _____ 8. Work Phone() _____
9. Type of License Applying for: ☐ Occupational Therapist (OT) ☐ Occupational Therapy Assistant (OTA)
☐ Temporary OT ☐ Temporary OTA
☐ OT Reinstatement ☐ OTA Reinstatement
☐ OT Reactivation ☐ OTA Reactivation
10. State or foreign country in which you have ever held a license: _____
Make a copy of this form for each state or foreign country in which you are or ever have been licensed.

PART II – TO BE COMPLETED BY APPLICANT

The Occupational Therapist or Occupational Therapy Assistant listed above has applied for licensure in the State of Maryland. Please provide the following information.

11. Occupational Therapist Yes ☐ No ☐ 12. Occupational Therapy Assistant Yes ☐ No ☐
13. License Number: _____ 14. Status: _____
15. Date Issued: _____ 16. Expiration Date: _____
17. Did the licensee obtain a temporary license only? Yes ☐ No ☐
18. If yes, can the temporary license be verified via this form? Yes ☐ No ☐
19. Has the licensee ever had any disciplinary action taken against their license in your state or country? Yes ☐ No ☐
20. If yes, please give particulars on the reverse side of this form and include a copy of any Order.
21. The Board of _____ of the State of _____ certifies that the above information is correct.

22. Signature _____
Title _____
Date _____
Agency Address _____

PLEASE RETURN DIRECTLY TO THE MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE.