

# 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.**