

MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE

Spring Grove Hospital Center ♦ 55 Wade Avenue ♦ Tuerk Building, 2nd Floor
Baltimore, MD 21228 ♦ Phone (410) 402-8556 ♦ Fax (410) 402-8561 ♦ <http://www.health.maryland.gov/botp>
TDD for Disabled: Maryland Relay Service 1-800-735-2258

Application for Licensure

Instructions:

1. Write answers in ALL CAPS.
2. Use black or blue ink.
3. Answer ALL questions completely and accurately.
4. Enclose applicable fee.

Personal Profile

1. Last Name: _____
2. First and Middle Name: _____
3. Type(s) of License sought:
Official License: ☐ Occupational Therapist (OT) ☐ Occupational Therapy Assistant (OTA)
Temporary License (exam candidates only): ☐ Occupational Therapist (OT) ☐ Occupational Therapy Assistant (OTA)
Reinstatement: ☐ Occupational Therapist (OT) ☐ Occupational Therapy Assistant (OTA)
Reactivation: ☐ Occupational Therapist (OT) ☐ Occupational Therapy Assistant (OTA)
4. Social Security: _____ 5. Gender: ☐ Male ☐ Female 6. Date of Birth: _____
7. Ethnicity: Please check all that apply: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Hispanic or Latino ☐ Native Hawaiian or other Pacific Islands ☐ White ☐ Other
8. Address: _____ 8a. Apartment Number: _____
8b. In care of (if applicable): _____
9. City: _____ 10. State: _____ 11. Zip Code: _____ 12. Country: _____
13. Professional Email Address: _____
13a. Business Email Address: _____
14. Primary Phone: _____ 15. Secondary Phone: _____
15. Alias (Maiden Name, etc.): _____ 17. 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 active 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.

Occupational Therapy Education

19. School Name: _____ Graduation Date (i.e., 6/2020): _____
Type: ☐ College/University ☐ Community College Degree: ☐ Associates ☐ Bachelors ☐ Doctorate ☐ Masters

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
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Licensure Questions

1. Have you ever been licensed in occupational therapy by the State of Maryland? ☐ Yes ☐ No
 - 1a. If yes, License Number: _____
 - 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.)
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Military Status Questions

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
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Education Question

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

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.)
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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 modality. ☐ 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 a 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 of 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 Practice. ☐ Yes ☐ No
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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 Fees

Initial or Temporary Application: \$200

Reinstatement Application: \$225 to \$450 (dependent on year of original issuance. Contact the Board Office for exact amount)

Reactivation Application: \$123 to \$245 (dependent on year of original issuance. Contact the Board Office for exact amount)

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.

FEES ARE NOT REFUNDABLE.

APPLICANT'S SIGNATURE (REQUIRED): _____

DATE: _____

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.