

MARYLAND BOARD OF OCCUPATIONAL THERAPY

Spring Grove Hospital Center ● 55 Wade Avenue ● Tuerk Building, 2nd Floor
Baltimore, Maryland 21228 ● Phone (410) 402-8556 ● Fax (410) 402-8561 ● www.health.maryland.gov/botp

REQUEST FOR LICENSE LISTING BY ZIPCODE

Instructions:

1. Complete form
2. Make check or money order payable to MBOT
3. Return request form with payment to Spring Grove Hospital Center, 55 Wade Avenue, Tuerk Building - 2nd Floor, Baltimore, MD 21228

Names and mailing addresses of active practitioners are provided. Choose to receive the file as either an ASCII text file or an Excel spreadsheet. The fee for each list is \$55. Please allow up to 4 weeks for your completed request to be emailed.

Select the appropriate option(s)

- | | | |
|--|-----------------------------|-----------------------------|
| 1. Occupational Therapists – All Residents (In State and Out of State) | <input type="radio"/> ASCII | <input type="radio"/> Excel |
| 2. Occupational Therapists – Maryland Residents Only | <input type="radio"/> ASCII | <input type="radio"/> Excel |
| 3. Occupational Therapy Assistants – All Residents (In State and Out of State) | <input type="radio"/> ASCII | <input type="radio"/> Excel |
| 4. Occupational Therapy Assistants – Maryland Residents Only | <input type="radio"/> ASCII | <input type="radio"/> Excel |

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Total Amount Enclosed: _____