

# MARYLAND STATE BOARD OF OCCUPATIONAL THERAPY PRACTICE

Spring Grove Hospital Center  
 55 Wade Avenue, Bland Bryant Building, 4<sup>th</sup> Floor  
 Baltimore, Maryland 21228  
 Phone (410) 402-8560  
 Fax (410) 402-8561

[www.dhmh.maryland.gov/botp](http://www.dhmh.maryland.gov/botp)

## REQUEST FOR LICENSEE LISTING

### Instructions:

1. Complete Form
2. Make checks or money orders payable to: **Maryland Board of Occupational Therapy Practice (MBOT)**
3. Return Request Form with payment to: Spring Grove Hospital Center, 55 Wade Avenue, Bland Bryant Building, 4<sup>th</sup> Floor  
Baltimore, MD 21228

*(Please allow 4 weeks for your completed request to be delivered.)*

Status: Circle Status Option(s) Desired	# of Licensees (as of 3/31/2017)	Price List (Circle Price for Desired Format)		Check Selection Desired	
		ASCII text file – sent via email	Excel 2013 file – sent via email	Alpha Order	Zip Code Order
<b>Rosters</b>					
<b>Name and Mailing Address ONLY</b>	Approximate Count				
<b>Occupational Therapists: Maryland Residents Only</b>					
1. Active Licensees Only	2,778	\$55	\$55		
<b>Occupational Therapists: All Residents (In State + Out of State)</b>					
2. Active Licenses Only	3,297	\$55	\$55		
<b>Occupational Therapy Assistants: Maryland Residents Only</b>					
3. Active License Only	660	\$55	\$55		
<b>Occupational Therapy Assistants: All Residents (In State + Out of State)</b>					
4. Active Licenses Only	950	\$55	\$55		

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Total Amount Enclosed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_