LICENCE VERIFICATION REQUEST FORM

Instructions:
1. Online verification is available via the Board’s website, dhmh.maryland.gov/botp. Select Verify a License.
2. If requesting a written verification from the Board, with Board seal affixed, complete items 1, Requestor Information; and Recipient Information
3. Enclose a $20 check or money order payable to MBOT. Do not send cash.
4. Forward completed form and payment to: MBOT, 55 Wade Ave., Bland Bryant Bldg., 4th Floor, Baltimore, MD 21228

1. REQUESTOR INFORMATION: (Please print)

First Name: ___________________________  Street: ___________________________
Last Name: ___________________________  City: ___________________________
Phone: _______________________________  State: _______________________  Zip: ________
Social Security Number: ________ - ________ - ________
License Number: ______________________  □ Occupational Therapist  □ Occupational Therapy Assistant
Email address: _________________________
Name when originally licensed: _________________________
Signature: ____________________________  Date: ________________________

2. RECIPIENT INFORMATION: (Please print)

Delivery Options: _____ U.S. Mail  _____ Email  _____ Fax

Name: _______________________________
Company/Organization: ______________________
Street: _______________________________  P.O. Box: ______________________
City: _______________________________  State: _______________________  Zip: ______________________
Email: _____________________________  Fax: ______________________  Phone: ______________________

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