



MD BOARD OF OCCUPATIONAL THERAPY PRACTICE
Spring Grove Hospital Center 55 Wade Avenue Baltimore, MD 21228
410-402-8556 410-402-4561 (Fax)
<https://health.maryland.gov/botp>

LICENSE VERIFICATION REQUEST FORM

Instructions:

1. Online verification is available via the Board's website, health.maryland.gov/botp. Select Verify a License.
2. If requesting a written verification from the Board, with Board seal affixed, complete items **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 Avenue, Tuerk Building, 2nd 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: _____ US Mail _____ Email _____ Fax
Name: _____
Company/Organization: _____
Street: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____
Email: _____ Fax: _____ Phone: _____