



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Employment History

This form must be completed by any person who is applying to reinstate an Ohio license. Attach additional sheets if necessary.

Section A

1. Have you worked as an OT, OTA, PT, PTA, or AT in Ohio since the license you are applying to reinstate expired? <input type="radio"/> Yes <input type="radio"/> No
2. During this time period, were you employed by a contract company/agency? <input type="radio"/> Yes (If yes, complete sections B, C, and D.) <input type="radio"/> No (If no, complete sections C and D.)
3. What type of license are you applying to reinstate? (Please provide Ohio license number) <input type="radio"/> OT # <input type="radio"/> OTA # <input type="radio"/> PT # <input type="radio"/> PTA # <input type="radio"/> AT #

Section B

If you were employed with a contract company/agency, you are required to list the details for each facility in Ohio where you provided OT, OTA, PT, PTA, or AT services, including the name of each person who supervised you and the dates you provided services at each facility.

Name of Contract Company/Agency:	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	

Section C

Employment Information

Employer #1: (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	



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Employment History

Employer #2: (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	

Employer #3: (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	

Section D

I, the undersigned, hereby certify that the information provided on the employment history form is accurate to the best of my knowledge.

Print Name

Type of License (OT, OTA, PT, PTA, AT)

Signature

Date

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108