Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John R. Kasich
Executive Director
Jeffrey M. Rosa

CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE

Section 4755.70 of the Ohio Revised Code requires all individuals applying for a license issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).

Instructions for Individuals Residing in Ohio or Within 50 Miles of Ohio

Applicants residing in Ohio or within 50 miles of Ohio are required to utilize "WebCheck" to electronically submit their fingerprints to BCI. The Board will typically receive the results of a criminal records check submited via "WebCheck" within 7 to 10 business days. In addition to the $22 BCI fee and the $24 FBI fee, the electronic fingerprinting company or law enforcement agency may charge its own fee to process the fingerprints.

Since the law requires applicants to submit a records check completed by both BCI and the FBI, you must use the services of a "WebCheck" vendor that participates in the "National WebCheck." The sheriff's offices in most of Ohio's 88 counties participate in the "National WebCheck." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at:

http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing

When locating an electronic fingerprinting site on the webpage, please note that you must use the services of a vendor that has (BCI & FBI) listed after the vendor's name. Only these entities participate in the "National WebCheck." The Board does not endorse or recommend any specific electronic fingerprinting company.

You need both the BCI and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from BCI and FBI.

Steps for "WebCheck"

1. Identify a "WebCheck" vendor that participates in the "National WebCheck" (BCI & FBI).
2. Submit your fee directly to the "WebCheck" vendor. **Do not send your fingerprints or fee to the Board.**
3. Request both a BCI and FBI criminal records check.
4. Request that the criminal records check results be sent **directly** to:

   Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
   77 S. High Street, 16th Floor
   Columbus, Ohio 43215-6108

   *The Board will **only** accept criminal records checks that are sent to the Board **directly** from the BCI. The results may not be sent to you, your employer, or to the entity that conducted the fingerprinting.*

5. List the reason fingerprinted as: Required for licensing per ORC 4755.70
6. **Bring the following information with you to the "BCI & FBI" Webcheck Vendor:** (1) this notice; (2) a valid form of photo identification, and (3) payment, in the appropriate amount and form, payable to the vendor.

Instructions for Individuals Residing More than 50 Miles From Ohio

You must contact the Board at board@otptat.ohio.gov or 614-466-3774 to request that the Board mail you the appropriate forms to have your fingerprints taken at a local law enforcement agency. Please note, the Board will not mail these cards until after you submit an initial application for licensure. In addition, it takes the FBI 3 to 4 months to process ink rolled fingerprints. Since Ohio does not have temporary licensure, please take this delay into account. You may also elect to physically come to Ohio to have your fingerprints taken electronically to minimize the time it takes to process your application.

Additional Information for Individuals Who Previously Submitted Fingerprints to BCI

When an individual submits fingerprints to BCI for a criminal records check, BCI will keep the fingerprints on file for twelve (12) months. If less than one year has passed since the initial submission of fingerprints to BCI, the applicant can request that BCI run another check on the same fingerprints and run a new criminal records check report to be sent to the Board. In this situation, BCI charges the applicant $8. You will need to provide BCI with the information identified above in the "Steps for WebCheck" section of this notice. If more than 12 months passed since you submitted your fingerprints to the BCI, you will need to submit new fingerprints and follow the steps identified in the first page of this notice.

This service only applies for the BCI check. Even if you previously submitted your fingerprints to the FBI, you will need to identify a "National WebCheck" vendor, submit new fingerprints, and request that the FBI criminal records check results be sent directly to the Board. You will need to bring this notice with you to the WebCheck vendor but will only need to request the FBI check.

Frequently Asked Questions

Question: I recently had an FBI records check completed for another purpose. Can I just use those results to meet the requirements of the Board?

Answer: *No. The law requires that an applicant for an initial license from a licensing agency shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. Upon completion of the criminal records check, the superintendent of BCI shall report the results of the check, and any information the FBI provides, to the licensing agency identified in the request for a criminal records check.*

Question: How much time will this add to the licensure process?

Answer: *The Board typically receives the criminal records check results approximately 7-10 days after you are electronically fingerprinted. For out-of-state applicants completing the ink-rolled fingerprints, it takes the FBI 3-4 months to process the fingerprints and submit the results of the criminal records check to the Board.*

Question: What happens if I have a criminal history reported to the Board?

Answer: *The Board will review the records related to the criminal history and determine if the offenses identified make you ineligible for licensure in Ohio.*

Question: Will I need to submit a criminal records check to renew my license every two years?

Answer: *No. The records check requirement does not apply to the biennial renewal process or to individuals reinstating an expired Ohio license.*

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Occupational Therapy Section

Occupational Therapy Endorsement Application Instructions

Any individual who currently holds a license to practice as an occupational therapist or occupational therapy assistant in another state or U.S. territory and who has NEVER held a license to practice in Ohio must submit an endorsement application. Please review rule 4755-3-01 of the Ohio Administrative Code for clarification on the requirements to apply for an Ohio occupational therapist/occupational therapy assistant license by endorsement.

Applications are reviewed on a weekly basis. All applications must be **FULLY** completed before they are reviewed and a license is issued. If your application remains incomplete for one year from the date the Board receives it, your file will be closed.

You may not practice occupational therapy in Ohio until you receive a license. Please note, all licenses issued for occupational therapists must be renewed by June 30 of odd-numbered years. All licenses issued for occupational therapy assistants must be renewed by June 30 of even-numbered years.

To obtain a license by endorsement in Ohio, you must complete all of the following:

(This form and instruction sheet is for your personal records.)

Application Fee

- ❑ The application fee is non-refundable. Please submit a cashier's check, business check, or money order made payable to "Treasurer State of Ohio" for $100.00. Personal checks, cash, and/or credit cards will not be accepted.

Criminal Records Check

- ❑ You must submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).
- ❑ You need both the BCI and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the criminal records check reports from BCI and FBI.

Photograph

- ❑ Please staple a passport photograph of your face taken within the six month period immediately preceding the date of your application. The photo should be 2 x 2 inches in size. If the photo is digital, it must be a clear representation and must meet the specifications listed above. For more information please review the *Passport Photograph Guidelines* on the Board's website (http://otptat.ohio.gov).

Jurisprudence Examination

- ❑ You must score a 90% or better to pass the examination. Please download the Ohio Occupational Therapy Laws and Rules and licensure law test from the Board website.

Certification of Entry Level Education or Official Transcript(s)

- ❑ This document must come to the Board directly from your educational institution. Documents received from the applicant will not be accepted.
- ❑ Transcripts may be submitted in lieu of the "Certification of Entry Level Education". This only applies to graduates of ACOTE accredited programs. Transcripts received from the applicant will not be accepted.

Verification of Examination

- ❑ You must provide proof that you passed the NBCOT certification examination. This must come directly from NBCOT.

Verification of Licensure

- ❑ You must provide a verification from any state in which you currently hold or have ever held a license to practice occupational therapy or another healthcare profession.

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Occupational Therapy Section

Occupational Therapy Endorsement Application Instructions

Credential Evaluation

A credential evaluation must be completed for any applicant that graduated from a Non-ACOTE accredited program.

- ❑ An evaluation is not required if you were initially certified by NBCOT on or after January 1, 2004.
- ❑ All graduates of non-ACOTE accredited programs initially certified by NBCOT prior to January 1, 2004 must submit a credential evaluation from one of the following credential review agencies. Please contact them directly at:

Educational Credential Evaluators, Inc. http://www.ece.org	World Education Services, Inc. http://www.wes.org	International Consultants of Delaware http://www.icdeval.com	NBCOT http://www.nbcot.org	International Credentialing Associates, Inc. http://icaworld.com

Additional Requirements For Individuals Who Have Not Engaged In The Practice Of Occupational Therapy For More Than Five Years Prior to the Date of This Application

Applicants for initial licensure for endorsement who have not engaged in the practice of occupational therapy for more than five years prior to the date the individual applies to the Section for licensure by endorsement may be subject to additional requirements including, but not limited to: (1) Submission of proof of completion of twenty hours of continuing education within the two year period immediately preceding the date the application is submitted; (2) Professional development plan; (3) Extended coursework; (4) Retaking and passing the NBCOT certification examination; (5) Mentorship; and (6) Competency-based performance appraisals.

The Occupational Therapy Section

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Phone (614) 466-3774 Fax (614) 995-0816
Website: http://otptat.ohio.gov
Email: board@otptat.ohio.gov

APPLICATION FOR LICENSE TO PRACTICE OCCUPATIONAL THERAPY IN OHIO

Profession (Select one)
- ○ Occupational Therapist
- ○ Occupational Therapy Assistant

Application Type (Select one)
- ○ Examination
- ○ Endorsement
- ○ Reinstatement
- ○ Limited Permit
- ○ Restoration

INSTRUCTIONS, PLEASE READ:

A. Complete all relevant categories (type or print in ink).
B. Photo must be submitted with this application.
C. Fee must be submitted with application. (**Money Order/Cashier's Check** must be made payable to "**Treasurer State of Ohio**")

ALL LICENSURE APPLICATION FEES ARE NON-REFUNDABLE

**PLEASE READ: Provision of your social security number is mandatory and may be provided for child support enforcement purposes (ORC 3123.50) and for reporting requirements to the Federal Healthcare and Integrity Protection Data Bank (42 USC 132a-7e, 5 USC 552a, 45CFR pt. 61). In compliance with section 1347.05 (E) of the Revised Code, you are notified that failure to supply the information requested in this application may result in a denial of the application.

Section A: IDENTIFICATION INFORMATION			
First Name	**Middle Name**	**Last Name**	**Maiden Name**
Home Phone Number (with Area Code)		**Work or Alternate Phone Number (with Area Code)**	
Permanent Mailing Address			
City	**State**	**Zip**	**County**
****Social Security Number**	**Email Address** (Optional)		
Date Of Birth (mm/dd/yyyy)		**Place Of Birth** (City and State)	
Color of Hair	**Color of Eyes**	**Weight**	**Height**	**Gender** ○ Male ○ Female
According to rule 4755-3-08 of the Ohio Administrative Code, you must inform the Occupational Therapy Section in writing of any change of name, address, or employment within thirty days after the change.			

FOR OFFICE USE ONLY
Application Received
Amount $:
Money Order #:
Batch Number

Staple Passport Photograph Here

Photograph must be 2 x 2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken with the past 6 months. Sign back of photograph.

Section B: EDUCATION

Entry Level Occupational Therapy Education

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR) From	To

Other Post High School Education

Please list all post-professional education and/or other colleges attended.

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR) From	To

Section C: EXPERIENCE

(Starting with present position, list chronologically your work experience during the past ten years. Limited Permit and Examination Applicants must list their field work experience. Please attach a separate page if necessary.)

DATES (MO/YR)		JOB TITLE, TYPE OF PRACTICE AND AVERAGE WORK HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	PERFORMED OT DUTIES IN OHIO	
Start	End				
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**

Section E: LICENSURE HISTORY

Do you currently hold or have ever held a **license, limited permit, certification, or registration** to practice occupational therapy or another healthcare profession in this state and/or another state. ○ **YES** ○ **NO**

If YES, Please complete the table below.

Initial license to practice as an ○ Occupational Therapist ○ Occupational Therapy Assistant issued by which State?

STATE	LICENSE # / LIMITED PERMIT #	ISSUE DATE	EXPIRATION DATE

Section F: BACKGROUND QUESTIONS

Answer the following questions by initialing in the appropriate space at the right. NOTE: Be advised that you are under a continuing obligation to supplement your answers to these questions should any answers change following the submission of this application.	**YES**	**NO**
1. Have you ever been convicted of, found guilty of, pled guilty to or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude in Ohio, another state, or a US territory?		
2. Have you ever been adjudged by a court, in Ohio, another state, or a US territory to be incompetent?		
3. Have you ever been denied licensure to practice as an occupational therapist or occupational therapy assistant, or another healthcare profession in Ohio, another state, or US territory?		
4. Have you ever been disciplined in any state or US territory in which you have ever held a license to practice as an occupational therapist or occupational therapy assistant, or any other healthcare profession?		
5. Have you used drugs, narcotics, or alcohol to the extent that it impairs you ability to practice occupational therapy or another healthcare profession?		
6. Have you ever been convicted of a misdemeanor when the act that constituted the misdemeanor occurred during the practice of occupational therapy?		

If the answer to any questions is "yes", please provide a written statement explaining the incident(s) and what state it occurred in and attach supporting documentation including but not limited to: *court records, police records, and/or documentation from other state licensing boards.* . If you have been convicted of a felony, you must provide "certified "copies of the following court documents*: Indictment, Plea Entry, Disposition, Sentencing Entry, Terms of Parole or Probation, Parole or Probation and Release/Discharge*

_____

_____

_____

_____

SECTION G: ANTICIPATED PLACE OF EMPLOYMENT

If unknown at the time this application is completed, please put "Unknown")

Facility Name		Employment Starting Date
Facility Physical Address (include City, State, and Zip)		Title/Position
Name of Supervising Occupational Therapist	License Number	Phone Number w/Area Code

SECTION H: CERTIFICATION OF APPLICANT

The section must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

I, _____, certify that I am the person referred to in this application and that the foregoing statements are true in every respect, and that the attached photograph is a true likeness of myself.

I hereby authorize all my references; educational institutions; employers; business; professional organizations and associates - past, present, and future- to release to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board any information requested by the Board in connection with the processing of this application or subsequent licensure.

In accordance with the Revised Code, section 1347.05(E) you are notified that failure to supply the information requested on the application may result in denial of the application.

I hereby certify to the Occupational Therapy Section that I am not presently functioning and will not function as an Occupational Therapist or Occupational Therapy Assistant or use any titles or initials to indicate or imply that I am licensed in Ohio to perform occupational therapy services until I receive a full license or limited permit from the OT/PT/AT Board.

I further certify that if I accept employment as an OT/OTA, or limited permit holder (a category for recent graduates who have not yet taken the NBCOT Examination), I will only perform duties in accordance with the laws and rules governing occupational therapy practice in the State of Ohio.

I understand the Board is authorized to investigate persons whom they have reason to believe are unlawfully practicing occupational therapy.

I further understand that pursuant to section 4755.11 of the Ohio Revised Code, the Occupational Therapy Section may suspend, revoke, or refuse to issue or renew the license of an individual who has violated any of the laws and rules governing occupational therapy in the State of Ohio.

If I am applying for a limited permit, I hereby certify that I understand that my limited permit will be valid for four (4) months from the date of issue, or when the Section receives the results of my NBCOT examination, *whichever occurs first*. I also understand that my limited permit will immediately expire if I fail the NBCOT examination. If I fail the NBCOT examination, I shall notify my employer and must immediately cease performing as a limited permit holder.

_____

Signature of Applicant Date

SECTION I: Notary Public please complete the following:

Subscribed and sworn to in my presence this _____ day of _____, Year_____.

_____ _____

Signature of Notary Date Commission Expires

Return This Document To:

Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Notary Seal

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Certification of Entry Level Education

Section I: This portion must be completed by the applicant. Please print or type.	
Name (First, Middle, Last):	Maiden Name:
Complete Mailing Address	
Social Security Number or Alien Registration Number:	Date of Birth: (mm/dd/yyyy):

Applicant's Signature _____ Date _____

Section II: This Section must be completed by an official from the program where an occupational therapy degree was earned. If the institution does not use a school seal, the official signing the verification must sign this form in the presence of a Notary Public. **The educational institution must mail the completed form directly to the OT PT AT Board at the address below. Documents received directly from the applicant will <u>not</u> be accepted. Please print or type.**

I hereby certify that _____ completed the didactic and
(Student's Name and SSN)

clinical education requirements of the _____ program on _____
(Program Type :OT, OTA) *(mm/dd/yyyy)*

and is eligible for or has been granted the degree of _____ .
(Degree: AAS, Certificate, BS, MOT, OTD etc.)

Name of Institution:	
City, State, Zip Code:	
Phone Number w/ Area Code:	Is this entry level program ACOTE accredited? ○ Yes ○ No

Print Name _____ Title _____

Signature _____ Date _____

If a Notary Public is used, please complete the following:

Subscribed and sworn to in my presence this _____ day of _____, Year_____.

Signature of Notary _____ Date Commission Expires _____

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

School or Notary Seal

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Verification of Licensure

This form must be completed by an official from each jurisdiction where the applicant currently holds or has ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process.

This section must be completed by the applicant. Please print or type.		
Name (First, Middle, Last):	Maiden Name:	
Name as it appears on this state's license, certificate, registration, or permit:		
Type of License/Certificate/Registration/Permit: ○ OT ○ OTA ○ PT ○ PTA ○ AT ○ Other _____	Jurisdiction	License Number
Social Security Number:	Date of Birth (mm/dd/yyyy):	

The Ohio OT PT AT Board requests that I submit evidence of my license/certification/registration/permit in your jurisdiction. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board, 77 South High Street, 16th Floor, Columbus, Ohio, 43215-6108.

Applicant Signature _____ Date _____

This section must be completed by an administrative officer of the regulatory agency. Please print or type.			
Licensure Jurisdiction:	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: ○ Active ○ Inactive/Expired ○ Suspended/Revoked ○ Other (Explain)			
The license was issued on the basis of: ○ Examination ○ Endorsement ○ NBCOT or BOC ○ Grandfather ○ Other (Explain)			
Has the applicant's license to practice ever been restricted or disciplined in any way? If yes, please explain and attach any relevant documentation.			
Does the applicant have any pending complaints or is the applicant currently under investigation? If yes, please explain and attach any relevant documentation.			

Print Name _____ Title _____

Signature _____ Date _____

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Board Seal