



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 applicant. 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 the Applicant:

The applicant will upload the completed form to:

<https://elicense.ohio.gov>

School or Notary Seal