



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Application for Waiver / Extension of Continuing Education Requirements

Instructions:

1. Explain, in detail, the reason(s) and/or condition(s) why you are requesting a waiver or exemption.
 - **For an occupational therapy waiver/extension**, please review rule 4755-9-02 of the Administrative Code. All occupational therapy waiver or extension requests are due by April 1 in the year your license expires.
 - **For a physical therapy waiver/ extension**, please review rule 4755-23-09 of the Administrative Code. All physical therapy waiver or extension requests are due by October 1 in the year immediately preceding the expiration date of the license.
 - **For an athletic training waiver/ extension**, please review rule 4755-45-02 of the Administrative Code. All athletic training waiver or extension requests are due by July 1 in the year your license expires.

If you are requesting a waiver or extension because of medical reasons, you are required to attach a signed explanation of your condition from your treating medical professional(s). (*See Section F*)

If you are requesting a waiver or extension because of undue hardship, you must include the details of your hardship for the entire renewal cycle (past 2 years).

2. Explain, in detail, how the reason(s) and/or condition(s) affect your professional practice.
3. All sections of this form must be completed.
4. On a separate sheet of paper, include a detailed work history for the past two years.

Section A Personal Information		
First Name:	Middle Name/Initial:	Last Name:
List the Last 4 Digits of your Social Security Number (Required):	E-mail (optional):	
Mailing Address – Number & Street (No P.O. Boxes Please)		City:
State:	Zip Code:	County:
Home Telephone:	Alternate Telephone:	Ohio License Number (ex: OT – 7985):

Section B Current Employment Information		
Employer or Company Name:	Supervisor(s) Name(s):	
Mailing Address – Number & Street (No P.O. Boxes Please):		
City:	State:	Zip Code:
Work Telephone:	Fax Number:	Anticipated Start Date or Last Date of Employment:



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Section C Waiver/Extension Request Explanation		
Type of Request: <input type="radio"/> Waiver <input type="radio"/> Extension	Reason for Request: <input type="radio"/> Disability/Illness <input type="radio"/> Undue Hardship	List the Number of CE Hours Completed. Attach copies of certificate(s) of completion with this application. <input type="text"/>
If you are requesting an extension to complete CE. How long of an extension are you requesting?		
Explain, in detail, the reason(s) and/or condition(s) that led you to request a waiver or extension. If you are requesting a waiver or extension because of undue hardship, you must include the details of your hardship for the entire renewal cycle (past 2 years. Attach an additional sheet of paper, if necessary.		

Section D Affidavit of Licensee	
I, _____, affirm to the Board that the information provided in this document is true and accurate to the best of my knowledge. I understand that misrepresentation on this document may lead to disciplinary action being taken against my license. I understand that this waiver, if granted, is only valid for the period specified by the Board.	
_____ Signature	_____ Date



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Section F		
To Be Completed By Your Treating Medical Professional(s).		
Physician's First Name:	Physician's Last Name:	
Physician's Business Address – Number & Street (No P.O. Boxes Please)		
City:	State:	Zip Code:
Office Telephone:	Office Fax:	

Please provide a detailed explanation of the reason why this patient was not able to complete the mandatory continuing education that is required for their Ohio license renewal. (Attach a separate sheet if necessary)

I, _____, affirm to the Board that the information provided in this document is true and accurate to the best of my knowledge.

Signature

Date