



## State of Ohio

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

### Occupational Therapy Restoration Application Instructions

The restoration application applies to any occupational therapy practitioner who is seeking to restore a current escrowed Ohio occupational therapy license. Please review rule 4755-3-05 of the Ohio Administrative Code for the restoration requirements.

To restore your license in the year it expires, the completed restoration application must be received by the Board no later than April 30.

- If your license is restored between January 1 and March 31 of your expiration year, the restored license will expire that June 30.
- If your license is restored between April 1 and April 30 of your expiration year, the restored license will expire on June 30 of the following expiration year.
- If you do not submit a completed restoration application by April 30 of your expiration year, you must renew your license in escrow and submit a restoration application after July 1. If you do not renew in escrow, your license will expire on June 30 and you will be required to submit a reinstatement application.

If your application remains incomplete for one year from the date the Board receives it, your file will be closed.

Each restoration applicant must demonstrate proof of continuing education (CE) completion. **Any CE credits used to restore your license to active status may not be used to fulfill the continuing education renewal requirements.**

You may not practice occupational therapy in Ohio until your license is restored. Please note all restored licenses expire on the same date that the escrowed license was set to expire.

#### **To restore your Ohio license, 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 "Ohio Treasurer of State" for \$80.00. To pay by credit card, please submit a completed "Credit Card Payment Authorization Form". Personal checks and cash *will not be accepted*.

##### **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.

##### **Continuing Education**

- You must provide proof of completion of 20 hours of continuing education, including one hour of ethics, in the two years prior to the date you are requesting the restoration. Please provide copies of your certificates of completion. Originals received will not be returned.

#### **Additional Requirements for Individuals Who Have Not Practiced Occupational Therapy for Five or More Years**

Applicants for restoration of an escrowed license who have not engaged in the practice of occupational therapy for five or more years, prior to the date the individual applies to the Section for escrow restoration may be subject to additional requirements outlined by the Occupational Therapy Section. The Section may consider, but is not limited to, the following additional requirements: (1) Competency-based performance appraisals; (2) Mentorship; (3) Additional continuing education; (4) Extended coursework; (5) Professional development plan; and (6) Clinical examination (certification exam). Please refer to the "Out of Practice Reference Guide" for additional information.



**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](mailto:board@otptat.ohio.gov)

<b>OHIO OCCUPATIONAL THERAPY          RESTORATION APPLICATION</b>  (Select one) <input type="radio"/> Occupational Therapist  <input type="radio"/> Occupational Therapy Assistant
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**INSTRUCTIONS, PLEASE READ:**

- A. Complete all relevant categories (type or print in ink).
- B. Fee must be submitted with application.

**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	Gender <input type="radio"/> Male <input type="radio"/> 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 \$:
Payment Details:
Batch Number

**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. 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

**Section E: LICENSURE HISTORY**

Do you currently hold or have ever held a license, 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 #	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*

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**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 from the OT/PT/AT Board.

I further certify that if I accept employment as an OT/OTA, 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.

\_\_\_\_\_  
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, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108

*Notary Seal*



**Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board**

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

Governor  
*Mike DeWine*  
Executive Director  
*Missy Anthony*

**Military Request Application Addendum**

(This form applies to members of the armed forces, veterans, and spouses of members of the armed forces/veterans)

Please provide the First and Last Name and Social Security Number of the individual applying for the Ohio license:	
1. Have you served in the U.S. military?	Yes No
2. Has your spouse served in the U.S. military?	Yes No

**If you answered No to both question 1 and 2, you are not eligible for military benefits.**

3. If you answered Yes to question 2, please provide your spouse's First and Last Name:	
4. In which branch of the military did you/your spouse serve?	
5. Please provide the military service dates:	Military Service From:
	Military Service To:
6. Are you still active in the military or reserves?	Yes No
7. Were you discharged under honorable conditions?	Yes No
8. For which profession are you seeking a license?	OT   OTA   PT   PTA   AT

**In addition to this application addendum, you must also submit the appropriate licensure application and a copy of your/your spouse's DD214 form or proof of current service. Please contact your County Veterans Services Office (1-877-OHIO-VET) or the Ohio Department of Veterans Services ([www.ohiovet.gov](http://www.ohiovet.gov)) if you need assistance in obtaining a copy of the DD214 form.**

**You can access the licensure application at <http://otptat.ohio.gov>.**

(Revised June 2014)



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Credit Card Payment Authorization Form

Credit card payments may be mailed, faxed, emailed, or phoned in to the Board office. **This document will be shredded after your payment is processed.**

<b>Section I: Provide Credit Card Information</b>		
Card Holder Name: (Print First and Last Name)		
Mailing Address, including City, State, and Zip Code:		
Phone Number w/ Area Code:	Email Address (for receipt):	
Credit Card Type: <input type="radio"/> Master Card <input type="radio"/> Visa	Credit Card Number	
Credit Card Expiration Date	CVV2/CID# (The three digit number on back of card):	Payment Amount (\$0.00):
<b>Section II: Provide Payment Information</b>		
Name of Applicant, if different than card holder name (Print First and Last Name):		
Specify License Type: <input type="radio"/> OT <input type="radio"/> OTA <input type="radio"/> PT <input type="radio"/> PTA <input type="radio"/> AT License Number (i.e. AT.000000) if applicable: _____		
Payment for: <input type="radio"/> Examination Application <input type="radio"/> Endorsement Application <input type="radio"/> Reinstatement Application <input type="radio"/> Restoration Application <input type="radio"/> Renewal <input type="radio"/> CE Application <input type="radio"/> Duplicate Wall Certificate <input type="radio"/> License Verification <input type="radio"/> Fine		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return This Document To:**

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77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108

Phone (614) 466-3774

Fax (614) 995-0816

Email [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov)





# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Occupational Therapy Continuing Education Reporting Form

Full Name \_\_\_\_\_

License Number: OT/OTA \_\_\_\_\_

- A. Presentations of occupational therapy programs, workshops, or seminars
- B. Preparation to teach a clinical course in occupational therapy
- C. Supervision of fieldwork

(A maximum of 8 hours may be earned in each of these categories)

Name of Course/Activity	Date	# of Hours

### Research Projects

(A maximum of 10 hours may be earned in this category)

Name of Research Project/Activity	Date	# of Hours

### Informal Independent Study

(A maximum of 4 hours may be earned in this category)

Name of Informal Independent Study/Activity	Date	# of Hours

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Return This Document To:  
Ohio OT PT AT Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108  
(614) 995-0816 (Fax)



## State of Ohio

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

### Occupational Therapy Jurisprudence Examination Instructions

The Ohio OT Jurisprudence Exam is open book. You will need to download the Ohio Occupational Therapy Practice Act (Laws and Rules) before beginning this examination.

1. You will need to create a user profile to access the online Ohio OT Jurisprudence Exam. To create a user profile, click on the "New User" link in the upper right hand corner of the page accessed at the link below and complete the required information. The accuracy of this information will help ensure that the Board can match your exam results to your license application and/or your Ohio license.
2. On the Course Catalog page, select the box in the Enroll column next to the appropriate exam and click on the "Order now" button.

\* Please select the "**Ohio OT Jurisprudence Exam For Licensure Applicants**" on the Course Catalog page if you are taking the exam as part of your licensure application.

\* Please select the "**Ohio OT Jurisprudence Exam for CE Credit**" on the Course Catalog page if you are taking the exam for continuing education credit.

There is no additional fee to take the Jurisprudence Exam.

3. Once you complete the exam, you will see your score and will be prompted to send transcripts. The Board will automatically receive a copy of the transcript that you send to yourself. Make sure to: (1) check the box to add the course to your transcript; (2) enter your email address in the "E-mail Transcripts to:" box; (3) preview the transcript; and (4) send the transcript.

**Please do not forget to request that the transcript be sent.**

The Ohio OT Jurisprudence Exam can be accessed at <https://ohiootptatboard.mycourse.com>.

## Occupational Therapy Section Out of Practice Reference Guide

Additional requirements for individuals who have been out of practice for five or more years may include: (1) Additional continuing education; (2) Competency-based performance appraisals; (3) Mentorship; (4) Professional development plan; (5) Extended coursework; and (6) Retaking and passing the NBCOT certification examination.

Out of practice is defined as “being actively engaged in the practice of occupational therapy for fewer than two hundred fifty (250) hours over the five year period prior to the date the applicant submits the licensure application.

### OT/OTA Out of practice for 5 years or more

**Step 1:**

1. Completion of AOTA CE Course titled

*“Exploring the Occupational Therapy Practice Framework: Domain and Process, 3<sup>rd</sup> Edition Short Course”*

**Step 2:**

***Primary Option:*** Retake NBCOT Certification Examination within 6 months of application submission. Full, unrestricted license issued upon passage of NBCOT exam.

***Alternate Option #1:*** Issuance of Limited License Followed by Supervised Practice:

- a) 320 hours/first 6 months of licensure; 8 hours of supervision per week must be direct supervision.
- b) AOTA Fieldwork Performance Evaluation at midterm and final rating/ must be completed by supervising OT within 30 days upon completion of supervised practice hours.
- c) Log of supervised clinical practice, which shall include the date, signature of the primary/non-primary supervising occupational therapist/occupational therapy assistant, and number of hours supervised.
- d) The deadline to complete the terms of the limited license agreement is 12 months from the date of the limited license letter.

***Alternate Option #2:*** *Completion of the Texas Lone Star College Occupational Therapy Practitioner Reentry Program:*

- a) You can read more about the program: <https://www.lonestar.edu/Tomball-OT-ReEntry.htm>
- b) The course of study covers eight weeks of online instruction which includes one course in a preferred practice area and one management course followed by four weeks of supervised clinical practice.

The Section will take into consideration the length of time the individual practiced prior to not working, prior practice settings, specialties/certifications maintained while practicing, and/or how the individual kept up with the practice of occupational therapy while they were out of practice.



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Columbus, Ohio 43215-6108

Governor  
*Mike DeWine*  
Executive Director  
*Missy Anthony*

## **Requirements for Applicants with Felony Convictions**

If you are applying for licensure in the State of Ohio and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of the following court records:

1. Indictment
2. Plea Entry
3. Disposition
4. Sentencing Entry
5. Terms of Parole or Probation
6. Parole or Probation Release/Discharge

Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-3774 or [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov).