

**State of Nevada**  
**Board of Occupational Therapy**

P.O. Box 34779  
Reno, Nevada 89533-4779  
Phone (775) 746-4101 / Fax (775) 746-4105 / Toll Free (800) 431-2659  
E-mail: [board@nvot.org](mailto:board@nvot.org) / website: [www.nvot.org](http://www.nvot.org)

**Verification of Licensure**

**APPLICANT INSTRUCTIONS:**

Please complete Section 1 and submit this form to each state, United States Territory, providence, or country in which you have been licensed/certified/registered or held a temporary permit to practice occupational therapy during the **previous 5 years**. This verification is to be returned to the State of Nevada, Board of Occupational Therapy by mail or FAX **directly by the verifying agency**.

**SECTION 1 – TO BE COMPLETED BY THE APPLICANT**

Name: \_\_\_\_\_  OT  OTA  
Social Security No.: \_\_\_\_\_ License No.: \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Street / P.O. Box City State ZIP

I authorize the exchange of any and all information pertaining to my licensure/registration/certification status to the State of Nevada, Board of Occupational Therapy.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**SECTION 2 – TO BE COMPLETED BY OTHER REGULATORY AGENCY**

Licensee Name: \_\_\_\_\_ License No. \_\_\_\_\_

Type of License  OT  OTA Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Unrestricted  Restricted  Other \_\_\_\_\_  Active  Inactive

Is the applicant currently in good standing?  Yes  No  
Has the applicant ever been restricted or disciplined in any way?  Yes  No  
Have there been any complaints been filed against this individual?  Yes  No  
Is there a pending investigation against this individual?  Yes  No

If Yes, explain \_\_\_\_\_

Name of State Board/Regulatory Agency \_\_\_\_\_

Verified by: \_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

SEAL