



APPLICATION FOR LICENSE REINSTATEMENT

**Professional Employment History Update (Previous 5 Years)**

**Current Nevada Employer Information (attach additional sheets if multiple employers)**

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

Address: \_\_\_\_\_

Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Work Fax \_\_\_\_\_

COTA's Only - Supervisor's Name: \_\_\_\_\_

**COTAs Only: Verification of Employment and Supervision Form must be completed by each Nevada employer with 15 days of your employment in Nevada.**

**Prior Employment Information – most recent first**

**1. Employer:** \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. Employer:** \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**3. Employer:** \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**4. Employer:** \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**5. Employer:** \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

APPLICATION FOR LICENSE REINSTATEMENT

**Child Support Information – Please check appropriate answer. An answer is mandatory.**

\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Legal Information – If yes, please explain on a separate page**

Is there currently or has there ever been an investigation or action taken against you for unprofessional conduct, or illegal/malpractice actions? \_\_\_ Yes \_\_\_ No

Have you ever been found guilty, convicted, or held liable in any unprofessional conduct or illegal or malpractice action? \_\_\_ Yes \_\_\_ No

Have you ever had a professional license, certification or registration denied, restricted, suspended or revoked? \_\_\_ Yes \_\_\_ No

Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? \_\_\_ Yes \_\_\_ No

Have you ever been convicted of, or pled guilty or nolo contendere, to a violation of any federal or state statute, or any city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) \_\_\_ Yes \_\_\_ No

**Continuing Education Information – Minimum 10 hours is required: - Complete a Continuing Education form and attach a copy of the certificate and/or attendance verification for each course listed.**

**List course(s)/presentation(s), dates of attendance and CE Hours awarded for continuing education credit that was completed during the previous 12 months:**

Course: \_\_\_\_\_ Dates \_\_\_\_\_ CE Hours \_\_\_\_\_

Course: \_\_\_\_\_ Dates \_\_\_\_\_ CE Hours \_\_\_\_\_

Course: \_\_\_\_\_ Dates \_\_\_\_\_ CE Hours \_\_\_\_\_

Course: \_\_\_\_\_ Dates \_\_\_\_\_ CE Hours \_\_\_\_\_

Course: \_\_\_\_\_ Dates \_\_\_\_\_ CE Hours \_\_\_\_\_

APPLICATION FOR LICENSE REINSTATEMENT

**Declaration of Applicant**

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice occupational therapy.

I further acknowledge that failure to maintain a valid occupational therapy license while practicing in the State of Nevada may be grounds for sanctions, including but not limited to denial of my application for reinstatement.

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

\_\_\_\_\_  
Date of Application

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

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**Board Use Only**

Date Received:

- License Fee: Credit Card/Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_
- NBCOT Certification
- Verification of Licensure
- (COTA) Verification of Employment and Supervision

## Continuing Competency Activities and Education

*Credit for the same continuing education activity will be awarded only once during two successive renewal periods.*

- **Continuing Education** - workshop, seminar, conference, or in-service educational program; electronic or Web-based courses, self-paced clinical courses or other formalized self-study courses. Attach Copy Of Certificate Of Attendance Or Documentation Of Completion
- **Academic Coursework** - on-site or distance learning academic courses from a university, college, or vocational technical adult education course related to the practice of occupational therapy; Attach grade report or transcript, and description of the course from the school catalogue or course syllabus.
- **Mentorship Agreement** - Formalized mentorship as a mentor or mentee. Attach signed contract and provide dates, hours spent in mentoring activity, focus and outcomes of mentorship activities.
- **Fieldwork Supervision** - primary clinical fieldwork educator for Level I or Level II, OT or OTA, fieldwork students. Attach verification by the school with the name of student, school, and dates of fieldwork. Maximum of 2 credit hours for Level I fieldwork and 1 credit hour for each week of Level II fieldwork supervision.
- **Professional Writing** - Publication of a peer-reviewed book, chapter, or article. Attach full reference for publication including title, author, editor, and date of publication; or copy of acceptance letter, if not yet published. Maximum 10 credit hours for publication of a book, 3 hours for one or more chapters, and 1 hour for publication of an article.
- **Presentation and Instruction** - academic course or workshop, seminar, in-service, electronic or Web-based course. Attach copy of official program, schedule, or syllabus showing title, date, hours of presentation, learning objectives and audience.
- **Professional Meetings and Activities** - board or committee work with agencies or organizations to promote and enhance the practice of occupational therapy. Attach verification of participation signed by an officer or representative of the organization or committee. Maximum of 2 credit hours.
- **Board Certification or Specialty Certification** – certification from recognized board or certifying body. Attach certificate of completion. Maximum of 5 credit hours.
- **Other** - The board will consider approval of credit for any continuing competency activity that is not specified above, if the request is submitted to the board before the due date on which a license must be renewed.

**Continuing Competency Activities and Education**

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

**Check Applicable Continuing Competency Activity:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Continuing Education         | <input type="checkbox"/> Academic Coursework   | <input type="checkbox"/> Fieldwork Supervision            |
| <input type="checkbox"/> Presentation and Instruction | <input type="checkbox"/> Professional Meetings | <input type="checkbox"/> Board or Specialty Certification |
| <input type="checkbox"/> Professional Writing         | <input type="checkbox"/> Mentorship Agreement  | <input type="checkbox"/> Other                            |

**Attach All Required Documentation**

\_\_\_\_\_ **Title of Program / Activity**

\_\_\_\_\_ **Program Sponsor**

Date(s) of Attendance \_\_\_\_\_ Contact Hours \_\_\_\_\_

For Continuing Education Activities as applicable – Provide Biographical Information of Instructor:

\_\_\_\_\_  
\_\_\_\_\_

All Activities: Describe how the activity broadens your knowledge of occupational therapy roles, or relates to your current or anticipated roles and responsibilities.

\_\_\_\_\_  
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APPLICATION FOR LICENSE REINSTATEMENT

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

**Verification of Employment and Supervision**  
(Required for Provisional OT Applicants and COTA Applicants Only)

Provisional OTR       COTA      Current Licensee – License # \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT:** Provide entire form to your primary supervisor for completion.

APPLICANT NAME: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street / P.O. Box

Phone : \_\_\_\_\_  
City State ZIP

I authorize the exchange of any and all information pertaining to this document between the named supervisor and the State of Nevada, Board of Occupational Therapy.

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

**INSTRUCTIONS TO PRIMARY SUPERVISOR:** You have been identified as a current or future primary supervisor of the above referenced new applicant / current licensee. The above individual has applied for licensure or is a licensed occupational therapy assistant or provisional therapist or therapy assistant in the State of Nevada required to be under the supervision of a Nevada licensed occupational therapist.

SUPERVISOR NAME: \_\_\_\_\_ Nevada License #: \_\_\_\_\_

Employment Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Street / P.O. Box City State ZIP

Dates of Supervision: From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisory Location(s): \_\_\_\_\_

In your opinion, (does/did) this applicant/licensee at any time or in any way show evidence of behavior, judgment or performance problems, or other characteristics to which you would questions or doubt suitability for licensure?  Yes  
 No

If yes, please explain: \_\_\_\_\_

**Please notify the Board upon termination of your supervision of this applicant/licensee by completing the Notice of Termination of Supervision section and submit directly to the Board at the address listed above.**

**Notice of Termination of Supervision**

The above listed individual is no longer under my supervision effective \_\_\_\_\_

**CERTIFICATION**

I declare, under penalty of perjury, the information supplied herein is to the best of my knowledge true, accurate and complete.

\_\_\_\_\_  
Signature and Title Date

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State of Nevada  
Board of Occupational Therapy

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Phone (775) 746-4101 / Fax (775) 746-4105 / Toll Free (800) 431-2659

**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