



# APPLICATION FOR LICENSURE

## Education / Training (Undergraduate)

School/City/State: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

School/City/State: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

## Education / Training (Postgraduate)

School/City/State: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

School/City/State: \_\_\_\_\_

Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_

## NBCOT Certification Status and Examination

Are you currently certified by NBCOT?  Yes  No Date of Expiration \_\_\_\_\_

If NO - have you applied for renewal?  Yes  No Date Submitted \_\_\_\_\_

**New Graduates Only** - Have you taken or are you scheduled to take the national examination given by the National Board for Certification in Occupational Therapy (NBCOT)?  Yes  No

Date Taken \_\_\_\_\_ Passed: \_\_\_ Yes \_\_\_ No **or** Date Scheduled \_\_\_\_\_

## Legal Information – Explain any “YES” answers on a separate sheet of paper

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

# APPLICATION FOR LICENSURE

## Professional Employment History – Prior 10 Years - Starting with the most recent

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

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

Supervisor: \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

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

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

Supervisor: \_\_\_\_\_ Dates (From/To) \_\_\_\_\_

## Professional References – Within the past 5 Years

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

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

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

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

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

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

## Personal References

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

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

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

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

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

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

APPLICATION FOR LICENSURE

**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.

**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.

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

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

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

Affix Photograph

Here

\_\_\_\_\_  
Notary Public Stamp

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_

**Board Use Only**

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

**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

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**REQUEST FOR STUDENT TRANSCRIPT**

Please complete the information below and submit to the school from which you received your Occupational Therapy degree. Please be aware that you may be required to attach a fee to this form. Contact your school for specific information.

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PRINT      Name under which you attended school      Social Security #

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Degree Received      Date Graduated

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PRINT    Current Full Name      (last, first, middle initial)      Telephone

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Address      City      State      Zip Code

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Signature      Date

**SCHOOL RECORDS DEPARTMENT**

Please mail an official transcript directly to the Board of Occupational Therapy at the following address:

**STATE OF NEVADA**  
**BOARD OF OCCUPATIONAL THERAPY**  
**P.O. BOX 34779**  
**RENO, NEVADA 89533-4779**



