



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
Email: board@nvot.org / Website: www.nvot.org

Reinstatement Letter of Instructions

ELIGIBILITY FOR REINSTATEMENT OF STANDARD LICENSE

Applicant must have held a **standard license** in Nevada that expired within the previous 5 years.

Applications and Fees

Payment must be paid at time of submittal of the reinstatement application. Incomplete applications, or applications received without payment will not be processed. Fees may be paid by credit card through our website, www.nvot.org, Click to Pay, or by check or money order payable to the "Board of Occupational Therapy".

Reinstatement fees: \$350.00 / OTR \$275.00 / COTA

REQUIRED DOCUMENTATION AND INFORMATION

- Verification of NBCOT Certification – **Current certification status** must be submitted with your application. Acceptable documentation:
 - ✓ on-line verification printout from NBCOT; or
 - ✓ request written verification from NBCOT to be sent directly to the Board.
- Verification of Licensure in Another State – Verification of your license status and disciplinary history must be provided for all jurisdictions in which you have held a license in the **previous 5 years**. Acceptable documentation for verification purposes:
 - ✓ Written verification received directly from the regulatory entity; or
 - ✓ On-line verification printout from official regulatory entity website dated within 10 days of date of application; or
 - ✓ electronic verification received directly from the regulatory entity.
- Continuing Education - You must submit with your application and fee, certificates of attendance or completion to support the continuing education listed on your application. A minimum of 12 hours earned within the previous 12 months is required. Please complete one continuing education form for each course submitted.
- Nevada Business License: - Individuals who are self-employed or working as independent contractors are required to comply with Nevada business licensing requirements. Information is available through the Nevada Secretary of State's office or www.nvsilverflume.gov.

Additional Documentation Requirements Upon Reinstatement

- Supervisory Change Report – All COTA applicants are required to be under the supervision of a Nevada licensed occupational therapist. **Within 15 days** from start of employment in Nevada, your supervisory OTR must record their supervisory association either on-line or a completed Supervisory Change form must be submitted to the Board.
- Employment Change Report – Completed form must be submitted **within 15 days** from start of employment in Nevada. Subsequent changes must be reported within 30 days of that change.



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REINSTATEMENT APPLICATION

Nevada License #: _____ Date Expired: _____

☐ Occupational Therapist ☐ Occupational Therapy Assistant

Personal Data (attach documentation of name change if different than name on previous license)

Legal Name: _____

Mailing Address: _____
Street / P.O. Box City State ZIP

Social Security No.: _____ Contact Phone (_____) _____

E-mail Address: _____ Other Name(s) effective date(s): _____

Veteran/Military Affiliation: ☐ Uniformed Military ☐ Military Spouse ☐ Veteran ☐ Veteran Spouse

NBCOT Certification Status (attach verification of current NBCOT certification status)

Are you currently certified by NBCOT? ☐ Yes Certification # _____

☐ No Date applied for reinstatement of your certification: _____

Professional Licensing History (attach verification of all licenses held in the previous 5 years)

Are you now or have you ever been licensed, certified or registered as an occupational therapist or occupational therapy assistant in any other jurisdiction? _____ Yes _____ No

State/Jurisdiction: _____ License #: _____ Issue Date _____ Expiration Date _____

State/Jurisdiction: _____ License #: _____ Issue Date _____ Expiration Date _____

State/Jurisdiction: _____ License #: _____ Issue Date _____ Expiration Date _____

State/Jurisdiction: _____ License #: _____ Issue Date _____ Expiration Date _____

Nevada Business License Information – Check appropriate answer. An answer is mandatory.

- ☐ I do NOT have a Nevada business license number.
- ☐ I have a Nevada Business License number assigned by the Secretary of State upon compliance with the provisions of NRS Chapter 76.

Name on business license: _____

Business License #: _____

Board Use Only

Date Received: ☐ Fees Paid By: ☐ Credit Card ☐ Check/MO # _____ Amount \$ _____

☐ NBCOT Verification ☐ License Verification(s)

Date Issued: _____

Professional Employment History (5 years) – attach additional sheets if necessary

1. Current Nevada Employer: _____ Start Date _____
Address: _____ Phone: _____
Street/PO Box, City, State, Zip
2. Employer: _____ Dates (From/To) _____
Address: _____ Phone: _____
Street/PO Box, City, State, Zip
3. Employer: _____ Dates (From/To) _____
Address: _____ Phone: _____
Street/PO Box, City, State, Zip
4. Employer: _____ Dates (From/To) _____
Address: _____ Phone: _____
Street/PO Box, City, State, Zip
5. Employer: _____ Dates (From/To) _____
Address: _____ Phone: _____
Street/PO Box, City, State, Zip

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

- Has there ever been a complaint filed, investigation or legal action taken against your professional license for any reason? ☐ Yes ☐ No
- Are there any pending legal actions, complaints, investigations or hearings in process? ☐ 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, city or county ordinance, or any law of a foreign country? ☐ Yes ☐ No
(Exclude minor traffic violations.)

Child Support Information – Please check one 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.

Continuing Competency Information – Minimum 12 hours is required:

List course(s)/presentation(s), dates of attendance and CE Hours awarded for continuing competency 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 _____
Course: _____	Dates _____	CE Hours _____
Course: _____	Dates _____	CE Hours _____
Course: _____	Dates _____	CE Hours _____

Complete a Continuing Competency Activities and Education form and attach a copy of certificates of completion and/or attendance verification for each course listed.

Acknowledgement and Declaration of Applicant

Notice as Mandatory Reporter

☐ I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS 432B.

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

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.
