



STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

6170 Mae Anne Ave. Suite 1
Reno, Nevada 89523
Phone: (775) 746-4101 / Fax: (775) 746-4105
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, "Make a Payment".

Reinstatement fees: \$500.00 / OT \$425.00 / OTA

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 24 hours earned within the 2-year period immediately preceding the request for reinstatement is required.
- 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.
- Nevada Jurisprudence Exam: The Nevada Jurisprudence Exam must be passed prior to reinstatement of a license. The Jurisprudence Exam is on-line at www.nvot.org and is open book format.

Additional Documentation Requirements Upon Reinstatement

- Supervisory Reporting – All OTA 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 information must be recorded on-line @ www.nvot.org.
- Employment Reporting – Not later than 30 days after obtaining employment or changing employment or status, a licensee shall record his/her employer and employment status on-line @ www.nvot.org.



STATE OF NEVADA
BOARD OF OCCUPATIONAL THERAPY

6170 Mae Anne Ave., Suite 1
Reno, Nevada 89523
Phone: (775) 746-4101 / Fax: (775) 746-4105
Email: board@nvot.org / Website: www.nvot.org

LICENSE 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

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: _____ Date Issued: _____

- Fees Paid By: Credit Card Check/MO # Amount \$
NBCOT Verification License Verification(s) Jurisprudence Exam Continuing Education

Explanation of Reinstatement Request

Have you been employed and practicing in Nevada since your license expired? Yes No

If yes, please attach a written explanation of the reasons and/or circumstances your license was not renewed on time. Please note that your application may require further review by the Board.

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? (Exclude minor traffic violations.) Yes No

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 24 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 24 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 _____

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