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**Rules of**  
**Department of Economic Development**  
**Division 205—Missouri Board of Occupational Therapy**  
**Chapter 3—Licensure Requirements**

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**Title 4—DEPARTMENT OF  
ECONOMIC DEVELOPMENT  
Division 205—Missouri Board of  
Occupational Therapy  
Chapter 3—Licensure Requirements**

**4 CSR 205-3.010 Application for Licensure  
as an Occupational Therapist**

*PURPOSE:* This rule outlines the procedure for application for licensure as an occupational therapist.

(1) Application for licensure shall be submitted on the forms provided by the board. A limited permit holder may submit an addendum to his/her original application on forms provided by the board. Forms may be obtained by contacting the Missouri Board of Occupational Therapy.

(2) An application is not considered officially filed with the board until it has been determined by the board or division staff to be complete. Application forms provided by the board must be completed, signed, notarized and accompanied by the application fee. All information should be received by the board within ninety (90) days of the date of the application.

(3) The applicant shall request that the certifying entity approved by the division send a letter directly to the board verifying the applicant's certification from the certifying entity. The applicant is responsible for the payment of any fees required by the certifying entity for the issuance of a verification letter.

(4) The applicant shall request that each state, United States territory, province, or country regulatory entity in which a license, certificate, registration or permit is held or has ever been held submit verification of licensure, certification, registration or permit directly to the board. The verification shall include the license, registration, certification or permit issued; the number; status; issue and expiration dates; information regarding any disciplinary action; method of licensure, registration or certification; the name and title of person verifying information; the date; and the entity's seal.

(5) Applicants who are approved for licensure will receive one (1) license. Duplicate licenses may be provided upon payment of the appropriate fee.

*AUTHORITY:* sections 324.050, 324.056, 324.065, 324.068, 324.071, 324.083 and 324.086, RSMo Supp. 1997.\* Original rule filed Aug. 4, 1998, effective Dec. 30, 1998.

\*Original authority 1997.



MISSOURI BOARD OF OCCUPATIONAL THERAPY  
P.O. BOX 1335  
3605 MISSOURI BOULEVARD  
JEFFERSON CITY, MISSOURI 65102-1335  
TELEPHONE (573) 751-0877  
TDD (800) 735-2966

**APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPIST/  
OCCUPATIONAL THERAPY ASSISTANT/LIMITED PERMIT HOLDER**

**INSTRUCTIONS**

- This form must be completed in legible print using black ink or be typewritten.
- Complete this form in its entirety. Failure to complete in its entirety may delay review of your application.
- Enclose the application fee in the form of a check or money order made payable to the Missouri Board of Occupational Therapy.
- Request that the certifying entity send verification of your credentials directly to the Missouri Board of Occupational Therapy. (Copies of certificates or wallet cards issued by the certifying entity are not acceptable.) A verification request form is provided with this application.
- If you are or have been licensed, certified, registered or been granted a permit as an occupational therapist or occupational therapy assistant or similar title by another state, territory of the United States, or province or country, request that verification of your license, registration, certification or permit be submitted by each state, territory, province or country upon the enclosed verification of licensure form. This form must be received directly from the other state(s), territory, country or province in which a license, certification, registration or permit was held.

Please check the box indicating the type of licensure for which you are applying:

- Occupational Therapist \$150.00 fee       Occupational Therapist Limited Permit \$50.00
- Occupational Therapy Assistant \$100.00 fee       Occupational Therapy Assistant Limited Permit \$50.00

**FOR OFFICE USE ONLY**

LICENSE NUMBER
DATE ISSUED
FEE RECEIVED
DATE DEPOSITED
CHECK NUMBER
INITIALS

**APPLICANT DATA**

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER	
CURRENT PLACE OF EMPLOYMENT		EMPLOYMENT TELEPHONE NUMBER	
EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE

LIST ALL STATES OF RESIDENCE SINCE THE AGE OF 18

**EDUCATION**

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL INCLUDING ANY AND ALL POST SECONDARY EDUCATION	CITY/STATE	DATES ATTENDED				DEGREE OR CERTIFICATE AWARDED/ DATE	MAJOR COURSE OF STUDY
		FROM		TO			
		MON.	YR.	MON.	YR.		

If you have a disability and require accommodations addressed by the Americans with Disabilities Act, please notify this office at the time of application to insure that reasonable accommodations are made for your needs. Notification must be made in writing and mailed to the Missouri Board of Occupational Therapy, P.O. Box 1335, Jefferson City, Missouri 65102. Notification of special needs must be received at least thirty (30) days in advance of any scheduled examination date. The text telephone number for the hearing impaired is (800) 735-2966.

MO 419-2327 (10-98)

**NATIONAL CREDENTIALS**

I HOLD THE FOLLOWING CREDENTIALS  
 OCCUPATIONAL THERAPIST REGISTERED, OTR® CERTIFICATION NUMBER: \_\_\_\_\_  
 OCCUPATIONAL THERAPY ASSISTANT, COTA® CERTIFICATION NUMBER: \_\_\_\_\_

HAVE YOUR CREDENTIALS EVER BEEN DISCIPLINED, SANCTIONED OR REVOKED? IF YES, EXPLAIN IN A SEPARATE STATEMENT  
 YES  NO

**LICENSURE HISTORY – LIST ALL STATES IN WHICH YOU HAVE EVER HELD LICENSURE AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT, USING ADDITIONAL SHEETS IF NECESSARY.**

NAME OF STATE	TYPE OF LICENSE	LICENSE NUMBER	LICENSE STATUS
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		
	<input type="checkbox"/> OT <input type="checkbox"/> OTA		

**WORK EXPERIENCE – LIST ALL EMPLOYERS IN THE PAST TEN (10) YEARS BEGIN WITH THE MOST RECENT EMPLOYER, USING ADDITIONAL SHEETS IF NECESSARY**

A NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME	
MON	YR	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	LENGTH OF EXPERIENCE IN THIS POSITION

B NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME	
MON	YR	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	LENGTH OF EXPERIENCE IN THIS POSITION

C NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME	
MON	YR	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	LENGTH OF EXPERIENCE IN THIS POSITION

D NAME AND ADDRESS OF EMPLOYER

NATURE OF BUSINESS

FROM		TO		IMMEDIATE SUPERVISOR'S NAME	
MON	YR	MON.	YR.		
				TITLE OF APPLICANT'S POSITION	LENGTH OF EXPERIENCE IN THIS POSITION

MO 419-2327 (10-98)

**IMPORTANT EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A SEPARATE SHEET AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.**

	YES	NO
Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.		
1. Have you ever been denied a professional license, certification, registration, or permit?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your license, certification, registration, or permit ever been disciplined or restricted?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever voluntarily surrendered a professional license, certification, registration, or permit?	<input type="checkbox"/>	<input type="checkbox"/>
4. If you ever held or applied for a professional license, certification, registration, or permit in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under the threat of investigation of disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been charged with or convicted of any felony whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you in the past five (5) years been charged with or convicted of any federal or state drug laws or rules whether or not sentence was imposed or suspended? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you now, or have you in the past five (5) years been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you now being treated or have you in the past five (5) years been treated through a drug or alcohol rehabilitation program? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you in the last five (5) years been convicted, adjudged guilty by a court, pled guilty, or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been a party in a civil suit except for bankruptcy or a divorce/custody matter?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any pending complaints before any regulatory board or agency?	<input type="checkbox"/>	<input type="checkbox"/>

**SWORN AFFIDAVIT**

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as an occupational therapist, occupational therapy assistant, or limited permit holder in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice of occupational therapy subject to the rules and regulations of the Missouri Board of Occupational Therapy. I subscribe and agree to abide by all applicable laws and rules regarding the practice of occupational therapy. I hereby certify that I have familiarized myself with sections 324.050 - 324.089 RSMo, known as the Occupational Therapy Practice Act and applicable rules promulgated by the Missouri Board of Occupational Therapy.

Enclosed is the application fee which is not refundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

<p><b>MUST BE SIGNED IN PRESENCE OF NOTARY</b></p> <p>NOTARY PUBLIC EMBOSSEER SEAL OR BLACK INK RUBBER STAMP</p>	SIGNATURE OF APPLICANT		<p>COUNTY (OR CITY OF ST LOUIS)</p> <p><b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b></p>
	STATE OF		
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF	YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

MO 419-2327 (10-98)



**MISSOURI**  
DEPARTMENT OF ECONOMIC DEVELOPMENT  
**VERIFICATION OF LICENSURE**

MISSOURI BOARD OF OCCUPATIONAL THERAPY  
P.O. BOX 1335  
3605 MISSOURI BOULEVARD  
JEFFERSON CITY, MISSOURI 65102-1335  
TELEPHONE (573) 751-0877  
TDD (800) 735-2966

**APPLICANT INSTRUCTIONS:**

Please complete Section I and mail this form to each state, United States Territory, province, or country that you have or ever have had a license/certification/registration/temporary permit to practice occupational therapy. This verification must be returned to the Missouri Board of Occupational Therapy within ninety (90) days of your application. Some states require a fee for providing verification information. To expedite your application, you may wish to contact the applicable state(s), United States Territory, province, or country. This form may be duplicated as necessary.

**SECTION I - TO BE COMPLETED BY THE APPLICANT**

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

NAME AS IT APPEARS ON LICENSE/CERTIFICATION/REGISTRATION/PERMIT

TYPE OF LICENSE/CERTIFICATION/REGISTRATION/PERMIT HELD

OTR     COTA

NUMBER ISSUED

SOCIAL SECURITY NUMBER

DATE OF BIRTH

The Missouri Board of Occupational Therapy requests that I submit evidence of my license/certification/registration/permit in your state. You are hereby authorized to release any information in your possession pertaining to me directly to the Missouri Board of Occupational Therapy, PO Box 1335, Jefferson City, MO 65102.

APPLICANT SIGNATURE

DATE

**SECTION II - TO BE COMPLETED BY ADMINISTRATIVE OFFICE OF OTHER REGULATORY AGENCY**

TYPE OF REGULATION

LICENSE                       CERTIFICATION                       REGISTRATION                       PERMIT HOLDER

LICENSE NUMBER

ISSUE DATE

EXPIRATION DATE

LICENSE WAS ISSUED ON THE BASIS OF

NBCOT                       State Examination                       Education                       Grandfather Clause  
 Other (please explain)

HAS THE APPLICANT'S LICENSE EVER LAPSED?

YES     NO    IF YES, PLEASE EXPLAIN.

HAS THE APPLICANT EVER BEEN RESTRICTED OR DISCIPLINED IN ANY WAY?

YES     NO    IF YES, PLEASE EXPLAIN.

DOES THE APPLICANT HAVE ANY PENDING COMPLAINTS?

YES     NO    IF YES, PLEASE EXPLAIN.

SIGNATURE

TITLE

DATE

**PLEASE AFFIX  
BOARD SEAL**

MO 419-2330 (10-98)

**MISSOURI**  
 DEPARTMENT OF ECONOMIC DEVELOPMENT  
**REQUEST FOR VERIFICATION OF CREDENTIALS**

MISSOURI BOARD OF OCCUPATIONAL THERAPY  
 P.O. BOX 1335  
 3605 MISSOURI BOULEVARD  
 JEFFERSON CITY, MISSOURI 65102-1335  
 TELEPHONE (573) 751-0877  
 TDD (800) 735-2966

**INSTRUCTIONS**

**APPLICANT:** Please complete Section I below. This verification must be returned to the Missouri Board of Occupational Therapy within ninety (90) days of your application. National Board of Certification in Occupational Therapy (NBCOT) does require a fee for providing verification information. To expedite your application, you may wish to contact NBCOT directly regarding the verification fee.

National Board of Certification in Occupational Therapy  
 800 S. Frederick Avenue, Suite 200  
 Gaithersburg, MD 20877-4150  
 Telephone: (301) 990-7979 ext. 3149  
 FAX: (301) 869-8492

**CERTIFYING ENTITY:** Please complete Section II and return the completed form to:

Missouri Board of Occupational Therapy  
 PO Box 1335  
 Jefferson City, MO 65102  
 (573) 751-0877

**SECTION I - TO BE COMPLETED BY APPLICANT**

I am applying for state licensure in Missouri. I am requesting the National Certification Board of Occupational Therapy (NBCOT) verify my occupational therapy credentials directly to the Missouri Board of Occupational Therapy.

NAME (FIRST, MIDDLE, LAST, SUFFIX, MAIDEN)

PREVIOUS NAMES UNDER WHICH YOU WERE CREDENTIALLED (FIRST, MIDDLE, LAST, SUFFIX, MAIDEN)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

DAYTIME TELEPHONE NUMBER

I HOLD THE FOLLOWING NBCOT CREDENTIALS:

- OTR® CERTIFICATION NUMBER: \_\_\_\_\_
- COTA® CERTIFICATION NUMBER: \_\_\_\_\_

DATE CREDENTIALS EARNED

SIGNATURE

DATE

**SECTION II - TO BE COMPLETED BY THE NATIONAL CERTIFICATION BOARD OF OCCUPATIONAL THERAPY**

The above named individual has achieved the minimum passing score required for successful completion of an examination and earned the following NBCOT credentials:

CREDENTIALS	DATE CREDENTIALLED
<input type="checkbox"/> OTR® NUMBER: _____	
<input type="checkbox"/> COTA® NUMBER: _____	
DISCIPLINARY ACTION COMMENTS	NOT VALID UNLESS STAMPED BY NBCOT
SIGNATURE	
TITLE	
DATE	

MO 419-2331 (10-98)



**MISSOURI**  
DEPARTMENT OF ECONOMIC DEVELOPMENT  
**ADDENDUM TO ORIGINAL APPLICATION**

MISSOURI BOARD OF OCCUPATIONAL THERAPY  
P.O. BOX 1335  
3605 MISSOURI BOULEVARD  
JEFFERSON CITY, MISSOURI 65102-1335  
TELEPHONE (573) 751-0877  
TDD (800) 735-2966

<p><b>INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li>• This form must be completed in legible print using black ink or be typewritten.</li> <li>• Complete this form in its entirety. Failure to complete in its entirety may delay review of your application.</li> <li>• Enclose the application fee in the form of a check or money order made payable to the Missouri Board of Occupational Therapy.</li> <li>• Request that the certifying entity send verification of your credentials directly to the Missouri Board of Occupational Therapy. (Copies of certificates or wallet cards issued by the certifying entity are not acceptable.) A verification request form is provided with this application.</li> <li>• If you are or have been licensed, certified, registered or been granted a permit as an occupational therapist or occupational therapy assistant or similar title by another state, territory of the United States, or province or country, request that verification of your license, registration, certification or permit be submitted by each state, territory, province or country upon the enclosed verification of licensure form. This form must be received directly from the other state(s), territory, country or province in which a license, certification, registration or permit was held.</li> </ul> <p>Please check the box indicating the type of licensure for which you are applying:</p> <p><input type="checkbox"/> Occupational Therapist \$150.00 fee      <input type="checkbox"/> Occupational Therapy Assistant \$100.00 fee</p>	<b>FOR OFFICE USE ONLY</b>
	LICENSE NUMBER
	DATE ISSUED
	FEE RECEIVED
	DATE DEPOSITED
CHECK NUMBER	
INITIALS	

APPLICANT DATA			
NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)			
RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RESIDENCE TELEPHONE NUMBER	
CURRENT PLACE OF EMPLOYMENT	EMPLOYMENT TELEPHONE NUMBER		
EMPLOYMENT ADDRESS	CITY	STATE	ZIP CODE

**SWORN AFFIDAVIT**

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice as an occupational therapist, occupational therapy assistant, or limited permit holder in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice of occupational therapy subject to the rules and regulations of the Missouri Board of Occupational Therapy. I subscribe and agree to abide by all applicable laws and rules regarding the practice of occupational therapy. I hereby certify that I have familiarized myself with sections 324.050 - 324.089 RSMo, known as the Occupational Therapy Practice Act and applicable rules promulgated by the Missouri Board of Occupational Therapy.

I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	SIGNATURE OF APPLICANT		<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC EMBOSSEER SEAL OR BLACK INK RUBBER STAMP	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS			
	DAY OF	YEAR		
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES		
	NOTARY PUBLIC NAME (TYPED OR PRINTED)			

MO 419-2329 (10-98)