Rules of

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

Title		Page
4 CSR 205-3.010	Application for Licensure as an Occupational Therapist	3
4 CSR 205-3.020	Application for Licensure as an Occupational Therapy Assistant	10
4 CSR 205-3.030	Application for Limited Permit	17
4 CSR 205-3.040	License Renewal	17
4 CSR 205-3.050	Inactive Status	17
4 CSR 205-3.060	Reinstatement	18
4 CSR 205-3.070	Titles	18

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: 324.050, RSMo 1997, amended 1999; 324.056, RSMo 1997; 324.065, RSMo 1997; 324.068, RSMo 1997, amended 1999; 324.071, RSMo 1997, amended 1999, 324.083, RSMo 1997; and 324.086, RSMo 1997, amended 1999. CSR

APPLICATION FOR LICENSURE AS OCCUPATIONAL THERAPY ASSISTA	ELOPMENT AN OCCUPATION		P.O. BOX 133 3605 MISSO JEFFERSON	URI BOULEVARD I CITY, MISSOURI 65102-1335 I (573) 751-0877
 INSTRUCTIONS This form must be completed in legible print Complete this form in its entirety. Failure to c Enclose the application fee in the form of a Occupational Therapy. Request that the certifying entity send ve Occupational Therapy. (Copies of certificates A verification request form is provided with th If you are or have been licensed, certified, re occupational therapy assistant or similar title b request that verification of your license, regis 	using black ink or be to omplete in its entirety a check or money ord or wallet cards issued his application. egistered or been grant y another state, territor tration, certification or	ypewritten. may delay review of your ler made payable to the dentials directly to the l by the certifying entity a ted a permit as an occup y of the United States, or p permit be submitted by e	Missouri Board of Missouri Board of re not acceptable.) ational therapist or province or country, ach state, territory,	DATE ISSUED FEE RECEIVED DATE DEPOSITED
province or country upon the enclosed verifica other state(s), territory, country or province in Please check the box indicating the type of lice	which a license, certific msure for which you ar	cation, registration or perr e applying:	nit was held.	CHECK NUMBER
Occupational Therapist \$150.00 fee Occupational Therapy Assistant \$100.00	_	nal Therapist Limited Pe nal Therapy Assistant Li		INITIALS
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EMPLOYMENT ADDRESS	<u> </u>	CITY	STATE	ZIP CODE
LIST ALL STATES OF RESIDENCE SINCE THE AGE OF 18	3			
EDUCATION COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL INCLUDING ANY AND ALL POST SECONDARY EDUCATION	CITY/STATE	DATES ATTER FROM MON. YR. MO	TO CERTIFIC	ATE MAJOR COURSE
If you have a disability and require accommoda application to insure that reasonable accommo Missouri Board of Occupational Therapy, P.O. Bo thirty (30) days in advance of any scheduled ex	odations are made for x 1335, Jefferson City,	your needs. Notification Missouri 65102. Notificat	must be made in ion of special need	writing and mailed to the Is must be received at leas

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			HERAPY ASSISTANT, C		CERTIFICATION NU		
	_		R BEEN DISCIPLINED, SANCTION	ED OR REVOKED? IF YES.	EXPLAIN IN A SEPARATE STATEME	NΤ	
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MC 419-2327 (1	U-98)						

IMPORTANT EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.	A SEPARAT	E SHEET
Please answer the following questions. If any of the questions are answered yes, please provide a separa statement of explanation.	YES Ite	NO
1. Have you ever been denied a professional license, certification, registration, or permit?.		
2. Has your license, certification, registration, or permit ever been disciplined or restricted?		
3. Have you ever voluntarily surrendered a professional license, certification, registration, or permit?		
4. If you ever held or applied for a professional license, certification, registration, or permit in any state, country province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked or otherwise discipline curtailed or voluntarily surrendered under the threat of investigation of disciplinary action?		
5. Have you ever been charged with or convicted of any felony whether or not sentence was imposed or suspended? yes, explain fully.	' If	
6. Have you in the past five (5) years been charged with or convicted of any federal or state drug laws or rules wheth or not sentence was imposed or suspended? If yes, explain fully.	er	
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.	on	
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.	on	
9. Have you in the last five (5) years been convicted, adjudged guilty by a court, pled guilty, or nolo contendere to a traffic offense resulting from or related to the use of drugs or alcohol? If yes, explain fully.	ny	
10. Have you ever been a party in a civil suit except for bankruptcy or a divorce/custody matter?		
11. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?		
12. Do you have any pending complaints before any regulatory board or agency?		
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.

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

MO 419-2327 (10-98)

VERIFICATION OF LICENSU			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:			
license/certification/registration/tem Occupational Therapy within ninety	porary permit to practice occi (90) days of your application	upational therapy. This verific . Some states require a fee f	e, or country that you have or ever have had a ation must be returned to the Missouri Board of or providing verification information. To expedite ince, or country. This form may be duplicated as
SECTION I - TO BE COMPLETED NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/N			
NAME AS IT APPEARS ON LICENSE/CERTIFICATI	ON/REGISTRATION/PERMIT		
	DN/PERMIT HELO	NUMBER ISSUED	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
	y information in your possess	,	certification/registration/permit in your state. You to the Missouri Board of Occupational Therapy,
APPLICANT SIGNATURE		DATE	
	BY ADMINISTRATIVE OFF	ICE OF OTHER REGULATO	DRY AGENCY
LICENSE NUMBER	ISSUE DATE		EXPIRATION DATE
LICENSE WAS ISSUED ON THE BASIS OF NBCOT Other (please explain)	State Examination	Education	Grandfather Clause
HAS THE APPLICANT'S LICENSE EVER LAPSED?	ASE EXPLAIN.		
HAS THE APPLICANT EVER BEEN RESTRICTED	OR DISCIPLINED IN ANY WAY? ASE EXPLAIN.		
DOES THE APPLICANT HAVE ANY PENDING CON			
SIGNATURE		<u> </u>	
TITLE			PLEASE AFFIX BOARD SEAL
DATE			

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

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 Contification in Occupational Therapy

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

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.

PREVIOUS NAMES	UNDER WHICH YOU WERE CREDENTIALED (FIRST, MIDDLE, LAST, SUFFIX, MAIDEN)	
SOCIAL SECURITY	NUMBER DATE OF BIRTH	DAYTIME TELEPHONE NUMBER
🗌 OTR®		
🗌 COTA®	CERTIFICATION NUMBER:	
DATE CREDENTIAL	S 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 CREDENTIALED
	NUMBER:	
COTA®	NUMBER:	
DISCIPLINARY ACTI	ION COMMENTS	NOT VALID UNLESS STAMPED BY NBCOT
SIGNATURE		
TITLE		
DATE		
DAIL .		
MO 419-2331 (10-98)		

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		U.		P.O. BOX 133 3605 MISSOU JEFFERSON	JRI BOULEVARD CITY, MISSOURI 65102-1335 (573) 751-0877
ADDENDOM TO OMIGINA	AL AFFEIGATION			100 (800) 73	FOR OFFICE USE ONLY
INSTRUCTIONS This form must be completed Complete this form in its enti Enclose the application fee 	LICENSE NUMBER				
 Occupational Therapy. Request that the certifying Occupational Therapy. (Copie A verification request form is 	es of certificates or wal	llet cards issued l lication.	by the certifying entit	y are not acceptable.)	FEE RECEIVED
 If you are or have been licer occupational therapy assistan request that verification of you province or country upon the 	t or similar title by anoth our license, registration,	ner state, territory , certification or p	of the United States, ermit be submitted b	or province or country, y each state, territory,	
other state(s), territory, count					CHECK NUMBER
Please check the box indicating		for which you are	applying:		INITIALS
Occupational Therapist \$	150.00 fee	Occupation	al Therapy Assistan	t \$100.00 fee	
APPLICANT DATA				· · · · · · · · · ·	}
NAME (FIRST, MIDDLE, LAST, SUFFIX, FOR	MER/MAIDEN)				
RESIDENCE STREET ADDRESS (IF PO. PL	EASE PROVIDE A STREET ADD	RESS ALSO)	СІТҮ	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH		RESIDENCE TELEP	HONE NUMBER
CURRENT PLACE OF EMPLOYMENT				EMPLOYMENT TEL	EPHONE NUMBER
EMPLOYMENT ADDRESS			CITY	STATE	ZIP CODE
SWORN AFFIDAVIT			· · · · ·	:	
I, the below named applicant, I application for a license to pra Missouri, and that all statemen I submit for consideration this a	actice as an occupation ts and enclosures are	nal therapist, oc true and accurate	cupational therapy a to the best of my kr	ssistant, or limited penowledge, information	ermit holder in the state of and belief.
and regulations of the Missouri practice of occupational thera Occupational Therapy Practice	Board of Occupationa py. I hereby certify the	l Therapy. I subso at I have familiar	ribe and agree to ab	ide by all applicable la ctions 324.050 - 324.	ws and rules regarding the 0.089 RSMo, known as the
I understand that the Board ma	· ·				
Furthermore, I voluntarily cons verifying my qualifications.	sent to a thorough inve	estigation of my	present and past err	ployment and other a	activities for the purpose of
MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT				
NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF			COUNTY (OR CITY OF ST. I	OUIS)
SUBSCRIBED AND SWORN BEFORE ME, THIS					
	NOTARY PUBLIC SIGNATURE	DAY OF	YEAR MY COMMISSION	USE RUBBER STAN	IP IN CLEAR AREA BELOW.
×			EXPIRES		
	NOTARY PUBLIC NAME (TYPE	D OR PRINTED)			
MO 419-2329 (10-98)	l				

4 CSR 205-3.020 Application for Licensure as an Occupational Therapy Assistant

PURPOSE: This rule outlines the procedure for application for licensure as an occupational therapy assistant.

(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. Applications submitted on the forms provided by the board must be completed, signed, notarized and accompanied by the application fee.

(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: 324.050, RSMo 1997, amended 1999; 324.056, RSMo 1997; 324.065, RSMo 1997; 324.068, RSMo 1997, amended 1999; 324.083, RSMo 1997; and 324.086, RSMo 1997, amended 1999.

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DEPARTMENT OF ECONOMIC DEV	ELOPMENT		P.O. BOX 133 3605 MISSOL JEFFERSON	DARD OF OCCUPATIONAL THERAPY 5 JP! BOULEVARD CITY, MISSOURI 65102-1335 (573) 751-0877
APPLICATION FOR LICENSURE AS OCCUPATIONAL THERAPY ASSIST	AN OCCUPATION		TDD (800) 73	
 INSTRUCTIONS This form must be completed in legible print Complete this form in its entirety. Failure to of Enclose the application fee in the form of Occupational Therapy. Request that the certifying entity send variable. 	using black ink or be ty complete in its entirety r a check or money orde	ypewritten. may delay review of your ap er made payable to the Mis	ssouri Board of	DATE ISSUED
 Occupational Therapy. (Copies of certificates A verification request form is provided with t If you are or have been licensed, certified, r occupational therapy assistant or similar title t request that verification of your license, regis 	s or wallet cards issued his application. egistered or been grant by another state, territory	by the certifying entity are r ed a permit as an occupation of the United States, or prov	not acceptable.) Inal therapist or vince or country,	FEE RECEIVED
province or country upon the enclosed verific other state(s), territory, country or province in	ation of licensure form.	This form must be received of	lirectly from the	CHECK NUMBER
Please check the box indicating the type of lice	ensure for which you an	e applying:		CHEOR NOMBER
Occupational Therapist \$150.00 fee Occupational Therapy Assistant \$100.00		al Therapist Limited Perm al Therapy Assistant Limi		INITIALS
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SECONDARY EDUCATION	·····	MON. YR. MON.	YR. DATE	
If you have a disability and require accommode application to insure that reasonable accomm Missouri Board of Occupational Therapy, P.O. B thirty (30) days in advance of any scheduled e	odations are made for ox 1335, Jefferson City,	your needs. Notification m Missouri 65102. Notification	ust be made in of special need	writing and mailed to the is must be received at least

MO 419-2327 (10-98)

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MO 419	-2327 (10	1.091						

CODE OF STATE REGULATIONS

IMPORTANT EXPLANATIONS REQUIRED IN RESPONSE TO THE FOLLOWING QUESTIONS MUST BE ON A S AND SIGNED BY YOU BEFORE A NOTARY PUBLIC AND NOTARIZED.	EPARAT	E SHEET
Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.	YES	NO
1. Have you ever been denied a professional license, certification, registration, or permit?.		
2. Has your license, certification, registration, or permit ever been disciplined or restricted?		
3. Have you ever voluntarily surrendered a professional license, certification, registration, or permit?		
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?		
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11. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?		
12. Do you have any pending complaints before any regulatory board or agency?		
SWORN AFFIDAVIT		

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

MO 419-2327 (10-98)

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MISSC	URI		MISSOURI BOARD OF OCCUPATIONAL THERAPY P.O. BOX 1335 3605 MISSOURI BOULEVARD JEFFERSON CITY, MISSOURI 65102-1335	
REQUEST FOR VERIFICATION			TELEPHONE (573) 751-0877 TDD (800) 735-2966	
INSTRUCTIONS				
APPLICANT: Please complete Section (90) days of your application. National I information. To expedite your application	Board of Certification in Occupation	al Therapy (NBCOT) doe	ard of Occupational Therapy within ninety es require a fee for providing verification rification fee.	
National Board of Certification 800 S. Frederick Avenue, Suite Gaithersburg, MD 20877-4150 Telephone: (301) 990-7979 ext FAX: (301) 869-8492	200			
CERTIFYING ENTITY: Please complete	Section II and return the complete	d form to:		
Missouri Board of Occupationa PO Box 1335 Jefferson City, MO 65102 (573) 751-0877	I Therapy			
SECTION I - TO BE COMPLETED BY				
	souri. I am requesting the National	Certification Board of O nal Therapy.	ccupational Therapy (NBCOT) verify my	
		· · · · · · · · · · · · · · · · · · ·		
PREVIOUS NAMES UNDER WHICH YOU WERE CREDEN	TIALED (FIRST, MIDDLE, LAST, SUFFIX, MAIDEN)			
SOCIAL SECURITY NUMBER	Y NUMBER DATE OF BIRTH DA		YTIME TELEPHONE NUMBER	
THOLD THE FOLLOWING NBCOT CREDENTIALS:	ивея:ивея:ивея:			
SIGNATURE	<u> </u>	E	DATE	
SECTION IL TO BE COMDI ETED DY				
SECTION II - TO BE COMPLETED BY The above named individual has achieve			letion of an examination and earned the	
following NBCOT credentials:		· · · · · · · · · · · · · · · · · · ·		
	CREDENTIALS		DATE CREDENTIALED	
OTR® NUMBER:				
DISCIPLINARY ACTION COMMENTS			NOT VALID UNLESS STAMPED BY NBCOT	
SIGNATURE				
TITLE				
DATE				
MO 419-2331 (10-98)				

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/CERTIFIC	CATION/REGISTRAT	ION/PERMIT				
TYPE OF LICENSE/CERTIFICATION/REGISTR/	ATION/PERMIT HEL	D	NUMBER ISSUED	NUMBER ISSUED		
SOCIAL SECURITY NUMBER			DATE OF BIRTH	DATE OF BIRTH		
The Miccouri Board of Occupatio	nol Thoropy	equate that I a		ertification/registration/permit in your state. You		
are berefy authorized to release	anv informati	an in your posse	ssion pertaining to me directly	to the Missouri Board of Occupational Therapy,		
PO Box 1335, Jefferson City, MC	265102.	on in your posse	ssion pertaining to me directly	to the Missouri Board of Occupational Therapy,		
APPLICANT SIGNATURE			DATE			
APPLICANT SIGNATURE			DATE			
SECTION II - TO BE COMPLET		ISTRATIVE OF	FICE OF OTHER REGULATO			
TYPE OF REGULATION						
	_		_			
LICENSE NUMBER		ISSUE DATE		EXPIRATION DATE		
LICENSE WAS ISSUED ON THE BASIS OF				1		
	🗌 State E	xamination	Education	Grandfather Clause		
Other (please explain)						
	-					
HAS THE APPLICANT'S LICENSE EVER LAPSE						
YES NO IFYES, PL	EASE EXPLA	AIN.				
HAS THE APPLICANT EVER BEEN RESTRICTE						
Sine APPLICATE EVEN BEEN RESTRICTED OF DISCIPLINED TO ANY WAY?						
DOES THE APPLICANT HAVE ANY PENDING C						
YES NO IF YES, PLEASE EXPLAIN.						
SIGNATURE						
SIGNATURE						
TITLE						
				PLEASE AFFIX		
				BOARD SEAL		
DATE						
MO 419-2330 (10-98)						

CSR

	ed in legible print using tirrety. Failure to comple a in the form of a check g entity send verificat bies of certificates or wa is provided with this appensed, certified, register unt or similar title by ano your license, registration e enclosed verification of	black ink or be to the in its entirety of or money ord ion of your creat allet cards issued plication. ed or been grant ther state, territory of certification or of licensure form.	may delay review of yo er made payable to the dentials directly to the by the certifying entity red a permit as an occu y of the United States, c permit be submitted by This form must be rece	PO, BOX 133 3605 MISSOL JEFFERSON TELEPHONE TDD (800) 73 UUT application. We Missouri Board of are not acceptable.) Upational therapist or province or country, each state, territory, ived directly from the	IRI BOULEVARD CITY, MISSOURI 65102-1335 (573) 751-0877 5-2966 FOR OFFICE USE ONLY LICENSE NUMBER DATE ISSUED FEE RECEIVED DATE DEPOSITED
Please check the box indicatir	ng the type of licensure	for which you ar	e applving:		
Occupational Therapist \$			al Therapy Assistant	\$100.00 foo	INITIALS
APPLICANT DATA NAME (FIRST, MIDDLE, LAST, SUFFIX, FOI RESIDENCE STREET ADDRESS (IF PO, PI	·	, ,	СПУ	STATE	ZIP CODE
SOCIAL SECURITY NUMBER		DATE OF BIRTH		RESIDENCE TELEP	HONE NUMBER
CURRENT PLACE OF EMPLOYMENT		<u>}</u>		EMPLOYMENT TELE	EPHONE NUMBER
EMPLOYMENT ADDRESS			CITY	STATE	ZIP CODE
				Cont.	
I, the below named applicant, application for a license to pr Missouri, and that all statement I submit for consideration this and regulations of the Missour practice of occupational thera Occupational Therapy Practice I understand that the Board m Furthermore, I voluntarily convertifying my qualifications.	ractice as an occupation ints and enclosures are application as required ri Board of Occupationa apy. I hereby certify the e Act and applicable rul aay require further inform	onal therapist, or true and accurat by the Missouri al Therapy. I subs at I have familia les promulgated mation or evidence	ccupational therapy as the to the best of my kno- law governing the prac- cribe and agree to abio rized myself with sect by the Missouri Board ce that it deems reason	sistant, or limited pe owledge, information a tice of occupational t de by all applicable lav tions 324.050 - 324.0 of Occupational Thera nable and proper.	rmit holder in the state of and belief. herapy subject to the rules ws and rules regarding the 089 RSMo, known as the apy.
MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT				
NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF			COUNTY (OR CITY OF ST LOUIS)	
	SUBSCRIBED AND SWORN BI	efore me. This Day of	YEAR MY COMMISSION EXPIRES	USE RUBBER STAM	P IN CLEAR AREA BELOW.
	NOTARY PUBLIC NAME (TYPE	D OR PRINTED)	i		
MO 419-2329 (10-98)	<u> </u>				

4 CSR 205-3.030 Application for Limited Permit

PURPOSE: This rule outlines the procedure for application for a limited permit.

(1) Application for an occupational therapist limited permit and/or occupational therapy assistant limited permit shall be submitted on the forms provided by the board and may be obtained by contacting the Missouri Board of Occupational Therapy.

(2) An application for an occupational therapist limited permit and/or occupational therapy assistant limited permit is not considered officially filed with the board until it has been determined by the board or division staff to be complete. Applications submitted on the forms provided by the board must be completed, signed, notarized and accompanied by the application fee.

(3) The applicant shall request and submit to the board written vertification from his/her academic institution or the certifying entity of the applicant's completion of the requirements and eligibility to sit for the applicant's first available certification examination as determined by the certifying entity. The applicant is responsible for the payment of any fee required by the certifying entity for verification.

(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 will receive one (1) limited permit. Duplicate limited permits may be provided upon payment of the appropriate fee.

(6) Prior to sitting for an examination for certification the limited permit holder shall request that the certifying entity or its designee send the results of the limited permit holder's examination to the board.

(7) The limited permit will be valid for eight(8) weeks from the date of the applicant's first available examination. If the limited

permit holder successfully completes the examination with a passing score, the limited permit will be extended for an additional sixty (60) days during which time the limited permit holder may apply for a license.

(8) Only those individuals who did not successfully complete their first available examination may renew their limited permit. The limited permit may be renewed only once using the form provided by the board. A renewed limited permit will be valid for eight (8) weeks from the date of the limited permit holder's second available examination. If the limited permit holder successfully completes the second available examination with a passing score, the limited permit will be extended for an additional sixty (60) days during which time the limited permit holder may apply for a license.

(9) Failure of the limited permit holder to pass the second available examination renders the limited permit void and the limited permit holder shall return the limited permit to the board within fourteen (14) days.

AUTHORITY: sections 324.050, 324.056, 324.065, 324.068, 324.077, 324.083 and 324.086, RSMo Supp. 1999.* Original rule filed Aug. 4, 1998, effective Dec. 30, 1998. Amended: Filed June 1, 2000, effective Nov. 30, 2000.

*Original authority: 324.050, RSMo 1997, amended 1999; 324.056, RSMo 1997; 324.065, RSMo 1997; 324.068, RSMo 1997, amended 1999; 324.077, RSMo 1997; 324.083, RSMo 1997; and 324.086, RSMo 1997, amended 1999.

4 CSR 205-3.040 License Renewal

PURPOSE: This rule outlines the process of renewing a license to practice as an occupational therapist and occupational therapy assistant.

(1) All licenses including those on inactive status shall be renewed biennially. Failure of a licensee to renew the license shall cause the license to lapse. Failure to receive notice shall not relieve the licensee of the obligation to renew and pay the required fee prior to the expiration date. Renewals shall be postmarked no later than the expiration date of the license to avoid the late penalty fee. Deposit of the renewal fee by the division does not constitute acceptance of the renewal application.

(2) Each occupational therapist and occupational therapy assistant shall provide the board with a completed renewal form issued by the division that shall contain—

(A) The licensee's residential address;

(B) Details regarding being found guilty, plea of guilty, receipt of a suspended imposition of sentence or the entering of a plea of *nolo contendere* for any violation of any laws of a state or the United States, other than a traffic violation;

(C) Details regarding any addiction to or repetitive abuse of any drug or chemical substance including alcohol within the past five (5) years;

(D) Information regarding being currently treated or in the past five (5) years having been treated through a drug or alcohol rehabilitation program;

(E) Details regarding any restriction or discipline for unethical behavior or unprofessional conduct;

(F) Details regarding a professional license, certification, registration, permit or an application in any state, United States territory, province, or country being denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action; and

(G) Details regarding any pending complaints before any regulatory board or agency.

(3) Each licensee shall notify the board in writing within thirty (30) days of any change relating to the information requested on the renewal form.

(4) Applicants who are approved for renewal 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, 324.080, 324.083, 324.086 and 620.010.14, RSMo Supp. 1999.* Original rule filed Aug. 4, 1998, effective Dec. 30, 1998. Amended: Filed June 1, 2000, effective Nov. 30, 2000.

*Original authority: 324.050, RSMo 1997, amended 1999; 324.056, RSMo 1997; 324.065, RSMo 1997; 324.068, RSMo 1997, amended 1999; 324.080 RSMo 1997; 324.083, RSMo 1997; 324.086, RSMo 1997, amended 1999 and 620.010.14, RSMo 1973, amended 1981, 1983, 1986, 1989, 1990, 1993, 1994, 1995, 1999.

4 CSR 205-3.050 Inactive Status

PURPOSE: This rule outlines the process for requesting inactive status as an occupational therapist or an occupational therapy assistant. (1) A licensee may request in writing that his/her license be placed on inactive status. The licensee shall not practice as an occupational therapist or an occupational therapy assistant in the state of Missouri while the license is on inactive status. The licensee shall not hold himself or herself out as an occupational therapist or occupational therapy assistant and must renew the license and maintain continued competency requirements pursuant to the rules promulgated by the division in collaboration with the board.

(2) If an individual with a license on inactive status wishes to return a license to active status prior to the renewal time, the individual shall complete a license renewal form and pay the renewal fee.

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

AUTHORITY: sections 324.050, 324.065, 324.068, 324.080, 324.083 and 324.086, RSMo Supp. 1997.* Original rule filed Aug. 4, 1998, effective Dec. 30, 1998.

*Original authority: 324.050, RSMo 1997, amended 1999; 324.065, RSMo 1997; 324.068, RSMo 1997, amended 1999; 324.080, RSMo 1997; 324.083, RSMo 1997; 324.086, RSMo 1997, amended 1999.

4 CSR 205-3.060 Reinstatement

PURPOSE: This rule outlines the process for reinstating a license to practice as an occupational therapist or an occupational therapy assistant.

(1) Failure of a licensee to renew a license before the expiration of the license will cause the license to lapse. Within two (2) years of the expiration date, the licensee may submit payment of the renewal fee, late renewal penalty and provide the board with a completed renewal form which shall contain—

(A) The licensee's residential address;

(B) Details regarding being found guilty, plea of guilty, receipt of a suspended imposition of sentence or the entering of a plea of *nolo contendere* for any violation of any laws of a state or the United States, other than a traffic violation;

(C) Details regarding any addiction to or repetitive abuse of any drug or chemical substance including alcohol within the past five (5) years;

(D) Information regarding being currently treated or within the past five (5) years having been treated through a drug or alcohol rehabilitation program; (E) Details regarding being a party in a civil suit other than divorce, custody matters, or bankruptcy;

(F) Details regarding any restriction or discipline for unethical behavior or unprofessional conduct; and

(G) Details regarding a professional license, certification, registration, permit or an application in any state, United States territory, province, or country being denied, reprimanded, suspended, restricted, revoked or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action.

(2) A licensee who fails to restore a license for a period of more than two (2) years after the expiration of the license shall reapply for licensure under regulations in effect at the time of reapplication.

AUTHORITY: sections 324.050, 324.065, 324.068, 324.080, 324.083 and 324.086, RSMo Supp. 1997.* Original rule filed Aug. 4, 1998, effective Dec. 30, 1998.

*Original authority: 324.050, RSMo 1997, amended 1999; 324.065, RSMo 1997; 324.068, RSMo 1997, amended 1999; 324.080, RSMo 1997; 324.083, RSMo 1997; 324.086, RSMo 1997, amended 1999.

4 CSR 205-3.070 Titles

PURPOSE: This rule establishes the required titles for occupational therapists and occupational therapy assistants licensed by the board and limited permit holders.

(1) Individuals licensed in Missouri as occupational therapists must use one of the following titles:

(A) OT/L; or (B) OTR/L.

(2) Individuals licensed in Missouri as occupational therapy assistants must use one of the following titles:

(b) COIA/L.

(3) The above titles shall be reserved for individuals properly licensed by the board.

(4) Individuals who hold a limited permit as an occupational therapist in Missouri must use the following title:

(A) OT Limited Permit.

(5) Individuals who hold a limited permit as an occupational therapy assistant in Missouri must use the following title:(A) OTA Limited Domain

(A) OTA Limited Permit.

AUTHORITY: section 324.065, RSMo Supp. 1997.* Original rule filed Aug. 4, 1998, effective Dec. 30, 1998.

*Original authority: 324.065, RSMo 1997.

⁽A) OTA/L; or (B) COTA/L.