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

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<th>Page</th>
</tr>
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<td>18</td>
</tr>
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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.

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:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapist</td>
<td>$150.00</td>
</tr>
<tr>
<td>Occupational Therapist Limited Permit</td>
<td>$50.00</td>
</tr>
<tr>
<td>Occupational Therapy Assistant</td>
<td>$100.00</td>
</tr>
<tr>
<td>Occupational Therapy Assistant Limited Permit</td>
<td>$50.00</td>
</tr>
</tbody>
</table>

**APPLICANT DATA**

<table>
<thead>
<tr>
<th>NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE STREET ADDRESS (IF PO, PLEASE PROVIDE A STREET ADDRESS ALSO)</td>
</tr>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>STATE</td>
</tr>
<tr>
<td>ZIP CODE</td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>RESIDENCE TELEPHONE NUMBER</td>
</tr>
<tr>
<td>CURRENT PLACE OF EMPLOYMENT</td>
</tr>
<tr>
<td>EMPLOYMENT TELEPHONE NUMBER</td>
</tr>
</tbody>
</table>

**EDUCATION**

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

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 ensure 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.
### NATIONAL 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.

<table>
<thead>
<tr>
<th>Name of State</th>
<th>Type of License</th>
<th>License Number</th>
<th>License Status</th>
</tr>
</thead>
<tbody>
<tr>
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<td>OT</td>
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<td>OTA</td>
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<td></td>
</tr>
</tbody>
</table>

### 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**

<table>
<thead>
<tr>
<th>Nature of Business</th>
<th>From (Mon, Yr)</th>
<th>To (Mon, Yr)</th>
<th>Immediate Supervisor's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**B. Name and address of employer**

<table>
<thead>
<tr>
<th>Nature of Business</th>
<th>From (Mon, Yr)</th>
<th>To (Mon, Yr)</th>
<th>Immediate Supervisor's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Name and address of employer**

<table>
<thead>
<tr>
<th>Nature of Business</th>
<th>From (Mon, Yr)</th>
<th>To (Mon, Yr)</th>
<th>Immediate Supervisor's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**D. Name and address of employer**

<table>
<thead>
<tr>
<th>Nature of Business</th>
<th>From (Mon, Yr)</th>
<th>To (Mon, Yr)</th>
<th>Immediate Supervisor's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Length of experience in this position:**

[MC 418-2327 (10-98)]
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? ☐ ☐
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 have 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, revoked, suspended, restricted, or otherwise disciplined? ☐ ☐
5. Have you ever been charged with or convicted of any felony whether or not sentence was imposed or suspended? ☐ ☐
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? ☐ ☐
7. Are you now, or have you in the past five (5) years been addicted to or used in excess, alcohol or any prescription drug or illegal chemical substances? ☐ ☐
8. Are you now being treated or have you in the past five (5) years been treated through a drug or alcohol rehabilitation program? ☐ ☐
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? ☐ ☐
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 EMBOSSES SEAL OR BLACK INK RUBBER STAMP

STATE OF

SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

COUNTY (OR CITY OF ST LOUIS)

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.

MQ 419-2327 (10-98)
# Missouri Department of Economic Development

**Chapter 3—Licensure Requirements**

## Verification of Licensure Form

### 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, Prefix, Former Name?)**

<table>
<thead>
<tr>
<th>Type of License/Certification/Registration/Permit Held</th>
<th>Number Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ OTR ☐ COTA</td>
<td></td>
</tr>
</tbody>
</table>

**Social Security Number**

<table>
<thead>
<tr>
<th>Date of Birth</th>
</tr>
</thead>
</table>

**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**

<table>
<thead>
<tr>
<th>License ☐ Certification ☐ Registration ☐ Permit Holder ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>License Number</th>
<th>Issue Date</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

**License was issued on the basis of**

<table>
<thead>
<tr>
<th>NBCOT ☐ State Examination ☐ Education ☐ Grandfather Clause ☐ Other (please explain)</th>
</tr>
</thead>
</table>

**Has the applicant's license ever lapsed?**

<table>
<thead>
<tr>
<th>Yes ☐ No ☐ If Yes, please explain.</th>
</tr>
</thead>
</table>

**Has the applicant ever been restricted or disciplined in any way?**

<table>
<thead>
<tr>
<th>Yes ☐ No ☐ If Yes, please explain.</th>
</tr>
</thead>
</table>

**Does the applicant have any pending complaints?**

<table>
<thead>
<tr>
<th>Yes ☐ No ☐ If Yes, please explain.</th>
</tr>
</thead>
</table>

**Signature**

**Title**

**Date**

**Please Affix Board Seal**

---

Rebecca McDowell Cook  (10/31/00)  CODE OF STATE REGULATIONS  7
### REQUEST FOR VERIFICATION OF CREDENTIALS

#### 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 CREDENTIALED (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:

<table>
<thead>
<tr>
<th>CREDENTIALS</th>
<th>DATE CREDENTIALED</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ OTR®</td>
<td></td>
</tr>
<tr>
<td>☐ COTA®</td>
<td></td>
</tr>
</tbody>
</table>

**DISCIPLINARY ACTION COMMENTS**

**SIGNATURE**

**TITLE**

**DATE**

MO 415-2331 (10/98)
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 Therapy Assistant $100.00 fee

APPLICANT DATA
NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER MAIDEN)

RESIDENCE STREET ADDRESS (OF 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.

MUST BE SIGNED IN PRESENCE OF NOTARY

SIGNATURE OF APPLICANT

NOTARY PUBLIC EMBOSSED SEAL OR BLACK INK RUBBER STAMP

STATE OF

SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF YEAR

NOTARY PUBLIC SIGNATURE  MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW:

MISSOURI BOARD OF OCCUPATIONAL THERAPY
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MISSOURI 65102-1535
TELEPHONE (675) 751-3977
TDD (800) 731-2966
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.


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.
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- 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

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 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 ensure 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.
### NATIONAL CREDENTIALS

- **OCCUPATIONAL THERAPIST REGISTERED, OTR®**
- **OCCUPATIONAL THERAPY ASSISTANT, COTA®**

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.

<table>
<thead>
<tr>
<th>NAME OF STATE</th>
<th>TYPE OF LICENSE</th>
<th>LICENSE NUMBER</th>
<th>LICENSE STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OT</td>
<td></td>
<td></td>
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<td>OTA</td>
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</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>IMMEDIATE SUPERVISOR'S NAME</th>
<th>TITLE OF APPLICANT'S POSITION</th>
<th>LENGTH OF EXPERIENCE IN THIS POSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### B. NAME AND ADDRESS OF EMPLOYER

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>IMMEDIATE SUPERVISOR'S NAME</th>
<th>TITLE OF APPLICANT'S POSITION</th>
<th>LENGTH OF EXPERIENCE IN THIS POSITION</th>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

#### C. NAME AND ADDRESS OF EMPLOYER

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>IMMEDIATE SUPERVISOR'S NAME</th>
<th>TITLE OF APPLICANT'S POSITION</th>
<th>LENGTH OF EXPERIENCE IN THIS POSITION</th>
</tr>
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#### D. NAME AND ADDRESS OF EMPLOYER

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<th>FROM</th>
<th>TO</th>
<th>IMMEDIATE SUPERVISOR'S NAME</th>
<th>TITLE OF APPLICANT'S POSITION</th>
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Chapter 3—Licensure Requirements

4 CSR 205-3

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.

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? ☐ ☐
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? ☐ ☐
5. Have you ever been charged with or convicted of any felony whether or not sentence was imposed or suspended? If
yes, explain fully. ☐ ☐
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. ☐ ☐
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. ☐ ☐
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. ☐ ☐
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. ☐ ☐
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

DATE OF
SUBSCRIBED AND SWORN BEFORE ME, THIS
YEAR
NOTARY PUBLIC SIGNATURE

COUNTY (OR CITY OF ST LOUIS)

MO 419-2327 (1/2/98)

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.
REQUEST FOR VERIFICATION OF CREDENTIALS

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 CREDENTIALED (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 CREDENTIALED

☐ OTR®   NUMBER:

☐ COTA®   NUMBER:

DISCIPLINARY ACTION COMMENTS

NOT VALID UNLESS STAMPED BY NBCOT

SIGNATURE

TITLE

DATE
Chapter 3—Licensure Requirements

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

SOCIAL SECURITY NUMBER

NUMBER ISSUED

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  ☐ Other (please explain)

☐ State Examination  ☐ Education  ☐ Grandfather Clause

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

Rebecca McDowell Cook  (10/31/00)  CODE OF STATE REGULATIONS 15
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 Therapy Assistant $100.00 fee

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.

MUST BE SIGNED IN PRESENCE OF NOTARY

SIGNATURE OF APPLICANT

STATE OF

COUNTRY (OR CITY OF ST LOUIS)

COUNTY

SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR

NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.
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 verification 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.


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 unethic 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.


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.


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.


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:
   (A) OTA/L; or
   (B) COTA/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 Permit.
