# 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.


*Original authority 1997.
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

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 FROM TO
MON. YR. 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.
# Chapter 3—Licensure Requirements

## NATIONAL CREDENTIALS

☐ OCCUPATIONAL THERAPIST REGISTERED, OTR®
☐ OCCUPATIONAL THERAPY ASSISTANT, COTA®

CERTIFICATION NUMBER: ________________________________

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>
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<tbody>
<tr>
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<td>OTC</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**

**NATURE OF BUSINESS**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>IMMEDIATE SUPERVISOR’S NAME</th>
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<tbody>
<tr>
<td>MON</td>
<td>YR</td>
<td>MON. YR</td>
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</tbody>
</table>

**B. NAME AND ADDRESS OF EMPLOYER**

**NATURE OF BUSINESS**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>IMMEDIATE SUPERVISOR’S NAME</th>
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<tr>
<td>MON</td>
<td>YR</td>
<td>MON. YR</td>
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</table>

**C. NAME AND ADDRESS OF EMPLOYER**

**NATURE OF BUSINESS**

<table>
<thead>
<tr>
<th>FROM</th>
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<th>IMMEDIATE SUPERVISOR’S NAME</th>
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<tr>
<td>MON</td>
<td>YR</td>
<td>MON. YR</td>
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</tbody>
</table>

**D. NAME AND ADDRESS OF EMPLOYER**

**NATURE OF BUSINESS**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
<th>IMMEDIATE SUPERVISOR’S NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON</td>
<td>YR</td>
<td>MON. YR</td>
</tr>
</tbody>
</table>
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, revoked, suspended, restricted, 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 no contest 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.
# Missouri Licensure Requirements

## Verification of Licensure

### 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

<table>
<thead>
<tr>
<th>Name (First, Middle, Last, Suffix, Former/Maiden)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name as it appears on license/certification/registration/permit held</td>
</tr>
<tr>
<td>Type of license/certification/registration/permit held</td>
</tr>
<tr>
<td>□ OTR □ COTA</td>
</tr>
<tr>
<td>Social Security Number</td>
</tr>
</tbody>
</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

<table>
<thead>
<tr>
<th>Type of Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ License □ Certification □ Registration □ Permit Holder</td>
</tr>
<tr>
<td>License Number</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
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</thead>
</table>

| Date |

Please affix board seal

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Rebecca McDowell Cook  (11/30/98)  
Secretary of State  
CODE OF STATE REGULATIONS
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

MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT

ADDENDUM TO ORIGINAL APPLICATION

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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<tr>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
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MUST BE SIGNED IN PRESENCE OF NOTARY

<table>
<thead>
<tr>
<th>SIGNATURE OF APPLICANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATE OF</td>
</tr>
<tr>
<td>COUNTY (OR CITY OF ST LOUIS)</td>
</tr>
<tr>
<td>SUBSCRIBED AND SWORN BEFORE ME THIS DAY OF YEAR</td>
</tr>
<tr>
<td>NOTARY PUBLIC SIGNATURE MY COMMISSION EXPIRES</td>
</tr>
<tr>
<td>NOTARY PUBLIC NAME (TYPED OR PRINTED)</td>
</tr>
</tbody>
</table>

MO 4/19-2329 (10-98)

Rebecca McDowell Cook (11/30/98) CODE OF STATE REGULATIONS
Secretary of State