KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782-8807 | Fax: (502) 564-4818 | Website: bot.ky.gov| Email: OT@ky.gov

APPLICATION FOR LICENSURE

Licensing Options **(check one)**:

☐ **Occupational Therapist** ($50.00 application fee)

☐ **Occupational Therapist Assistant** ($35.00 application fee)

A non-refundable application fee shall be attached to this form.
Please make check or money order payable to the Kentucky State Treasurer.
Please mail the completed application and the application fee to the address listed above.
You must submit to a background check by means of a fingerprint check performed within the last ninety (90) days by the Department of Kentucky State Police and the Federal Bureau of Investigation. You are responsible for the payment of any fee to the KSP and FBI.

Application Options **(check one):**

☐ Temporary Permit
☐ Application fee
☐ Completed application
☐ Evidence of completion of education requirements and/or fieldwork (transcript/FEW)
☐ Letter of supervision form stating: - Willing to provide supervision - Responsible for applicant's activities
☐ Proof of permission to work in the US (non-citizen only)
☐ Copy of the Authorization test letter from NBCOT
☐ Evidence of successful completion of the jurisprudence exam
☐ Background check performed within the last ninety (90) days performed by the KSP and the FBI

☐ Application for Full Licensure
☐ Application Fee
☐ Completed Application

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☐ Evidence of completion of education requirements and/or fieldwork (transcript/FEW)
☐ Copy of NBCOT score report/certificate or electronic verification of current certification
☐ Proof of permission to work in the US (non-citizen only)
☐ Evidence of successful completion of the jurisprudence exam
☐ Background check performed within the last ninety (90) days performed by the KSP and the FBI

☐ Application for Licensure for Those Licensed in Another State
☐ Application Fee
☐ Completed Application
☐ Copy of NBCOT score report/certificate or electronic verification of current certification
☐ Official License Verification from each state in which you have ever held a license
☐ Proof of permission to work in the US (non-citizen only)
☐ Evidence of successful completion of the jurisprudence exam
☐ Background check performed within the last ninety (90) days performed by the KSP and the FBI

AFFIDAVIT	
I understand that passing the NBCOT exam does not constitute a license to practice Occupational Therapy. I shall instruct NBCOT to send electronic verification to KBLOT to demonstrate proof of passing the NBCOT exam. I understand that whether I am a temporary permit holder or an individual with a license from another state seeking a Kentucky license that I am not licensed in Kentucky until notified by KBLOT.	
Signature:	Date:

GENERAL INFORMATION

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address:	City:	State:	Zip Code:
Telephone Number:	Email Address:	D.O.B.	SSN (Last 4):

1. Are you a citizen of the United States? If your answer was "No", name country of citizenship and furnish the Board a copy of your US Department of	☐ Yes	☐ No

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Immigration documents which grant you legal permission to work in the United States.		
Country:		
2. Have you ever been convicted of a felony? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
3. Have you ever been convicted of a misdemeanor or any violation involving moral turpitude? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
4. Have you ever been declared mentally incompetent be a court of competent jurisdiction and not thereafter been declared lawfully sane?	☐ Yes	☐ No
5. Have you ever been licensed as an occupational therapist/occupational therapy assistant in any state?	☐ Yes	☐ No

If you answered "Yes" to the previous question, please list the licenses below; attach a separate piece of paper if needed:

State:	License Number:	Effective Dates:

6. Have you ever been subjected to disciplinary action by a state licensure board, by NBCOT, or by the AOTA Standards & Ethics Commission? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
7. Is your license as an occupational therapist/occupational therapy assistant currently under review in another state? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No

ACOTE Accredited Education Program: Degree or Diploma That Qualifies Applicant

Name of School	City & State	Dates Attended	Type of Degree/Diploma

8. Educational Fieldwork Experiences: Is your Level II Fieldwork posted to your transcripts? (If your answer was "No", attach documentation.)	☐ Yes	☐ No

Employment history as an occupational therapist/occupational therapy assistant. Begin with current or proposed employment and account for all time. Attach a separate page as necessary. If you have no employment history, please state "N/A."

Facility Name	City/State	Employment Dates Proposed, Present, Past	Position	Facility Phone Number

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AFFIDAVIT	
I, the applicant in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.	
Applicant's Signature:	Date:

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SUPERVISION TEMPORARY PERMIT FORM

All applicants applying for a temporary permit to practice as an occupational therapist or occupational therapy assistant under the supervision of a certified occupational therapist shall have this letter completed and signed.

THE INDIVIDUAL WILL NOT BE ABLE TO BEGIN WORK UNTIL THE TEMPORARY PERMIT IS APPROVED BY THE BOARD.

This is to verify that _____ will be under my supervision while practicing occupational therapy under a temporary permit in the Commonwealth of Kentucky. According to KRS 319A.100 and 201 KAR 28:130, I understand the following:

- I shall be responsible for all occupational therapy treatment outcomes.
- The client's care shall always be my responsibility.
- Supervision shall be available at all times.
- At least thirty (30) minutes of face-to-face supervision shall be provided daily for the temporary permit holder.

Supervisor's Printed Name:	Supervisor's KY License # & Expiration Date:		
Supervisor's Telephone Number:	Supervisor's Email Address:		
Supervisor's Signature:		Date of Signature:	
Name of Employing Facility:			
Address of Employing Facility:	City:	State:	Zip:
Proposed Beginning Date:			

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ANNUAL OT/OTA RENEWAL APPLICATION

KRS 319A.160 requires each licensed occupational therapist and occupational therapy assistant to renew their license by October 31st of each year. Your current license will expire **October 31.** Failure to renew your license shall constitute sufficient cause for termination of licensure. **Licenses not renewed by December 31 (including a 60-day grace period) will terminate and you are hereby advised at such time you shall CEASE AND DESIST the practice of occupational therapy in Kentucky.**

Complete this form by filling in the information requested below. Incomplete forms will not be reviewed by the Board.

- Attach the appropriate renewal fee: ***Make check or money order payable to the Kentucky State Treasurer.***
  - **Renewals mailed on or before October 31; (postmarked on or before October 31):**
    - **Active OT -$50.00;**
    - **Active OTA - $35.00;**
    - **Inactive OT or OTA - $10.00.**
  - **Late Renewals mailed November 1 – December 31 – (postmarked on or before December 31):**
    - **Active OT - $75.00;**
    - **Active OTA -$60.00;**
    - **Inactive OT or OTA - $10.00.**
  - **Renewal Applications postmarked after December 31 shall not be considered by the Board. Applicants must instead submit a Reinstatement Application.**
- If you have been licensed for less than ninety (90) days prior to October 31, you are not required to renew until the subsequent renewal period.
- Each occupational therapist and occupational therapy assistant shall complete twelve (12) continuing competence units for renewal, or one (1) unit of continuing competence units for each month they are licensed if they have been licensed for less than twelve (12) months.
- The Board will only require documentation of obtained continuing competence units if you are audited. DO NOT attach documentation of continuing competence unless requested.
- **Continuing competence units earned will only apply to one renewal period.**

TO BE COMPLETED BY ALL LICENSEES: (Please Print)

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address:	City:	State:	Zip Code:
Business Address:	City:	State:	Zip Code:
Telephone Number:	Email Address:	D.O.B.	SSN (Last 4):
Present Place of Employment Telephone Number:		Present Place of Employment E-mail Address:	

Have you been charged with, convicted of, or pled guilty to a Felony since your last renewal of Kentucky License? (If your answer is "Yes" please attach documentation)	☐ Yes	☐ No
Have you had disciplinary action taken against you or pending against your occupational therapy or occupational therapy assistant license in any other state or jurisdiction since your last renewal? (If your answer is "Yes", please attach documentation, including a certified copy of the final disciplinary action taken against you.)	☐ Yes	☐ No

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List Name of Activity & Qualifying Activity # as listed in 201 KAR 28:200	Date(s) MM/DD/YYYY Completed	Units Earned (12 Total)
List training program in suicide assessment, treatment, and management (A Board-approved 6-hour course is required every 6 years by KRS 210.366)		

If you are an occupational therapist, please list all occupational therapy assistants that you supervise. If you are a licensed Occupational Therapy Assistant, please list the name(s) of your current supervisor(s). Please check the box "FT" if they are full time, or "PT" if they are part time. For questions regarding supervision requirements, please consult 201 KAR 28:130.

	☐ FT	☐ PT
	☐ FT	☐ PT
	☐ FT	☐ PT
	☐ FT	☐ PT
	☐ FT	☐ PT
	☐ FT	☐ PT
	☐ FT	☐ PT

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Please mark the appropriate box

☐	Remaining on active status. Fee required (OT $50/OTA $35; Late Fee OT $75/OTA $60) Continuing Competence Units shall be listed above.
☐	Requesting an inactive status. Fee required (OT /OTA $10) NO Continuing Competence Units required. **REMINDER**: Persons on inactive status shall not practice Occupational Therapy. KRS 319A.160 (10).
☐	Remaining on inactive status. Fee required (OT/ OTA $10) NO Continuing Education required.
☐	Requesting to return to active status from an inactive status within three (3) years of inactivation. Fee required. (OT $50/OTA $35) Continuing Competence Units as required by 201 KAR 28:200 Section 2(3) shall be listed above.
☐	Requesting termination. NO fee required. NO Continuing Competence Units required.

I hereby certify that all information provided by me on this form is true and complete to the best of my knowledge. (Signature is required. Forms not signed will be returned and subject to late penalties if not returned by the deadlines stated.)	
Signature:	Date:

AFFIDAVIT	
I, the applicant in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.	
Applicant's Signature:	Date:

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REINSTATEMENT AND REACTIVATION APPLICATION

Options:

☐ **REINSTATMENT- requesting reinstatement of an expired license**
- ☐ OT/L $150.00 [$50.00 Renewal Fee + $25.00 Late Renewal + $75.00 Reinstatement]
- ☐ OTA/L $135.00 [$35.00 Renewal Fee + $25.00 Late Renewal + $75.00 Reinstatement]

☐ **REACTIVATION- requesting active status from inactive status after three (3) renewal periods of inactive status**
- ☐ OT/L $75.00 Reinstatement Fee
- ☐ OTA/L $75.00 Reinstatement Fee

Application Requirements
☐ Application Fee. (check or money order made payable to the Kentucky State Treasurer)
☐ Official License Verification from ANY state in which you have held a license.
☐ Current or initial copy of large NBCOT certificate or score report.
☐ Proof of continuing education. A. If the license has been expired for three (3) years or less, they shall show proof of 12 CEUs per year. B. If the license has been expired for three (3) years and five (5) years, they shall show proof of 36 hours of CEU.
☐ Jurisprudence exam completed.
☐ **FOR REINSTATMENT APPLICANTS:** A background check by means of a fingerprint check performed within the last ninety (90) days by the Department of Kentucky State Police and the Federal Bureau of Investigation. You are responsible for the payment of any fee to the KSP and FBI.

Applicant should submit in typewritten form or print clearly.

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address:	City:	State:	Zip Code:
Telephone Number:	Email Address:	D.O.B.	SSN (Last 4):

License Number:	Date your Kentucky License Expired:	
1. Do you currently hold, or have you ever held, a license in any other state(s)?	☐ Yes	☐ No

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If you answered "Yes" to the previous question, please list the licenses below; attach a separate piece of paper if needed:

State:	License Number:	Effective Dates:

2. Do you have any complaints currently pending against a license held by you in any other state(s)? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
3. Have you ever had an application for licensure as an occupational therapist/ occupational therapy assistant rejected? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
4. Have you had any disciplinary action taken against a license held by you in any other state(s)? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
5. Have you ever been convicted of a felony? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
6. Have you ever been convicted of a misdemeanor or any violation involving moral turpitude? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No
7. Have you ever been declared mentally incompetent by a court of competent jurisdiction and not thereafter been declared lawfully sane? (If your answer was "Yes", attach an explanation.)	☐ Yes	☐ No

List the places of employment since your Kentucky license expired. Account for all time. If additional space is needed, please attach a separate sheet containing that information. If you have no employment history since expiration, please state "N/A."

Facility Name	City/State	Employment Dates Proposed, Present, Past	Position	Facility Phone Number

Applicant's Affidavit

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected, or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.

Applicant's Signature:	**Date:**