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## GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH - HEALTH PROFESSIONAL LICENSING ADMINISTRATION

# NEW LICENSE APPLICATION Board of Occupational Therapy

Please read instructions before completing this form. If you have any questions, call HPLA's toll-free Customer Service line at **1-877-374-1157** Monday through Friday, 8AM to 5PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).** 

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)							
		Make check or money order payable to DC Treasurer.					
OT – Occupational Therapist	\$ 264.00	MAIL TO:	MAIL TO:				
☐ OTA – Occupational Therapy Assistant	\$ 264.00	Department of Health Health Professional Licensing	Department of Health Health Professional Licensing Administration				
Duplicate Licenses (limit 5) X \$34.00 =	\$ .00	Board of Occupational Therap	Board of Occupational Therapy				
	Ψσ.	899 North Capitol St., NE, Firs Washington, DC 20002	899 North Capitol St., NE, First Floor Washington, DC 20002				
Total Enclosed	\$0	O HPLA (		Staff			
		\$ .00					
SECTION 2. APPLICANT NAME/DEMOGRAPHIC	: INFORM						
Enter your name exactly as it should appear on the license. If your complete Section 4 on page 2. You must also provide a copy o	name has ch	anged at any point since you first attended					
documents for individuals are marriage certificates, divorce decrees	s, or court orde	ers.	. nas changed.	Acceptable			
FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)							
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SOCIAL SECURITY NUMBER		_					
If applicant does not provide a social security number a sword affidavit is required.							
1		☐ Male ☐	Female				
PLACE OF BIRTH  Provide City and State for US highlage or Country for foreign place of	GENDER Please shock the carre	GENDER Please check the correct box.					
SECTION 3. SUPPORTING DOCUMENTS REQU Please indicate the supporting documents you have include		package <b>or</b> requested to be sent to the	Board of	HPLA			
Occupational Therapy. Keep a photocopy of all supporting do			1	ONLY			
A. Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.			YES NO				
B. If applying by examination for OT or OTA a NBCOT letter of certification to be submitted on your behalf to the board indicating that you have passed the examination.			YES NO				
C. If applying by endorsement, a statement of good standing from all states/jurisdictions that you held a license or certificate in, including all active and inactive status.			YES NO				
D. Copies of legal documents supporting all name changes.			YES NO				

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#### **NEW LICENSE APPLICATION**

SECTION 4. PREVIOUS NAMES
If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
FIRST NAME  MI LAST NAME  Changed to current name by:  Marriage  Divorce  Court Order  Spouse Death Certificate  (Jr, Sr, etc.)
Changed to current name by:   Marriage Divorce Court Order Spouse Death Certificate  (Jr, Sr, etc.)
Changed to current name by:   Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate (Jr, Sr, etc.)
FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)
SECTION 5A. HOME ADDRESS
Even if you have a PO Box, a street address should also be provided, if applicable.
│
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (II additional space is needed, use this line to indicate STREET NOMBER and STREET NAME)
SECTION 5B. BUSINESS ADDRESS
Please note: This information will be made available to the public.
COMPANY NAME
L APARTMENT SUITE FLOOR PO BOX NUMBER
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
CITY
SECTION 5C. PREFERRED MAILING ADDRESS
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.
☐ HOME ☐ BUSINESS

# DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

#### **NEW LICENSE APPLICATION**

cent at the top.		1		Date of	T	
Cabard Name Office Chata Country			Number of Hours Completed		Type Degree/Ce	
School Name, City, State, Coun	шу	•		Graduation		
					+	
TION 6B. POSTGRADUATE EXPERIEN						
st all experience since graduation from college or profe Position," use the letter from the key below.	essional school, in rever	se chronologio	cal order, be	ginning with the i	most recent. I	For "Type
. someth, assume tener nom and noy zerom		Start	End	Type of Posi	tion Full	II Part
Organization/Institution	Location	Date	Date	(Use Key Bel	ow)* Time	Time
			1			
* TYPE OF POSITION	UN KEV		•		•	•
A. Employment	JN KE I	D. In	structor			
B. Private Practice		E. Internship/Residence				
C. Clinical		F. O	ther (specif	y on separate sh	eet of paper)	
Rotations						
TION 6C. PROFESSIONAL LICENSES I						
st all states and jurisdictions in which you have ever h r the last 10 years.	eld a similar profession	al license. Yo	u must requ	lest and provide	verification of	licensure
The last to yours.		Date License Was				
Jurisdiction	First Obtained		License Number			
		-				

## DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

#### **NEW LICENSE APPLICATION**

SE	CTION 7. QUESTIONS – Applicants MUST answer all of the following questions.						
Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details <b>on a separate sheet of paper, including copies of relevant court documents,</b> and attach to this application.							
	Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.						
	Please read the information below carefully before responding to this yes or no question, as <b>any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit</b> for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).						
	IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.						
	As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:  Yes  No						
A.	1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of	1985);		YES NO			
	2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);						
	3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);						
	4. Past due taxes;						
	5. Past due District of Columbia Water and Sewer Authority service fees; or						
	6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?						
	The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the <i>Clean Hands Before Receiving a License or Permit Act of 1996</i> , effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).						
В.	Have you ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	YES	NO				
C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.)	YES	NO				
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?  YES NO		NO				
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?						
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES	NO				
G.	Do you have a physical or medical condition that currently impairs your ability to practice your profession?		NO				
H.	Has the use of drugs and/or alcohol resulted an impairment of your ability to practice your profession?		NO				
I.	(1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?						
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES	NO				
SE	SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE						
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.							
HPLA O							
	LICENSEE SIGNATURE NAME (Please Print) DATE						