

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Professional Licensing Administration



Board of Occupational Therapy

**APPLICATION INSTRUCTIONS AND FORMS
FOR A LICENSE TO PRACTICE OCCUPATIONAL THERAPY
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Occupational Therapist (OT) or Occupational Therapy Assistant (OTA) in the District of Columbia and look forward to providing expedient and professional services. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. The Board of Occupational Therapy will not review any application not completed in accordance with these instructions.

If you have any questions, call HPLA's Customer Service toll free at 1-877-672-2174 between 8:00a.m. and 4:15 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety, including payment to the applicant. Please print or type all information except signatures.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Occupational Therapy
899 North Capitol Street NE, First Floor
Washington, DC 20002

The verification of licensure form should be forwarded from the state board to the above address. This information is required regardless of your licensure status inactive or active. The applicant is responsible for obtaining letters of good standing. Proof of National Board for Certification in Occupational Therapy (NBCOT) initial certification must come directly from NBCOT.

Students may practice under supervision while in school. Applicants may practice under supervision while the first application is pending. If the applicant fails the first examination, he/she may no longer practice.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

1. Applicants must not have been convicted of an offense, which bears directly on the applicant fitness to practice; and
2. Applicant must be at least eighteen (18) years of age; and
3. Completed and signed application; and

APPLICANTS MUST SUBMIT THE FOLLOWING:

1. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
2. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.

**APPLICANTS WHO HAVE BEEN OR ARE LICENSED IN OTHER JURISDICTION (STATES)
PLEASE SUBMIT A LETTER OF GOOD STANDING OF VERIFICATION OF YOUR LICENSE.
(INACTIVE OR ACTIVE STATUS)**

NATIONAL EXAMINATION REQUIREMENTS

Arrange for the National Board to send test results directly to the Board of Occupational Therapy. Further inquires may call the board at (202) 724-4900, Monday through Friday, between 8:30 A.M. to 4:15 P.M.

OCCUPATIONAL THERAPIST

Applicants for a license to practice as an occupational therapist must have successfully completed an entry-level occupational therapy educational program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE).

OCCUPATIONAL THERAPY ASSISTANT

Applicants for a license to practice as an occupational therapy assistant must have successfully completed an occupational therapy assistant educational program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE).

APPLICANTS EDUCATED OUTSIDE THE UNITED STATES

- 1 Applicants demonstrate that their education and training as an occupational therapist are substantially equivalent to an educational program accredited by ACOTE. NBCOT or successor will be responsible for making this determination.
2. Successful completion of the Occupational Therapy certification examination developed by NBCOT.

COMPLETING THE LICENSE APPLICATION

SECTION 1. REQUESTED LICENSE TYPE / FEES

a. The methods for becoming licensed as an Occupational Therapist in the District of Columbia are outlined below. The one letter code/abbreviation for each origin is indicated in parenthesis. Check the correct description and method of license type in section one of your new license application.

Examination (E) Concurrent or prior successful completion of the Occupational Therapy certification examination developed by the National Board for Certification in Occupational Therapy (NBCOT) for Occupational Therapists and Occupational Therapy Assistants.

Endorsement (N) Hold a license in good standing in another state or territory of the United States with standards which are comparable to DC's requirements.

b. The abbreviation for the license type for which you are applying for is provided in section 1 of the application. The following license types is available under the Board of Occupational Therapy:

License	License Description
OT	Occupational Therapist
OTA	Occupational Therapy Assistant

c. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (for a \$34 fee each, etc.). Check the "duplicate licenses" box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not preprinted. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License	Application Method	Application Fee	License Fee	Criminal Background Fee	Fee Total Due*
OT	Examination	\$85	\$179	\$50	\$314
OT	Endorsement	\$85	\$179	\$50	\$314
OTA	Examination	\$85	\$179	\$50	\$314
OTA	Endorsement	\$85	\$179	\$50	\$314

*The Total Due amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$50.00 will be imposed for dishonored checks (Public Law 89-208).

DC Occupational Therapy licenses expire on September 30th of odd numbered years. Your initial license will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your license/certification. Upon completion of the renewal questionnaire and payment of the renewal fee, your license will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HPLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to DOH/HPLA, Board of Occupational Therapy at the address on page 1. Without an updated address, you may not receive your renewal notice.

SECTION 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. Pursuant to D.C. Code Section 2-3305.5 9b0 2001 (Health Occupations Act), applicants are required to provide a Social Security Number on applications for professional license. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. All applicants must be at least 18 years of age.

SECTION 3. SUPPORTING DOCUMENTS REQUIRED

The required supporting documents are listed in this section. Place an "X" in the "YES" box for each item you have included with your application package *or* requested to be sent under separate cover to DOH/HPLA, Board of Occupational Therapy.

Place an "X" in the "NO" box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

SECTION 4. PREVIOUS NAMES

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

SECTIONS 5A. & B. HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. If you provide a PO Box for one of the addresses, a street address is required for the other address. You are required by regulation to report all changes of your business or residence address to DOH/HPLA, Board of Occupational Therapy. Should you fail to advise us in writing of your current addresses, you may not receive your renewal notice.

SECTION 5C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

SECTION 6A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

SECTION 6B. POSTGRADUATE EXPERIENCE

List all experience since graduation from medical or professional school in reverse chronological order, beginning with the most recent at the top. Internship hours should be documented in this section of the application.

SECTION 6C. PROFESSIONAL LICENSES IN OTHER STATES / JURISDICTIONS

List all jurisdictions in which you have ever been licensed. If you are licensed in another jurisdiction, a statement of good standing must be submitted directly the DC Board of Occupational Therapy by the applicable state boards.

SECTION 7. SCREENING QUESTIONS

If you answer "yes" to questions B through J, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could result in criminal prosecution pursuant to DC Code 22-2514.

SECTION 8. LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA's website at www.hpla.doh.dc.gov or call HPLA's Customer Service 1-877-672-2174. The forms that make up this package are:

- Occupational Therapy, Regulations
- Occupational Therapy, New License Instructions
- Occupational Therapy, New License Application

SUMMARY OF OCCUPATIONAL THERAPY LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for all application methods.

License Type	Application Method	Signed application for License	Two 2" x 2" Photos	Letter of Verification*	NBCOT Certification Letter	Check or Money Order**
OT	Examination	X	X		X	\$314
OT	Endorsement	X	X	X	X	\$314
OTA	Examination	X	X		X	\$314
OTA	Endorsement	X	X	X	X	\$314

*Request a letter(s) of good standing for all states/jurisdictions that you held a license in, including all active and inactive status.

**Check or money order MUST be made payable to DC Treasurer.