

# STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

## REACTIVATION APPLICATION – Occupational Therapy Assistant

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**OP**  
LICENSE NUMBER \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER

**State Board of Occupational Therapy  
Education and Licensure  
PO Box 2649  
Harrisburg, PA 17105-2649**

**Courier Address:  
2601 North Third Street  
Harrisburg, PA 17110**

- ADDRESS CHANGE** – Check if the address or email address above is a new address and not on file with the Board.
- NAME CHANGE** – If the name above is not the current name on the licensure records, submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

**THE FOLLOWING QUESTIONS MUST BE ANSWERED**

YES	NO	If “YES” to any of the criminal/disciplinary action question(s), please attach certified copies of legal document(s).
		<p>1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice ANY health-related profession in any other state or jurisdiction?</p> <p><b>If “Yes” please provide the profession AND state or jurisdiction</b> _____</p> <p>You must request that a letter of Good Standing be sent from each state board office directly to the Board office in a sealed official envelope of that state board.</p>
		<p>2. <b>Since your initial application or last renewal</b>, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction?</p>
		<p>3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</p>
		<p>4. <b>Since your initial application or last renewal</b>, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?</p>
		<p>5. <b>Since your initial application or last renewal</b>, whichever is later, have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics, or other drugs or substances that may impair judgment or coordination?</p>
		<p>6. <b>Since your initial application or last renewal</b>, whichever is later, have your had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?</p>
		<p>7. <b>Since your initial application or last renewal</b>, whichever is later, have you had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?</p>
		<p>8. <b>Since your initial application or last renewal</b>, whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?</p>
		<p>9. Have you completed 2 hours of Board approved continuing education in child abuse recognition and reporting?</p>

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

## Verification of Information

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation, or denial of my license, certificate, permit or registration.

Full Name (Please Print) \_\_\_\_\_

Signature of Licensee (Mandatory) \_\_\_\_\_ Date \_\_\_\_\_

## Acknowledgement of Duty to Self-Report Disciplinary Conduct and Certain Criminal Activity (mandatory for all licensees; signature required)

I, \_\_\_\_\_, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following:** (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at [www.pals.pa.gov](http://www.pals.pa.gov) and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Signature of Licensee (Mandatory) \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Upon renewal the license will expire June 30, 2021**

**FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” \$45.00**

**FEES ARE NOT REFUNDABLE. Check or money order must be in “US funds.”** **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

**Write your license number on your payment.**

**LATE FEE – a \$5.00 per month, or part of a month is required if you have been practicing since your license has expired.**

**PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES**

State Board of Occupational Therapy Education and Licensure  
P. O. Box 2649  
Harrisburg, PA 17105-2649  
(717) 783-1389 (Phone)  
(717) 787-7769 (Fax)  
[st-occupational@pa.gov](mailto:st-occupational@pa.gov)

**VERIFICATION OF PRACTICE / NON-PRACTICE**  
**Your renewal cannot be processed unless this page is completed.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

Name of Profession \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

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Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. **THEN** answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status?

**CIRCLE ONE:**

YES NO

2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?

**CIRCLE ONE:**

YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

\_\_\_\_\_  
(Signature of Licensee)

\_\_\_\_\_  
(Date)

# STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE

## REACTIVATION REQUIREMENTS

**If you have been inactive/expired for less than 4 years, please submit the following:**

- Completed Reactivation Application
- Completed Verification of Practice/Non-Practice form
- Current renewal fee
- Letter of good standing received directly from each state board office where you hold/held a license to practice a profession or occupation, to the Board office in a sealed official envelope of that state board.
- Submit copies of the certificates of completion for the required 24 continued competency in acceptable activities obtained through approved program sponsors or through continued competency activities. Credit must be obtained within the two year period prior to reactivation. Continued competency regulations can be found at [www.dos.pa.gov/therapy](http://www.dos.pa.gov/therapy).
- The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for reactivation of a license shall be required to complete 2 hours of Department of State/Board-approved training in child abuse recognition and reporting requirements as a condition of reactivation. Please review the Board website for further information on approved CE providers. [Child Abuse Continuing Education Providers Information can be found at www.dos.pa.gov](http://www.dos.pa.gov). Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
- Effective July 1, 2016**, provide a Self-Query from the National Practitioner Data Bank completed within 6 months of submission of this application to the Board. A Self-Query can be requested online at <https://www.npdb.hrsa.gov/>. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office. (Verify that "Self-Query Response" is sent to the Board and not a discrepancy notice.)

**If you have been inactive/expired for over 4 years and you have been licensed and practicing occupational therapy in another state, the following documentation is required:**

- Completed Reactivation Application
- Completed Verification of Practice/Non-Practice form
- Current renewal fee
- Curriculum vitae
- Letter(s) of good standing received directly from each state board office where you hold/held a license to practice a profession or occupation, to the Board office in a sealed official envelope of that state board.
- Submit copies of the certificates of completion for the required 24 continued competency in acceptable activities obtained through approved program sponsors or through continued competency activities. Credit must be obtained within the two year period prior to reactivation. Continued competency regulations can be found at [www.dos.pa.gov/therapy](http://www.dos.pa.gov/therapy).
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If you have been inactive/expired for over 4 years and you have not been licensed and practicing occupational therapy in another state, you must re-apply and schedule to take the NBCOT examination. In order to retake the examination through NBCOT, you must complete the attached “Eligibility Application for NBCOT Examination For State Regulation/Licensure-Only Purposes” and return it to the Board office by mail or by fax. Upon receipt of this Application, the Board office will forward the information to NBCOT on your behalf. You must contact NBCOT directly at 301-990-7979 or [www.nbcot.org](http://www.nbcot.org) for further instructions/application/cost.

Once you have successfully passed the re-examination, the following must be received (please do not submit these documents until **AFTER** you have passed the re-examination):

- ☑ Examination score received directly from NBCOT
- ☑ Completed Reactivation Application
- ☑ Completed Verification of Practice/Non-Practice form
- ☑ Current renewal fee
- ☑ Curriculum vitae
- ☑ Letter(s) of good standing received directly from each state board office where you hold/held a license to practice a profession or occupation, to the Board office in a sealed official envelope of that state board.
- ☑ Submit copies of the certificates of completion for the required 24 continued competency in acceptable activities obtained through approved program sponsors or through continued competency activities. Credit must be obtained within the two year period prior to reactivation. Continued competency regulations can be found at [www.dos.pa.gov/therapy](http://www.dos.pa.gov/therapy).
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P.O. BOX 2649

HARRISBURG, PA 17105-2649

Phone: 717-783-1389

Fax: 717-787-7769

Email: [st-occupational@pa.gov](mailto:st-occupational@pa.gov)

Website: [www.dos.pa.gov/therapy](http://www.dos.pa.gov/therapy)

**REQUEST TO RE-EXAMINE**

**TO BE COMPLETED IF YOU HAVE BEEN INACTIVE/EXPIRED FOR  
OVER 4 YEARS AND YOU HAVE NOT BEEN LICENSED AND  
PRACTICING OCCUPATIONAL THERAPY IN ANOTHER STATE**

**Eligibility Application for NBCOT Examination For  
State Regulation/Licensure-Only Purposes**

Name: \_\_\_\_\_

Prior Name (if any): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Check one of the following:

\_\_\_\_\_ Occupational Therapist

\_\_\_\_\_ Occupational Therapy Assistant

Pennsylvania License Number: \_\_\_\_\_

If you do not have your Pennsylvania license number, please go to [www.licensepa.state.pa.us](http://www.licensepa.state.pa.us)  
to obtain this information.

**PLEASE RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD OFFICE BY  
FAX (717-787-7769)**

**OR**

**BY MAIL (STATE BOARD OF OCCUPATIONAL THERAPY EDUCATION AND LICENSURE,  
P.O. BOX 2649, HARRISBURG, PA 17105-2649)**