HOW DO I COMPLETE AN ONLINE APPLICATION

Visit https://mn.gov/boards/occupational-therapy/ and select the appropriate application type (OT new graduate, OT another state, OT temporary license, OTA new graduate, OTA another state, OTA temporary license)

Read the respective Application Instructions and view the Application Forms within the applicant instructions. You will need to read the instructions and print out the forms to be able to successfully complete the application process.

After you have reviewed the application instructions and forms, click the “Online Application” link at the top of the page section to start your online application. You will be redirected to this website: https://otp.test.hlb.state.mn.us/#/login

First, you will need to register as a new user. Click “Register to Access Site” to start.
You will now begin the process to register as a new user. If you are a first time user, click “New User”. If you are a current licensee but you do not have an online user account, select “Licensee”.

**NEW USER REGISTRATION STEPS**

If you are a first time user registering as a new user follow these steps.

Select “new user” (this will be denoted by the green check mark) then click “next”

Enter ALL information under “verify user”. Failure to fill out all the information requested during this process may delay your application. Please verify that you have correctly entered your date of birth and social security number.

When you have entered all your user information, complete the CAPTCHA challenge (CAPTCHA means “Completely Automated Public Turing test to tell Computers and Humans Apart) and click “next”.

![User Registration Form](image-url)
The system will verify your registration.

Now you will set up your username, password, and security questions/answers. This information will be used by licensees for all board functions (renewal, license verification, address change, etc.) so please remember the information you have entered in this section.

Enter all information in this section below. Your password must be at least eight characters and at least one digit.

When you have completed your new account detail you will be redirected to the original log in screen. Enter your username and password to access your account.
CURRENT LICENSEE REGISTRATION STEPS

If you currently have a license with the Board of Occupational Therapy Practice and you need to register in the new system, please complete the following steps.

Select “Licensee” on the Registration Type page. Your choice will be denoted with a green check mark. Click the “next” button to proceed.

Enter your license information to verify user. You are required to enter all the information on this page in order to proceed. Failure to fill out all the information requested during this process may delay your application. Please verify that you have correctly entered your date of birth and social security number.

When you have entered all your user information, complete the CAPTCHA challenge (CAPTCHA means “Completely Automated Public Turing test to tell Computers and Humans Apart) and click “next”.

User Registration
The system will verify your registration.

Now you will set up your username, password, and security questions/answers. This information will be used by licensees for all board functions (renewal, license verification, address change, etc.) so please remember the information you have entered in this section.

Enter all information in this section below. Your password must be at least eight characters and at least one digit.

When you have completed your new account detail you will be redirected to the original log in screen. Enter your username and password to access your account.
PROFILE VIEW

Your profile view screen will appear after you log in. Enter your email address and website (if applicable) by clicking the blue pencil tool (-pencil). Enter your phone number(s) (business, home, cellular) by clicking the blue plus sign. You are required to provide a public and primary phone number.

Once you have completed the section, click “online services” in the upper right hand corner to start the application process.

SUBMITTING AN APPLICATION FOR LICENSURE

Click “online services” and then “Submit an application for licensure” from the upper right hand corner.
Select Type (Occupational Therapist, Occupational Therapy Assistant, Temporary License” and select Basis (A-Equivalency; B-General Licensing; C-Reciprocity; Temporary License Another State or Temporary License New Graduate).

Review the Licensure requirements and Criminal Background Check and Application Fees instructions before proceeding. These requirements will outline the application process for you (https://mn.gov/boards/occupational-therapy/)

Notifications:
- New users can submit applications and/or other online services. Click on the Online Services menu option above.

Application for Licensure

Types of Licensure:
- Occupational Therapist
- Occupational Therapy Assistant
- Temporary License - OT
- Temporary License - OTA

Methods of Licensing for Occupational Therapist and Occupational Therapy Assistant Licensure (Basis):
- A. Licensing by Equivalency: You may qualify for licensing by equivalency under Minnesota Statutes §148.6412 if you hold a current certificate issued by the National Board for Certification in Occupational Therapy (NBCOT).
- B. General Licensing: You may qualify for licensing as an occupational therapist under Minnesota Statutes §148.6408 if you have completed your education and passed the NBCOT examination.
- C. Licensing by Reciprocity: You may qualify for licensing by reciprocity under Minnesota Statutes §148.6415 if you hold a current and unrestricted credential as an occupational therapist or occupational therapy assistant in another jurisdiction, but you do not have NBCOT certification.

Methods of Temporary Licensure - Occupational Therapist and Occupational Therapy Assistant (Basis):
- "Temporary licensure" means a method of licensure described in section §148.6416, by which an individual who (1) has completed an approved or accredited education program but has not met the examination requirement; or (2) possesses a credential from another jurisdiction or the National Board for Certification in Occupational Therapy but who has not submitted the documentation required by section §148.6420, subdivisions 3 and 4, may qualify for Minnesota licensure for a limited time period.

Type
- Occupational Therapist

Basis
- B - General

Acknowledgment

- Licensure Requirements
  - By checking here you affirm that you have reviewed the Licensure instructions.
    - OT Licensure Requirements
    - OTA Licensure Requirements
    - Temporary License Requirements

- Criminal Background Check and Application Fees
  - By checking here you affirm that you have reviewed Criminal Background Check information and fees.
    - Criminal Background Check Information

You will now begin your online application. You may log out of the application at any time and your information will be saved. You will be able to continue your application at a later time. Once you have submitted your application and paid the applicable fees you will not be able to edit the information; if you need to make a change to your application please do so before proceeding to “Checkout” and paying for your license.

Review the Tennessen Warning and then check the acknowledgment. Click “next” to proceed.
Enter applicant information – all information on this page is REQUIRED; please fill out all sections. If you have had a legal name change, please document that in the “previous name” section.

Enter Contact Information – Please enter one public, on mailing, and one business address (these addresses may be the same). If you do not have a business address, check the appropriate box to advance through the application.
Occupation Education – please enter schooling information for your professional degree. Click the blue plus sign to add school(s). Include your degree, start, and end dates (graduation date) in the format of MM/DD/YYYY. (if you do not know the exact day please provide an estimation).

Select Occupation Education

Please enter your Occupational Therapist or Occupational Therapist Assistant Education. Include dates of attendance (mo/year).

<table>
<thead>
<tr>
<th>Program</th>
<th>School</th>
<th>Degree</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basis for Licensure</td>
<td>University of Minnesota</td>
<td>Master of OT</td>
<td>12/12/2010</td>
</tr>
</tbody>
</table>

Country: USA  State: MN

4 Results

- College of St. Scholastica, Duluth, MN
- St. Catherine University, St. Paul, MN
- University of Minnesota, Minneapolis, MN
- University of Minnesota, Rochester Campus, Rochester, MN
Other Education – enter all additional education. Include dates and degree type. If your school is not on the list, please enter your schooling information by selecting “other” under the country code and manually entering your schooling information. Click “next” to proceed.

Add Other Licenses – add information for all licenses you have held. If you are a new graduate or have not held any licenses click the “I do not have other licenses/registrations/certifications” button to proceed.

Enter Employment Information – Please follow the on screen directions closely.

List the name and complete address of each employer for whom you have practiced occupational therapy in the last six years.

List the most recent or current employer first. If the employer is a placement service and you rotate to different work locations, list the employer’s name, address, and the name and address of each location where you work for that employer.

Your application will not be considered complete without full contact information for each employer.
Practice Questions – answer ALL practice questions. If you answer “Yes” to a question, you will be required to provide an explanation in the space below. If you do not have enough room to answer the question, please email your response to the question at occupational.therapy@state.mn.us. Please note applicants are subject to a criminal background check, so please answer questions appropriately.

1. Has your legal authorization to practice occupational therapy ever been sanctioned, your licensure denied, or have you been found in violation of a federal or court order in any way in this or any other state or jurisdiction?
2. Has there ever been action taken against you by the National Board for Certification in Occupational Therapy or its predecessor the American Occupational Therapy Certification Board?
3. Have you had access revoked or denied, been denied membership in, or been otherwise sanctioned by a professional society, health care facility, or any other organization providing care services?
4. Have there ever been criminal charges brought against you? This includes any adult charges of felony, gross misdemeanor, misdemeanor, impaired driving offenses or any charges that have been removed from your record?
5. Have you failed to cooperate with a licensure related investigation, submitted false or misleading information, or been disciplined for conduct in the practice of occupational therapy or any other licensed profession by any state board or licensing authority?
6. Do you have a physical or mental impairment or chemical (including alcohol) dependency issue that impacts your ability to perform occupational therapy services with reasonable judgement, skill or safety?
7. Have you engaged in dishonest, unethical, or unprofessional conduct that falls below the community standard of care in connection with the practice of occupational therapy or other licensed profession that is likely to deceive, defraud, or harm the public?
8. Have you engaged in conduct that demonstrated a disregard for the health, welfare, and safety of a client This could include but is not limited to conduct that could be interpreted by the client to be sexual in nature, failure to refer a client for medical evaluation when needed, or providing care to a client who had no possibility of benefiting.
9. Have you engaged in or abetted another in abusive or fraudulent billing practice, incentive payment plans promoting occupational therapy overutilization, or in any way profited unreasonably as a result of client treatment?
Payment Fee Details – Please review the fees. Click “next” to proceed

<table>
<thead>
<tr>
<th>Payment Information</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>OT Initial License</td>
<td>$145.00</td>
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<tr>
<td>Criminal Background Checks</td>
<td>$32.00</td>
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<tr>
<td><strong>Total Amount</strong></td>
<td><strong>$177.00</strong></td>
</tr>
</tbody>
</table>

Review – click the blue confirmation button (💾) to download a PDF copy of the information you provided in your application. Review this PDF for accuracy before submitting your application.

Review

Please review all information entered on your application. Your answers can be viewed by clicking on the 'Confirmation' icon below.

If any information is incorrect in the confirmation document, return to the appropriate step to correct. You can return to the step by clicking the Previous button.

Application: Occupational Therapist
Reference #: 43952
Confirmation

Affirmations

☐ Statutes Affidavit
I have read MN Statutes Sections 148.6401 through 148.6449 and I understand that these are the laws that govern the practice of occupational therapy in Minnesota. I understand that they are established to assist the Minnesota Board of Occupational Therapy Practice in administering and enforcing the practice of occupational therapy. I understand that as an applicant and licensee, I am legally and ethically obligated to be familiar with and abide by the statutes described above.

☐ Application Affidavit
By checking here and submitting this application I affirm the information provided during the application process is true and correct.

Add to Cart and Continue Shopping

Click “proceed to checkout” if you are ready to submit your payment for your application. Please note:
All payments are non-refundable.

Your cart – This page will show your fee payment and credit card processing fee. Proceeding to the next page will you bring you the payment screen. The payment screen is hosted through US Bank.
Enter your personal information, billing information, and credit card information. Click “continue” when you are done and then click “confirm”.

**Make a Payment**

**My Payment**

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<thead>
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<tbody>
<tr>
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<tr>
<td>Application Description: Application for Occupational Therapist</td>
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<td>License Description: OT</td>
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**Payment Information**

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<td>Payment Date: Pay Now</td>
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**Contact Information**

<table>
<thead>
<tr>
<th>First Name:</th>
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<tbody>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Company (Optional):</td>
</tr>
<tr>
<td>Address 1:</td>
</tr>
<tr>
<td>Address 2 (Optional):</td>
</tr>
<tr>
<td>City/Town:</td>
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<tr>
<td>State/Province/Region:</td>
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<tr>
<td>Country:</td>
</tr>
<tr>
<td>Phone Number:</td>
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<tr>
<td>Email Address:</td>
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**Payment Method**

<table>
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<tr>
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<tr>
<td>Card Billing Address:</td>
</tr>
<tr>
<td>Use my contact information address</td>
</tr>
<tr>
<td>Use a different address</td>
</tr>
</tbody>
</table>

You have completed the application process. You may log in to your online application at any time to check the status of your application and see what documentation you need to submit to the Board. Log in through this website: [https://otp.test.hlb.state.mn.us/#/login](https://otp.test.hlb.state.mn.us/#/login)