



MINNESOTA BOARD OF OCCUPATIONAL THERAPY PRACTICE

Protecting the Public

Verification of License

Part I: To Be Completed By Applicant: Complete Part I of this form and send it to the states(s) and/or jurisdiction(s) where you have been licensed as a healthcare provider. State Board's or Agency's may use their own template, as long as all the information below is included.		
Applicant Name (last, first, middle):		
License #:	License Type:	Date of Birth:
I HEREBY AUTHORIZE the MINNESOTA BOARD OF OCCUPATIONAL THERAPY PRACTICE to obtain and authorize the person to whom this authorization is presented to release, any and all information contained in the license, registration, or other credentialing records in this or any other state where I hold or have held a credential as an occupational therapist or occupational therapy assistant.		
Applicant Signature: _____ Date: _____		

Part II: To Be Completed By The State Board Or Agency Complete this form regarding the applicant listed above. Submit the completed form and any other requested material directly to the Minnesota Board of Occupational Therapy Practice at the address listed below. The Board will not accept this form if submitted by the applicant.		
Name of Licensee (if different than above):		License Number:
State:	Current License Status:	
Original Issue Date:	Expiration Date:	
If expired, please explain:		
License/registration was obtained by: <input type="checkbox"/> NBCOT (formerly the AOTCB Credential) Verification <input type="checkbox"/> Education and Examination Qualifying Score <input type="checkbox"/> Reciprocity <input type="checkbox"/> Grandfathering <input type="checkbox"/> Other _____		
Has the applicant had any action taken or pending against in your state?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____		
Is or was there any derogatory information concerning this applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain: _____		

Additional Comments:

Certification

I certify that the information contained in this Occupational Therapist or Occupational Therapy Assistant Verification of Licensure is true in every respect in accordance with the records on file with:
_____ (State and Official Name of Board/Agency)

Executive Officer/Official _____

Title _____

Date _____

SEAL

NOTICE TO APPLICANTS: This notice is given pursuant to Minnesota Statutes §13.04, Subd. 2, and §13.41, Subd. 2. The Minnesota Board of Occupational Therapy Practice will use information provided in your application to determine if you meet Minnesota Statutes §148.6401 to §148.6450 requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is not public but is accessible to you. When you become licensed, application data becomes public. Information submitted to the Board in your application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Board of Occupational Therapy Practice and its staff, Health Professionals Services Program, staff of the Attorney General's office; and persons whom they contact including any person to whom the Board must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, thereby becoming public data.

IF YOU REQUIRE AN ALTERNATE FORMAT (i.e. large print), PLEASE CALL 1-800-627-3529