



**WEST VIRGINIA BOARD OF OCCUPATIONAL THERAPY**

1063 Maple Dr., Suite 4B  
Morgantown, WV 26505  
304-285-3150  
www.wvbot.org

**APPLICATION FOR TWO-YEAR RENEWAL OF LICENSE: OTR/L**

To renew your license for the coming 2-year period 2020-2021, complete all information requested on this form and return it with the **required fee of \$140** postmarked no later than December 31, 2019. **This fee is for a two-year renewal.**

**To assure receiving renewal of licensure for practice January 1, 2020, the Board suggests you submit your properly completed application by December 1, 2019.** A late renewal fee of \$100 will be charged for applications received after the postmark of December 31, 2019, making the entire fee \$240. Upon expiration of current license on December 31, 2019, practice may not continue without 2020-2021 license cards in hand.

**APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY. FAILURE TO DO SO MAY RESULT IN DELAY OR FAILURE TO OBTAIN RENEWAL OF YOUR LICENSE. MAKE CHECKS PAYABLE TO THE WEST VIRGINIA BOARD OF OCCUPATIONAL THERAPY. FEE IS NOT REFUNDABLE.**

Name \_\_\_\_\_  
Last First Full middle Maiden

\_\_\_\_\_ XXX-XX-\_\_\_\_\_  
WV License # Social Security #

Are you currently certified / registered with NBCOT? Yes No

Mailing Address: \_\_\_\_\_  
Number/Street  
\_\_\_\_\_ City County State Zip Code

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If your name/address/employment/supervisory support provided has changed since your last renewal, and if you have not previously advised the Board in writing, please check here \_\_\_\_\_ and indicate:

\_\_\_\_\_Name\* \_\_\_\_\_Address \_\_\_\_\_Employment \_\_\_\_\_Supervisory Support

\*(Attach to renewal a copy of legal document authorizing name change)

Employment Status: (check all that apply)

Full-time: Single Location \_\_\_\_\_ Multiple Locations \_\_\_\_\_  
Part-time: Single Location \_\_\_\_\_ Multiple Locations \_\_\_\_\_  
Not employed \_\_\_\_\_

Please list each facility (hospital, rehab center, nursing home, school, etc.) in which you work and your employer. If practicing at more than two facilities or for more than two employers, please continue on a separate sheet of paper. Each facility and employer is to be listed in entirety.

1. Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street

\_\_\_\_\_  
City County State Zip Code

Telephone: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Title: \_\_\_\_\_

If employed by an agency (3rd party) other than where services are provided:

Agency/Group Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street

\_\_\_\_\_  
City County State Zip Code

Telephone: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Describe Duties/Area of Practice: \_\_\_\_\_

2. Facility: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street

\_\_\_\_\_  
City County State Zip Code

Telephone: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Title: \_\_\_\_\_

If employed by an agency (3rd party) other than where services are provided:

Agency/Group Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Number/Street

\_\_\_\_\_  
City County State Zip Code

Telephone: \_\_\_\_\_ Hours/Week: \_\_\_\_\_

Title: \_\_\_\_\_



INFORMAL SELF-STUDY

Date

Contact Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____

TELECOMMUNICATION NETWORK COURSES, VIDEOTAPED PRESENTATIONS, IN-SERVICES, PUBLICATIONS, PRESENTATIONS, RESEARCH PROJECTS AND PAPERS AND PROPOSALS FOR CONFERENCE PRESENTATIONS.

Activity

Date

Contact Hours

_____	_____	_____
_____	_____	_____
_____	_____	_____

CLINICAL INSTRUCTION OF OT AND OTA STUDENTS, LEVEL 1 AND LEVEL 2

Students Name

Level 1 or 2

Date

Contact Hours

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL CONTACT HOURS EARNED** \_\_\_\_\_

Supervision of COTA's and Limited Permit holders: List names below. You will be required to sign COTA'S renewal applications.

_____	_____
_____	_____
_____	_____
_____	_____

During the past two years (since renewal 2018):

Have you had a professional occupational license, certification or registration revoked?  Yes  No

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Reinstated: \_\_\_\_\_ Date: \_\_\_\_\_

Have you voluntarily surrendered a license, certification or registration?  Yes  No

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Have you been disciplined by a regulatory agency/board?  Yes  No

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Is there disciplinary action pending against you in any jurisdiction?  Yes  No

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Have you been charged with a felony and that charge has yet to be dismissed?  Yes  No

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please provide details: \_\_\_\_\_

Have you pleaded guilty to or been convicted of a lesser charge?  Yes  No

Where? \_\_\_\_\_ Date: \_\_\_\_\_

Please provide details: \_\_\_\_\_

\*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\* If you do not receive your 2019-2020 License cards within two weeks of submitting renewal application, please call the WV BOT office at 304-285-3150 to confirm receipt.**

\*NOTE: In signing here, the applicant is verifying:

1. That the required level of supervision is and will be provided to any COTA's, Limited Permit holders and aides. Substantiation of this is to be available to the Board upon request.

GENERAL SUPERVISION IS TO BE PROVIDED TO FULLY LICENSED COTA's BASED UPON SUPERVISEE'S PROFESSIONAL EXPERIENCE. IT IS RECOMMENDED THAT ENTRY LEVEL COTA's HAVE DAILY ON-SITE SUPERVISION. ALL PROGRESS NOTES SHOULD BE CO-SIGNED. LIMITED PERMIT HOLDERS (BOTH OT AND OTA) REQUIRE DIRECT SUPERVISION. AIDES REQUIRE DIRECT SUPERVISION AT ALL TIMES.

2. That information provided is complete (for example, employment information).
3. That the continuing competency requirement of 24 contact hours has been met.

#### NOTICE

To insure compliance with Federal Law, the WV Board of Occupational Therapy is obligated to inform each applicant or licensee that reporting of the Social Security Number on licensure application is mandatory according to W. Va. Code §30-1-6 (d). In the event this Board is required to submit a report about an applicant or licensee to the National Practitioners Data Bank, such reporting requires the licensee's Social Security Number.