

Certification in special areas of practice (please list): _____

Physical Agent Modality training (please specify modality): _____

Field Work Experience:

<u>Facility</u>	<u>City/State</u>	<u>From/To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you taken or are you scheduled to take the NBCOT Certification Exam?

Yes ___ No ___

Place of Exam: _____ Date of Exam: _____

Passing results: Yes ___ No ___ Pending _____

Certification Number: _____ Is Certificate current? _____

If applying for a Limited Permit, have you previously taken and failed the Certification Exam?

Yes ___ No ___

Have you previously been licensed, held a Limited Permit, or practiced under Reciprocity in WV?

Yes ___ No ___

Do you hold a current License, Certification or Registration in another state? Yes ___ No ___

List: a) _____
b) _____
c) _____

Do you hold an expired License, Certification or Registration in another State? Yes ___ No ___

List: a) _____
b) _____
c) _____

Have you ever had a Professional Occupational License, Certification or Registration revoked?

Yes ___ No ___ if yes, where: _____

Date: _____ please explain: _____

Reinstated: _____ Date: _____

Have you ever voluntarily surrendered a License, Certification or Registration? Yes ___ No ___

If yes, where: _____ Date: _____

Please explain: _____

Have you ever been disciplined by a regulatory Agency/Board? Yes ___ No ___

If yes, where: _____ Date: _____

Please provide details: _____

Is there Disciplinary Action pending against you in any Jurisdiction? Yes ___ No ___

If yes, where: _____ Date: _____

Please provide details: _____

Have you ever been convicted of a Felony? Yes ___ No ___

If yes, where: _____ Date: _____

Please provide details: _____

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

If yes, where: _____ Date: _____

Please provide details: _____

What is your current status?

Full time OT or OTA _____ Part time OT or OTA _____ Employed outside OT _____

Unemployed _____ Retired _____

If employed or anticipating employment for practice in WV:

Date of employment: _____

Facility: _____

Address: _____

Number/Street

City County State Zip Code

Telephone number: _() _____ Hours/Week: _____

Describe duties/area of practice: _____

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 number: _() _____ Hours/Week: _____

Describe duties/area of practice: _____

****NOTE: Continue on a separate sheet if practicing at more than one facility or for more than one employer. ****

If unemployed, are you seeking employment as an OT or OTA? Yes _____ No _____

If you are a COTA, please state your level of experience:

Level I _____ Level II _____ Level III _____

(Entry)

(1-2 yrs)

(3 yrs plus)

If supervising Occupational Therapy Assistant(s) or Limited Permit Holder(s), list names and locations:

Name/signature/date/telephone/relationship of individual(s) (if any) assisting with completion of application.

Name: _____ Signature: _____

Date: _____ Telephone: _____

SUBMIT WITH ATTACHED AFFIDAVIT COMPLETED

PURSUANT TO W.VA. CODE §48-15-303 EACH APPLICANT FOR LICENSE MUST ANSWER THE FOLLOWING QUESTIONS AND CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT THESE ANSWERS ARE TRUE AND CORRECT.

	YES	NO
1. Do you have a child support obligation?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you answer to question 1, above, is yes, are you in arrearage?	<input type="checkbox"/>	<input type="checkbox"/>
3. If the answer to question 2, above is yes, does your arrearage equal or exceed the amount of child support payable for six (6) months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you the subject of a child support related subpoena or warrant?	<input type="checkbox"/>	<input type="checkbox"/>

If you make a false statement concerning any question on this application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your license.

I, _____, do hereby certify, under penalties of perjury and false swearing, that the above questions are true and correct to the best of my knowledge.

Applicant signature

Affidavit

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person making this application; that the statements therein are true to the best of my knowledge and belief; that I have complied with the requirement of the law; and that I have read and understand it.

I hereby authorize all hospital(s), institution(s), or organizations(s), personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal) and the National Board for Certification in Occupational Therapy, to release to the WV Board of Occupational Therapy any information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I here agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Occupational Therapist or Occupational Therapy Assistant in the State of West Virginia.

APPLICANT SIGNATURE

DATE

PRINT NAME

Subscribed and sworn to before me:

NOTARY PUBLIC

DATE

State of _____

County of _____

SEAL

My commission Expires _____

Enclose with completed application and the fee indicated on the instruction sheet.
Fee is non-refundable. Make checks payable to the West Virginia Board of Occupational Therapy.

BOARD USE ONLY

WVBOT APPROVAL

Date: _____
Date: _____
Date: _____
Date: _____
Date: _____

PRIVACY NOTICE

WHAT INFORMATION WE COLLECT AND WHY WE COLLECT IT

- We collect your personal and non-personal information necessary to issue an Occupational Therapist or Occupational Therapy Assistant license.
- W.Va. Code §30-1-12 (a) requires the Board to keep a register of all applicants for license, to include name, date of birth, educational and other qualifications, and place of residence. W.Va. Code §30-1-6 (d) requires an applicant's social security number be recorded on an application.
- We also collect telephone number, signature, photo, employment, and criminal information. As part of the licensure renewal application, your email address is collected as an optional field, to facilitate communication during the renewal process.

HOW WE USE YOUR INFORMATION

- Application documents that contain your personal and non-personal information are scanned and stored in a computer server and manually filed in secured filing cabinets. We use an encrypted security program to protect your personal information.
- W.Va. Code §30-1-13 requires the Board to make a roster of the names and office addresses of all persons licensed available upon request to any member of the public. Our roster includes home address in lieu of office address.
- As a State Agency, we may have to give your information to authorities after receiving a legal request or a court order or subpoena.
- As a State Agency, we are also subject to the Freedom of Information Act (FOIA), which makes all public records available for inspection and copying, with the exception of certain sensitive personally identifiable information. Exempted information includes social security number, place and date of birth. Non-sensitive personal information, such as name, address, phone number, and email address, is not exempted and must be made available upon request.
- In the event the Board is required to submit a report about an applicant or licensee to the National Practitioners Data Bank (NPDB), such reporting requires the licensee's social security number.

REVIEWING AND CORRECTING YOUR RECORD

- You have the right to review your information in our records and make corrections if it is incorrect or outdated.
- To change your contact or employment information, please use the Name/Address Change form available on our website, www.wvbot.org. Name changes require a copy of the legal document (marriage certificate, divorce decree, etc.) authorizing the change.

CONSENT

Submission of an application for licensure to this Board implies your consent with regards to the above-stated information.