

West Virginia Board of Occupational Therapy



3041 University Avenue
2nd Floor, Suite 6
Morgantown, WV 26505
304-285-3150
www.wvbot.org

MAILING LIST ORDER FORM

Please mark the item desired, sign, enclose a check for the indicated amount and return to the West Virginia Board of Occupational Therapy at the address shown above.

- () Name/Address list of licensed OT's and OTA's \$100.00
Stipulations for use:
- May not be copied for redistribution
 - May be used to mail licensees one time only
 - May only be used during the sixty day period following receipt of list

**Note: Licensees have the option of having their name removed from list*

- () Above name/address list pre-printed on self adhesive labels \$110.00

TOTAL ENCLOSED: \$ _____

I agree that the information will be used in compliance with the above terms/conditions of use.

Signature Date

Items to be sent to: _____

Please do not hesitate to contact the Board should you have any questions.