

**APPLICATION INFORMATION FOR
 OCCUPATIONAL THERAPY and OCCUPATIONAL
 THERAPY ASSISTANT LICENSE**

License Requirements:

to receive an OT/OTA license, an individual must submit a complete application, pay the appropriate fee and meet the following requirements:

1. **Fees** for OT/OTAs – Determine the month and the year in which you are submitting your application. Pay the amount in the corresponding box. If the wrong amount is sent in the complete application will be returned. If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$120	\$30	\$30	\$30	\$30	\$30	\$30	\$120	\$120	\$120	\$120	\$120
Odd	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120

2. **US Citizenship/Lawful Presence** (must be at least 19 years old):

U.S. Citizens, a PHOTOCOPY of one of the following:

- _____ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted)
- _____ U.S. Passport (unexpired or expired).
- _____ Certificate of Naturalization.
- _____ Other documents that show U.S. Citizenship.

A Driver’s License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- _____ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- _____ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- _____ Employment Authorization Card **AND one of the following**
 - _____ An approved deferred action status (DACA);
 - _____ A pending application for asylum in the United States;
 - _____ A pending or approved application for temporary protected status in the United States; or
 - _____ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States
 - _____ Other document that shows current immigration status

*****NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

3. **Conviction Information:** If you have **EVER** had a misdemeanor or felony conviction and pardon or set aside, you are required to list ALL convictions (*regardless of when they occurred*) on the application, you are NOT required to list infractions. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

You must submit:

- Copy of the court record(s), which includes charges and disposition
- Written explanation from you of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none">• MIP• DUI / DWI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear in Court• False Information or Reporting• Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Parks Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks• Bad Check• Not Wearing Seat Belt
---	---

4. **Information for Military Spouses**
Temporary Registration: If you have an active OT/OTA license/registration/certification in another state and you are a military spouse, you may be issued a temporary registration pending completion of the permanent registration requirements. A temporary registration for military spouses is available under Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary registration and those listed for a permanent registration to determine which process is right for you.

To apply for this temporary license, you need **to be a resident of Nebraska** and submit the following:

- The attached application
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska
- A copy of your OT/OTA credential from another state or jurisdiction

Request this information be sent directly to our office.

5. **Other State License/Registration/Certification Information:** If you hold or have held a health related license/certification/registration in any state **other than Nebraska** you must contact that state and request a verification of your license/certification/registration (**do not send a copy of your license/certification/registration**).
6. **Education:** Request an official college/university transcript be sent directly from the school;
Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review. The department, with the recommendation other appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential.
7. **Examination:** Request the Official NBCOT Score Report be sent directly to our office;
8. **Additional Competency Information,** if applicable, documentation that may include: certificates of attendance; course objectives; letters documenting attendance from providers; and/or transcripts from education institutions; of completing 50 continuing education hours:
30 hours must relate to the clinical practice of occupational therapy and
20 hours must relate to the practice of occupational therapy
9. **Administering PAMs** requires a separate application and certification in addition to the OT/OTA credential.

** Documents that were submitted with an application for a temporary OT/OTA document do not need to be submitted again. Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.



**APPLICATION FOR A LICENSE
TO PRACTICE OCCUPATIONAL THERAPY**

Department of Health and Human Services
Division of Public Health - Licensure Unit
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
Telephone #: 402-471-2299

Please print or type application

Check below the basis for application:

Occupational Therapist

By Examination

By Licensure/Certification in another State

List the state: _____

Be sure to complete Section E

Occupational Therapist Assistant

By Examination

By Licensure/Certification in another State

List the state: _____

Be sure to complete Section E

SECTION A – Fees for Occupational Therapists and Occupational Therapy Assistants – Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box. If the correct amount is not included with the application, the application will be returned.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$120	\$30	\$30	\$30	\$30	\$30	\$30	\$120	\$120	\$120	\$120	\$120
Odd	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120

** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

SECTION B – PERSONAL INFORMATION

NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	*Date of Birth:	Month/Day/Year	Place of Birth:	City/State or Country

***You must include proof of citizenship with your application. See #2 on License Requirements page.**

4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#
		<input type="checkbox"/> Alien Registration Number ("A#"); or	A#

If you have both a SSN and an A#, you must report both.
Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.

**Phone #:	**Fax # (Optional)
**E-Mail Address:	

**If you provide us with this information, we can expedite your credential request if there is a problem with your application.

All OT/OTA licenses expire August 1st of every even year.

SECTION C – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred); you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor and felony convictions.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answered YES to the question above, you must request the following documents be sent directly to this office:

- A copy of the Court Record, which includes charges and disposition (proof of completion);
- Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
- All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
- A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

<ul style="list-style-type: none"> • MIP • DUI / DWI • Controlled Substance • Open Container • Tobacco Use by Minor • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault • Disorderly Conduct / Disorderly House • Reckless Driving 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Parks Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks • Bad Check • Not Wearing Seat Belt
---	--

NOTE:

If you have any criminal charges or license/registration/certification disciplinary actions pending that result in a conviction or license/registration/certification discipline, you are required to report such action to the Public Health Investigations Unit **within 30 days of the conviction or disciplinary action. Reporting forms can be obtained at:**
<http://dhhs.ne.gov/pages/investigations.aspx> or call 402-471-0175.

Administering PAMs in Nebraska requires certification

The Nebraska regulations require Occupational Therapists and Occupational Therapy Assistants to obtain certification to administer physical agent modalities (PAMs). If you want to administer Superficial Thermal, Deep Thermal, or Electrotherapeutic Agent Modalities you must obtain a certification. Please see our website for more information:
<http://dhhs.ne.gov/licensure/pages/occupational-therapy.aspx>

SECTION D – ALL Applicants must complete this section.

		Yes	No			
2	Do you <i>hold or have you ever held</i> a credential that was issued by another state(s) to provide health services, health-related services, or environmental services?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in and when?	What type of credential do you hold?	
3	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	Type of Licensure Action	Date of Action	Name of Entity taking Action
4	Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please Explain:		
5	Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in in Nebraska?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
		If checked yes please include all documentation identified in instructions.				

NOTE:

If you have disciplinary charges pending on your license/registration/certification in another state or if your license/registration/certification has been revoked, suspended, limited, is on probation or disciplined in any way, please contact the state(s) taking the action and request a copy of the disciplinary action be sent to the Nebraska Licensure Unit.

SECTION E - Education and Field Work Requirements. (ALL applicants must complete this section.)

List the college or university where you completed your OT or OTA program. If more space is needed, use an additional sheet. You must have your educational institution submit an official transcript that documents your graduation date from the OT/OTA program and your fieldwork experience. Official means issued by and under the original seal of the issuing institution.

Institution Name			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:	Major:		
Dates of Supervised Field Experience:	From:	To:	
Dates of Supervised Field Experience:	From:	To:	
Military: Did you complete education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, include evidence with this Application.			

SECTION F – Examination information. (ALL applicants must complete this section.)

Have you passed the OT/OTA licensure examination?		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
If yes, name of examination			
Date of examination that was passed			
I will notify your office when I am going to take the exam.			
You must have your test scores reported directly to Nebraska.			
Contact NBCOT for score reports or verification of certification at www.nbcot.org or by phone: 301-990-7979			

SECTION G - The following section relates to education and/or practice to meet licensure requirements as an OT/OTA. (All applicants must make one selection from A-D in this section.)

I have met all qualifications (1-5) under 114.003.01.

- A. I am a new graduate and I have passed the NBCOT exam or will be taking the NBCOT exam.
- B. I am licensed in another jurisdiction/state and I am currently practicing in another jurisdiction/state. List employer(s) below.

1.	Employer:				
	Telephone:				
	Program/Department/Division:				
	Address:		Street/PO/Route:		
	City:		State:		Zip:
	Dates of Employment:		From (Month, Year)		To (Month/Year)
	Position Title:				

2.	Employer:				
	Telephone:				
	Program/Department/Division:				
	Address:		Street/PO/Route:		
	City:		State:		Zip:
	Dates of Employment:		From (Month, Year)		To (Month/Year)
	Position Title:				

- C. I am licensed in another jurisdiction and I am not currently practicing. I am submitting 50 hours of continuing education* that was completed within the three years immediately preceding the application date.
- D. I passed the NBCOT exam more than 3 years prior to this application and I am not currently practicing. I am submitting 50 hours of continuing education* that was completed within the three years immediately preceding the application date.

***Continuing Education includes:**

30 hours related to clinical practice of occupational therapy; and
 20 hours related to the practice of occupational therapy.

Refer to Regulations 172 NAC 114-003.01B or 114-003.01C for acceptable documentation refer to 114-010.05C.

SECTION H – PRACTICE IN NEBRASKA PRIOR TO OBTAINING A CREDENTIAL (All applicants must complete this section)

An individual who practices in Nebraska prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you practiced Occupational Therapy in Nebraska, <u>other than a temporary OT/OTA license</u> , before submitting this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____
		Name of Business: _____
		City: _____
		Name of Supervisor _____ Telephone #: _____

SECTION I - OTA applicants must complete this section. Print the name of the Nebraska licensed Occupational Therapist whom you will practice in association with after the issuance of an OTA license is issued. If you are in the process of seeking employment you need to notify our office of your supervisor, as soon as you are employed.

Occupational Therapist Name: _____	
License Number: _____	Phone Number: _____
Business Name: _____	
Address: _____	Street/PO/Route: _____
	City: _____ State: _____ Zip: _____
<input type="checkbox"/> I am looking for employment and as soon as I am employed, I will notify your office of my supervisor's information.	

SECTION J – Attestation

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check ONE of the boxes below):

I attest that

I am a citizen of the United States;

OR

I am a qualified alien under the Federal Immigration and Nationality Act.

I am a nonimmigrant lawfully present in the United States; OR

Check this box if you are NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

Application Attestation: I further attest that:

1. I have read the application or have had the application read to me;

2. All statements on the application are true and complete;

3. I am aware that Physical Agent Modalities requires a separate application for certification.

Print Name: _____

Signature: _____ Date: _____