



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

APPLICATION FOR A TEMPORARY LICENSE IN OCCUPATIONAL THERAPY

Temporary License Fee - \$25 Print or type

Please choose one of the following:

<input type="checkbox"/> Occupational Therapist Temporary License	<input type="checkbox"/> Occupational Therapy Assistant Temporary License
---	---

SECTION A – Personal Information – This section is public information and will be displayed on the internet <http://www.nebraska.gov/LISSearch/search.cgi> NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office

Legal Name	First:	Middle/MI:	Last:
Maiden Name	Name:	Other Names you are known as (AKA):	
Mailing Address	Street/PO/Route:		
	City:	State or Country:	Zip:

Additional Information Requested – This information will not be displayed on the internet. Submit the required documentation of age, citizenship, etc. as listed in the NOTE Section on page 4 of this application.

Date of Birth Month/Day/Year:	Place of Birth-City/State or Country:
-------------------------------	---------------------------------------

Check the Appropriate Box(s) and provide a number:	<input type="checkbox"/> Social Security Number (SSN);	SSN#
	<input type="checkbox"/> Alien Registration Number (“A#”); or	A#
	<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	I-94 #

If you have both a SSN and an A# or I-94 number, 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 # (Optional)	**Fax # (Optional)	**E-Mail Address: (Optional)
-------------------------	-----------------------	---------------------------------

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

SECTION B – Education and Field Work Requirements. Submit official transcripts showing graduation date from the OT or OTA program you completed. If more space is needed, use additional paper.

Institution Name:			
Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:		Major:	
Dates of Supervised Field Experience:	From:		To:

SECTION C – Supervising Occupational Therapist – Print the name of the Nebraska licensed Occupational Therapist whom you will practice in association with after the issuance of a temporary license.

Occupational Therapist Name:			
License Number:		Phone Number:	
Business Name:			
Address:	Street/PO/Route:		
	City:	State:	Zip:

SECTION D – Conviction And Licensure Information – 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. Answer each of the following questions by placing an (X) in the appropriate box (Yes or No) and completing the information requested. All ‘Yes’ responses MUST be explained in detail and you must submit the requested documentation.

	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of court / Entity taking action
Have you ever been convicted of a misdemeanor or a 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 questions relate to a credential that you hold or have held in health services, health-related services or environmental services in Nebraska or another jurisdiction.

Are you currently, or have you previously been, licensed or certified to practice as an Occupational Therapist or Occupational Therapy Assistant in another State?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what state(s) are you credentialed in? and when?	What type of credential do you hold?	
Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner?	<input type="checkbox"/>	<input type="checkbox"/>	Type of License Action	Date of Action	Name Of Entity Taking Action
Have you ever been denied the right to take an examination?	<input type="checkbox"/>	<input type="checkbox"/>	Please explain:		

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

- Certification of your license in each state that you hold or have held a license
- Official Documents from the State Board in which the disciplinary action was taken

SECTION E – Practice In Nebraska Prior To Obtaining A Credential – An individual who practices in Nebraska prior to issuance of 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.

Have you actively practiced in Nebraska as an Occupational Therapist/Occupational Therapy Assistant before submitting this application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the actual number of days you practiced in Nebraska?	Days _____	
What is the business name, location and telephone number of the practice?		
Business Name:	Location	Telephone #

SECTION F – Examination Information

I have applied to take the National Board of Certification in Occupational Therapy Examination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have requested the “Confirmation of Examination of Registration and Eligibility to Examine” notice be sent to Nebraska Board of Occupational Therapy OR I have received the Authorization to Test (ATT) from NBCOT by e-mail. If you have received an Authorization to Test (ATT) letter by e-mail from NBCOT you may forward it to: Michelle.humlcek@nebraska.gov .	<input type="checkbox"/>	<input type="checkbox"/>
I have requested that the Official Score Transfer be sent to Nebraska.	<input type="checkbox"/>	<input type="checkbox"/>
The date for my exam is: _____.		
I have not scheduled a date for the exam yet but will notify you when I set the date.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I must submit an application for Permanent OT/OTA licensure before I take the NBCOT examination (see Note #9 on page 4 for more explanation).	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G – 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.

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

You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:

- 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.

Application Attestation: I attest that:

- I have read the application or have had the application read to me;
- All statements on the application are true and complete;
- I am of good character; and
- I have not committed any act that would be grounds for denial under 38-178 and/or 38-179. If you have committed an act(s), you must provide an explanation of all such act(s).

See NOTE section on the next page for a list of documentation that must be submitted.

Print Name: _____

Signature: _____ Date: _____

NOTE: The applicant must submit the following documentation:

1. Age: Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. Other Credentialing Info: If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
3. Disciplinary Action: If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition (proof of completion);
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - a. A copy of the court record, which includes charges and disposition;
 - b. 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;
 - c. 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; and
 - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. Citizenship, lawful permanent residence, and/or immigration status Information: You must submit a copy of at least one of the following documents:

Any of the following documents provide proof of United States Citizenship:

 - a. A U.S. Passport (unexpired or expired);
 - b. A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
 - c. An American Indian Card (I-872);
 - d. A Certificate of Naturalization (N-550 or N-570);
 - e. A Certificate of Citizenship (N-560 or N-561);
 - f. Certification of Report of Birth (DS-1350);
 - g. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
 - h. Certification of Birth Abroad (FS-545 or DS-1350);
 - i. A United States Citizen Identification Card (I-197 or I-179);
 - j. A Northern Mariana Card (I-873);

Any of the following documents provide proof of lawfully admitted/present in the United States:

 - k. An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
 - l. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
 - m. A document showing an Alien Registration Number ("A#"); or
 - n. A Form I-94 (Arrival-Departure Record).
6. Education: An official college/university transcript;
7. Request: **"Confirmation of Examination Registration and Eligibility to Examine"** letter from NBCOT at NBCOT.org or 301-990-7979
8. Fee: The required fee.
9. Complete an application for Permanent OT/OTA application prior to taking the NBCOT examination. Our office must have the application before we receive your scores or your temporary OT/OTA license will become null and void and you will not be able to work in the practice of Occupational Therapy until your application has been received and processed. You will find the application on our website: <http://dhhs.ne.gov/publichealth/Licensure/Documents/otpermapp.pdf>

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.