



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

**Attachment A**  
 Revised Date: 6/2016

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

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 – PERSONAL INFORMATION** (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET [http://dhhs.ne.gov/publichealth/Pages/lis\\_lisindex.aspx](http://dhhs.ne.gov/publichealth/Pages/lis_lisindex.aspx).**

**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:

Additional information requested: **(This information is not displayed on the internet)**

3	*Date of Birth: Month/Day/Year	Place of Birth: City/State or Country
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**\*(Submit evidence of age, i.e., birth certificate, marriage license, driver's license, transcript that provides date of birth, US State identification card, military identification, or other similar documentation)**

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. <b>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.</b>			

**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.

**All OT/OTA licenses expire August 1<sup>st</sup> of every even year.**

**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/publichealth/Pages/crl\\_rcs\\_ot\\_physical.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_rcs_ot_physical.aspx).**

**SECTION B - 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:

**SECTION C – 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 <a href="http://www.nbcot.org">www.nbcot.org</a> or by phone: 301-990-7979			

**SECTION D – 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.

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.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you <b>ever</b> 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;

**SECTION E – ALL Applicants complete this section.**

	Yes	No		
2	<input type="checkbox"/>	<input type="checkbox"/>	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?	If yes, what State(s) are you credentialed in and when?
				What type of credential do you hold?
3	<input type="checkbox"/>	<input type="checkbox"/>	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Licensure Action
				Date of Action
				Name of Entity taking Action
4	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been denied the right to take an examination?	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 F - 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 and for acceptable documentation refer to 114-010.05C.

**SECTION G – 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 H - 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: _____

I am looking for employment and as soon as I am employed, I will notify your office of my supervisor's information.

**SECTION I – 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:

- a. Approved deferred action status (DACA);
- b. A pending application for asylum in the United States;
- c. A pending or approved application for temporary protected status in the United States; or
- d. 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:**

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.
3. **I am aware that Physical Agent Modalities requires a separate application for certification.**

**See NOTE section** on the next page for a list of documentation that must be submitted. If the documentation was included with an application for temporary OT/OTA, you do not need to submit it again.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION J – 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.**

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.

**Make checks payable to “Licensure Unit”**

**All OT/OTA Licenses expire August 1 of every even year.**

**NOTE:** ALL applicants must submit or request 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, lawfully admitted/present 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: Request an official college/university transcript be sent directly from the school;
7. Examination: Request the Official NBCOT Score Report be sent directly to our office; and
8. Fee: The required fee.
9. Licensure in another State: If applicable, you must have any state credentialing agency submit certification of your license(s).
10. 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
11. Administering PAM’s 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.

# Nebraska Regulations for Administering

## Physical Agent Modalities

The Nebraska regulations require Occupational Therapists and Occupational Therapy Assistants to obtain a Nebraska certification (licensure) to administer physical agent modalities (PAMs). If you want to administer Superficial Thermal, Deep Thermal, or Electrotherapeutic Agent Modalities you must obtain the Nebraska certification.

### Note:

1. In order to obtain Nebraska certification, you must first be licensed in Nebraska as an Occupational Therapist or an Occupational Therapy Assistant.
2. This certification does not expire.
3. Occupational Therapy Assistants may only be certified to set up and implement superficial thermal agent modalities. **Occupational Therapists can be certified in one, a combination, or all three types listed below:**
4. This is not a mandatory certification, unless you wish to administer PAMs.

### Types of Nebraska Physical Agent Modality Certifications (license):

1. **Superficial Thermal Agent Modalities** means hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling technologies.
2. **Deep Thermal Agent Modalities** means therapeutic ultrasound and phonophoresis. Deep thermal agent modalities do not include the use of diathermy or lasers.
3. **Electrotherapeutic Agent Modalities** means neuromuscular electrical stimulation, transcutaneous electrical nerve stimulation, and iontophoresis. Electrotherapeutic agent modalities do not include the use of ultraviolet light.

### Getting Certified:

There are 4 ways to become certified to administer PAMs. You just need to determine which one fits your situation.

1. **If you are certified as a Hand Therapist by the Hand Therapy Certification Commission, you may:**

- Download the PAMs application, <http://dhhs.ne.gov/publichealth/Documents/modalityapp.pdf>
- and
- Submit your Hand Therapist Certificate number; and
- Submit the fee of \$120.

2. **If you have a minimum of five years of experience administering PAMs, you may:**

- Download the PAMs application <http://dhhs.ne.gov/publichealth/Documents/modalityapp.pdf>
- Pass the Nebraska Physical Agent Modalities Testing Service Examination(s) with a score of at least 75% and submit proof of passing. If you fail the exam twice, you will have to take the board-approved training course. To take the exam contact: [www.pampca.org](http://www.pampca.org)
- Submit documentation listing employment situations where you have five years experience. (Attachment D1 with the application); and
- Submit the fee of \$120.

If you prefer not to take the exam, you may choose to take a board-approved training course. See number 4.

- 3. If your occupational therapy program included coursework covering physical agent modalities and demonstration of physical agent modality competencies, you may:**

Download the PAMs application, <http://dhhs.ne.gov/publichealth/Documents/modalityapp.pdf>  
and

- Submit documentation verified by a school official that you completed an education program that demonstrated competencies for application of the physical agent modality. (Attachment D2 with the application); and
- Submit the fee of \$120.

- 4. If you have successfully completed a Board-approved training course, you may:**  
(Refer to Board-approved courses on the website).

Download the PAMs application <http://dhhs.ne.gov/publichealth/Documents/modalityapp.pdf>  
and:

- Submit a transcript or certificate from one of the Board-approved training courses (see list on website listed below) and
- Submit the fee of \$120.

The [list of approved courses](http://dhhs.ne.gov/publichealth/Pages/crl_rcs_ot_pamtrain.aspx) can be found on our website at  
[http://dhhs.ne.gov/publichealth/Pages/crl\\_rcs\\_ot\\_pamtrain.aspx](http://dhhs.ne.gov/publichealth/Pages/crl_rcs_ot_pamtrain.aspx)

**Note:** All of the Board-approved training courses can also be used for continuing education hours for license renewal if completed within the 24 months prior to the renewal date.

If you have any questions please contact Michelle Humlicek or Rene' Tiedt at 402-471-2299 or e-mail at [michelle.humlicek@nebraska.gov](mailto:michelle.humlicek@nebraska.gov).

**CERTIFICATION OF APPLICANT'S LICENSE IN OCCUPATIONAL THERAPY**

(Must be completed by licensing agency)

Our records indicate that \_\_\_\_\_ was licensed as an  
(Applicant's Name)

\_\_\_\_\_ In \_\_\_\_\_  
Occupational Therapist/Occupational Therapy Assistant name of state

on \_\_\_\_\_, 20\_\_\_\_. The license was issued on the basis of written examination

\_\_\_\_\_  
(Name of Examination)

The applicant's score was\_\_\_\_\_. Requirements for licensure in \_\_\_\_\_ at  
(Issuing State)

the time this license was issued were:

\_\_\_\_\_  
\_\_\_\_\_

And are currently:

\_\_\_\_\_  
\_\_\_\_\_

(Copies of regulations/requirements for licensure at the time of issuance of license and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's license:

- is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- has been disciplined.

Please explain any disciplinary action:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Name and Title

\_\_\_\_\_  
Licensing Agency

OPTIONAL (\_\_\_\_\_) Address:\_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street/PO/Route

\_\_\_\_\_  
Signature (No Stamp)

\_\_\_\_\_  
City/State/Zip Code

FORWARD THIS COMPLETED FORM TO:

DHHS, Public Health  
Licensure Unit, OT  
P.O. Box 94986  
Lincoln, Nebraska 68509-4986