

**NEBRASKA APPLICATION INFORMATION FOR  
OCCUPATIONAL THERAPY AND OCCUPATIONAL  
THERAPY ASSISTANT LICENSE**

**LICENSE FEE WAIVER:** Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee and temporary license fee **may be waived.**

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

**APPLICATION PROCESS - To apply for a License:**

**STEP 1: Get copies of the following documents:**

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be and original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1.  **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

**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.

2.  **Education and Transcript:** You must have your school or electronic transcript service submit an Official college or university transcript directly to our office. If sending by e-mail, send to michelle.humlicek@nebraska.gov.

**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 or training 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.

3.  **Other State License Information:** If you hold or have held a health related license in any state you must contact that state and request a verification of your license (**do not send a copy of your license**).

4.  **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; 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/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

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

<ul style="list-style-type: none"><li>• MIP</li><li>• DUI / DWI</li><li>• Controlled Substance</li><li>• Open Container</li><li>• Tobacco Use by Minor</li><li>• Shoplifting / Theft / Burglary</li><li>• Unauthorized use of a Financial Transaction</li><li>• Disturbing the Peace</li><li>• Assault</li><li>• Disorderly Conduct / Disorderly House</li><li>• Reckless Driving</li></ul>	<ul style="list-style-type: none"><li>• Driving under Suspension / Revocation</li><li>• License Vehicle without Liability Insurance</li><li>• Fail to Appear in Court</li><li>• False Information or Reporting</li><li>• Leave the Scene of an Accident</li><li>• Operator not Carrying License</li><li>• Unlawful Display of Plates/Renewal tabs</li><li>• Parks Rule Violation / Curfew Violation</li><li>• Dog at Large / Fail to Vaccinate Animal</li><li>• Littering / Fireworks</li><li>• Bad Check</li><li>• Not Wearing Seat Belt</li></ul>
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**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone at 402-471-0175.

5.  **Examination:** Request the Official NBCOT Score Report be sent directly to our office;
6.  **Additional Competency Information**, if applicable, documentation that may include: certificates of attendance; course objectives; letters documenting attendance from providers; and/or transcript 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
7.  **Administering PAMS** requires a separate application and certification in addition to the OT/OTA license. <https://dhhs.ne.gov/licensure/Documents/modalityapp.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.

**STEP 2: Complete all pages and questions on the Application**

Submit your application to the Licensure Unit	
<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> NBCOT Examination Information <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). <b>Pay by check/money order; debit or credit card is not accepted.</b>

**Application Review:** All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.



## 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

### LICENSE FEES:

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license and temporary license fee **may be waived**. **Check only one box:**

**Young Worker:** I am under 26 years old.

**Low-income Individual:**

I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR

My household adjusted gross income is below 130% of the federal income poverty guideline.

**Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:**

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
<b>Even</b>	\$120	\$30	\$30	\$30	\$30	\$30	\$30	\$120	\$120	\$120	\$120	\$120
<b>Odd</b>	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120	\$120

**Pay by check or money order to: Licensure Unit**

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

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

**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:
	List any other names you have ever been known as (AKA), including maiden name and your last name on your birth certificate.			
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
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 #:		**Fax # (Optional)		
E-Mail Address:				
Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:				

**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.**

**CONVICTION INFORMATION:** You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

#	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 have convictions, you must submit:**

- (iv) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (v) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (vi) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation

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

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

		Yes	No			
2	Do you <b>hold or have you ever</b> held a license in any other state(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, what State(s) and when?</i>	<i>What type of license?</i>	
3	If yes, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	<input type="checkbox"/>	<input type="checkbox"/>	<i>Type of Licensure Action</i>	<i>Date of Action</i>	<i>Name of State taking Action</i>

**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:
Date of Graduation:		Major:	
Dates of Supervised Field Experience:		From:	To:
Dates of Supervised Field Experience:		From:	To:

**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 or training 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.

**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 <a href="http://www.nbcot.org">www.nbcot.org</a> 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.

<b>SECTION H – PRACTICE IN NEBRASKA PRIOR TO OBTAINING A</b>		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>Do NOT count the days that you were licensed as a temporary OT/OTA.</u> )	<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:	Number of days:	
		Name of Business:	
		City:	
		Name of Supervisor	Telephone #:

<b>SECTION I - OTA applicants must complete this section.</b> 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.
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

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: \_\_\_\_\_

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

## 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: <https://dhhs.ne.gov/licensure/Documents/modalityapp.pdf>