Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 *working* days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925.** The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: http://www.drl.state.wi.us. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days *of receipt* of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: http://www.drl.state.wi.us. Look under "Business/Professional License Lookup" for your official credential number and grant date.

Department of Regulation & Licensing

State of Wisconsin
(608) 266-2811
TTY# (608) 267-2416] hearing or speech
TRS# 1-800-947-3529] impaired only

P.O. Box 8935, Madison, WI 53708-8935
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us/
FAX #: (608) 261-7083

OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

APPLICATION FOR A LICENSE TO PRACTICE OCCUPATIONAL THERAPY

Information requested is required for processing.

PLEASE TYPE OR PRINT IN INK

Last Name: _____ **First Name:** _____ **MI:** _____

Former Name(s) (If Applicable): _____

Street Address: _____
(A Post Office Box is NOT Acceptable)

City: _____ **State:** _____ **Zip:** _____

Phone (Days): (____) _____ **Date of Birth:** _____

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

Race:
_____ (1) White, not of Hispanic origin
_____ (2) Black, not of Hispanic origin
_____ (3) Hispanic
_____ (4) American Indian or Alaskan
_____ (5) Asian or Pacific Islander
_____ (6) Other

Sex: _____ M _____ F

School Name: _____

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: _____ **Specialty:** _____

BOARD OFFICE USE ONLY
Temporary Permit Requested: _____Yes _____ No

APPLICATION FEES Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).

$ 53.00 Initial Credential Fee
$ 57.00 State Law Exam
$ 110.00 Total fee attached*

_____ **TEMPORARY LICENSE ISSUED PRIOR TO A PERMANENT LICENSE**
(Only applicable for those candidates scheduled to take the NBCOT exam or awaiting results)

$ **10.00** Is required in addition to the above fee (***non-refundable***)

***ORAL EXAMINATION FEE: $266.00** If you should be selected for an oral examination, the additional oral examination fee will be required prior to being scheduled for the exam.

For Receipting Use Only

#1569 (Rev. 10/01)
Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing

State of Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Addendum to Application Form (Form #2380)

Copy of professional diploma and translation if necessary.

Certificate of Professional Education (Form #1570).

Copies of malpractice suit(s).

Fee(s) attached to this application.

Letters from all State Boards or other jurisdictions where licensed or credentialed (includes active and inactive licenses).

Wisconsin Statutes and Rules Examination Booklet and Answer Sheet.

Verification of certification from the National Board for Certification in Occupational Therapy

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

PRACTICE: Account for all activities and practice from date of graduation to the present time. **Must include professional and nonprofessional activities. ALL dates and time must be accounted for.**

	LOCATION	DATES (from - to) mo/yr	# OF HOURS PER WEEK	JOB TITLE & DUTIES
1.				
2.				
3.				
4.				

I AM CREDENTIALED IN THE FOLLOWING STATES (UNLIMITED):

By Written Exam: _____

By Endorsement/Reciprocity: _____

YOU ARE REQUIRED TO HAVE EACH STATE BOARD OR OTHER JURISDICTION IN WHICH YOU HAVE EVER BEEN LICENSED OR CREDENTIALED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN MEDICAL EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR CERTIFICATION.

PLEASE CHECK ONE FOR TEMPORARY CERTIFICATE:

_____ I plan to take the next National Certifying Examination on _____ month/day/year

_____ I have taken and am awaiting the results of the National Certifying Examination.

State of Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

		YES	NO
1.	Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health and Family Services regarding communicable diseases?	☐	☐
2.	Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	☐	☐
3.	Have you ever failed to pass any state board examination, national board examination, or NBCOT examination? If yes, give details on an attached sheet.	☐	☐
4.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	☐	☐
5.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	☐	☐
6.	Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	☐	☐
7.	Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) charges.)	☐	☐
8.	Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	☐	☐
9.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	☐	☐
10.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	☐	☐
11.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	☐	☐

State of Wisconsin Department of Regulation & Licensing

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice occupational therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned occupational therapy judgments and to learn and keep abreast of occupational therapy developments; and
2. The ability to communicate those judgments and occupational therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform occupational therapy tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

		YES	NO
12.	Do you have a medical condition which in any way impairs or limits your ability to practice occupational therapy with reasonable skill and safety? If yes, please explain.	☐	☐
13.	Does your use of chemical substance(s) in any way impair or limit your ability to practice occupational therapy with reasonable skill and safety? If yes, please explain.	☐	☐
14.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	☐	☐
15.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.	☐	☐
16.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.	☐	☐
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	☐	☐
18.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	☐	☐

State of Wisconsin Department of Regulation & Licensing

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Occupational Therapists Affiliated Credentialing Board or the Department of Regulation and Licensing will be cause for disciplinary action.

_____
Applicant Signature

_____
Date

Subscribed and sworn to before me this_____ day of

_____ , 20 _____

_____
Notary Public

SEAL

_____
State

My Commission Expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

BUREAU OF HEALTH PROFESSIONS

IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

Committed to Equal Opportunity in Employment and Licensing

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OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

OCCUPATIONAL THERAPY LICENSURE INFORMATION

All applicants shall pass the certification examination for occupational therapy of the American Occupational Therapy Certification Board as well as an open book examination on Wisconsin Statutes and Administrative Code.

Applicants **may** be required to complete an oral examination if he/she:

1. has a medical condition which in any way impairs or limits the applicant's ability to practice occupational therapy with reasonable skill and safety;

2. uses chemical substances so as to impair in any way the applicant's ability to practice occupational therapy with reasonable skill and safety;

3. have been diagnosed as suffering from pedophilia, exhibitionism or voyeurism;

4. has within the past 2 years engaged in the illegal use of controlled dangerous substances;

5. has been subject to adverse formal action during the course of occupational therapy education, postgraduate training, hospital practice, or other occupational therapy employment;

6. has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;

7. has been convicted of a crime the circumstances of which substantially relate to the practice of occupational therapy;

8. has not practiced occupational therapy for a period of 3 years prior to application, unless the applicant has been graduated from a school of occupational therapy within that period. Practice for the purposes of this paragraph includes direct patient treatment and education, instruction in an occupational therapy program recognized by the board, occupational therapy research, and service in administrative positions for health care providers or governmental bodies with responsibility relating to occupational therapy;

9. has been graduated from an occupational therapy school not approved by the board.

10. was a resident of Wisconsin and eligible for certification as an occupational therapist on August 1, 1989, but did not apply for certification until after August 1, 1991.

An applicant who meets any of the above criteria 1-10 shall be reviewed by the Occupational Therapists Affiliated Credentialing Board to determine whether an applicant is required to complete an oral examination.

All examinations shall be conducted in the English language. Where both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

State of Wisconsin Department of Regulation & Licensing

If you are selected to appear for an oral examination, you will be advised of the date upon completion of your application.

If you are not required to take the oral examination, your license will be issued on alternating Fridays provided your application form is complete and you have passed the open book examination.

The content and process of this examination, and candidate performance statistics, are regularly evaluated by the Department and the Occupational Affiliated Credentialing Board to assure that this examination fairly and effectively assesses competencies necessary to practice as an occupational therapist.

Passing examination grades of credentialed candidates are retained indefinitely in an electronic credential file. Failing grades are retained on file until replaced by passing grades. Answer sheets, examination products and examiner evaluation documents are retained one year after the examination date. Booklets used by candidates are retained two months after release of grades. Records of specific examination content (examination file copies) are retained five years.

TEMPORARY CERTIFICATE

1. An applicant for a license may apply to the board for a temporary license to practice as an occupational therapy if the applicant:

    a) has submitted to the board the application and documents required under sec. MED 19.03, Wis. Admin. Code, and remits fee specified;

    b) is a graduate of an approved school and is scheduled to take the national certification examination for occupational therapy or has taken the national certification examination and is awaiting results.

2. Practice during the period of the temporary license shall be in consultation, at least monthly, with an occupational therapist who shall at least once each month endorse the activities of the person holding the temporary license.

3. Except as in #4 a temporary license expires when the applicant is notified he/she failed the national certification examination or on the date the board grants or denies an applicant a permanent license, whichever is later.

4. A temporary license expires on the first day of the next regularly scheduled national certification examination for a permanent license if the applicant is required to take, but failed to apply for, the examination.

5. A temporary license may not be renewed.

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OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

OCCUPATIONAL THERAPY CERTIFICATE OF PROFESSIONAL EDUCATION

Information requested is required for processing.

THIS FORM MUST BE COMPLETED BY YOUR OCCUPATIONAL THERAPY SCHOOL AND RETURNED TO THE BOARD OFFICE AT THE ABOVE ADDRESS

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last) _____	**Social Security Number*** ___ - __ - ____
ADDRESS (City, State, Zip) _____	**Date of Graduation** __ / __ / __

CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION _____	**LOCATION OF INSTITUTION** _____
DEGREE AWARDED _____	**MAJOR** _____
DATE DIPLOMA GRANTED** _____	

_____
Signature of Dean or Department Head

_____
Date

SCHOOL SEAL

* For use in the school locating your records.

** **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

#1570 (Rev. 8/01)
Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing

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OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

REQUEST FOR TEMPORARY LICENSE FOR OCCUPATIONAL THERAPY

Information requested is required for processing.

NAME OF APPLICANT: (Please print) _____

Please check one:

_____ I plan to take the next national certification examination for occupational therapy and wish to begin practicing prior to the date of examination.

_____ I have taken the national certification examination, am awaiting results, and wish to begin practicing prior to the next scheduled board meeting for a permanent license.

AFFIDAVIT OF SUPERVISING OCCUPATIONAL THERAPIST

I wish to request that a temporary license to practice occupational therapy in the State of Wisconsin be issued _____. I am aware that this temporary license will expire a) when the applicant is notified she/he failed the national certification examination; b) on the first day of the next regularly scheduled national certification examination for permanent certification if the applicant is required to take, but failed to apply for, the examination; c) applicant was selected to appear for the first scheduled oral examination but failed to appear; or d) on the date the applicant takes and fails the oral examination.

_____
Signature and Title

_____
Agency/Department

_____
Print Name and Wisconsin O.T. Credential Number

_____
Street Address

(_____) _____
Phone Number

_____
City and State Zip Code

_____
Date

#1572 (Rev.8/01)
Ch. 448, Stats.

NBCOT Verification of Certification Request Form

COMMON QUESTIONS REGARDING NBCOT VERIFICATION OF CERTIFICATION TO STATE BOARDS AND OTHER AGENCIES

Who is NBCOT?

The National Board for Certification in Occupational Therapy, Inc. (NBCOT) is the independent national credentialing agency that certifies persons as an OCCUPATIONAL THERAPIST REGISTERED OTR® or as a CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®.

Score Information

If a state or other agency is asking for your **score report**, you will need to place your order with our testing agency, **Professional Examination Service (PES).** You may call our office (301) 990-7979 and ask to be placed in the score information voice box, or you may obtain an order form on our web site: www.nbcot.org. NBCOT **does not** report scores. It is in your best interest to contact the board in the state in which you are applying for licensure to see which service it requires. You should ask: "Do I need a score report or a verification letter?"
Please note, if you were certified prior to **1985, your score information cannot be reported. **

Verification Fee and Processing Information

The fee for **each** verification letter request is **$30.00**. NBCOT will accept a personal check, money order, or credit card payment -Visa or MasterCard. Requests submitted without the required fee will be returned. There is a $30.00 fee for any returned check. **Verification fees are non-refundable.** Please allow **2** weeks for your request to be processed and mailed.

Where should I send my request?

♦Credit Card payments via fax: If you are paying by credit card, you may fax this form to: (301) 869-8492. Our fax machine is available 7 days a week, 24 hours a day. You are faxing to a secure location.

♦Personal Check, Money Order, Credit Card, non-fax: Please mail your request to our bank lock box, ***not*** our street address.
Submit your request to:
NBCOT, Inc.
Attn: Verification Letter
P.O. Box 64971
Baltimore, MD 21264-4971

♦ NO PHONE ORDERS OF ANY TYPE ARE ACCEPTED♦

♦ Can I provide an overnight envelope to a state board?

♦**YES**. If you wish to provide a **pre-paid, addressed, overnight/2-day** (Fed-Ex, UPS, Express, Priority) envelope to a state board or agency, please send your request to our street address:

NBCOT, Inc.
Attn: Verification Letter
800 South Frederick Ave
Suite 200
Gaithersburg, MD 20877

The name on my NBCOT record

If your name is different from what our certification records reflect, and you want the verification notice processed in your new name, the NBCOT requires legal documentation of the name change (i.e., marriage license, divorce decree, or court order). Submit an original certified copy or a notarized photocopy (i.e., copy the document and have it notarized) to reflect your change in name. Please attach your name change documentation to your verification request.

♦If you are submitting a name change, you must ***mail*** your entire request (name change documents, fees, and this form) to the *Baltimore, MD address.* Faxed requests can **NOT** be honored.♦

♦ NBCOT VERIFICATION OF CERTIFICATION REQUEST FORM ♦

To request a letter verifying your NBCOT certification, complete this form. Please **print** or **type** your request. The letter NBCOT produces will include; your name, your certification number, the day- month-year you were certified, the day-month-year you are certified through (renewal date), your status as either an OTR or COTA, and a disciplinary comment. **REMINDER: THIS LETTER IS PROCESSED ONLY IF YOU HAVE TAKEN AND PASSED THE CERTIFICATION EXAMINATION.**

Please check one- I have: **A)** Faxed my verification request _____ **B)** Mailed my verification request_____

* If you have faxed your request, please allow ample processing time (one week) to verify receipt of your request.

_____
♦FULL NAME

_____
♦STREET ADDRESS-

Please check if address is new _____

_____
♦CITY, STATE, ZIP CODE, COUNTRY

_____
♦SOCIAL SECURTIY NUMBER

_____
♦DATE OF BIRTH (Month/ Day / Year)

_____
♦CERTIFICATION NUMBER

♦CIRCLE ONE: **OTR** OR **COTA**

_____
♦HOME AREA CODE/PHONE NUMBER

_____
♦DAYTIME AREA CODE/PHONE NUMBER

♦STATE BOARD, EMPLOYER OR AGENCY TO SUBMIT VERIFICATION REQUEST. (If 2 or more state boards, please abbreviate – i.e. MD & VA)

_____

_____

_____

ADDITIONAL INFORMATION

1. Please ***do not*** enclose a self addressed stamped envelope (.34 cent SASE) to your state board.

2. Verification letters ***cannot*** be faxed.

3. Please check here if you are taking or have taken the certification exam in **2002**.

Winter 2002 Examination _____

Spring 2002 Examination _____

4. Please check here if you have enclosed name change documentation.

Name change documentation enclosed _____

If I have enclosed name change documentation and would like my notarized/certified documents returned, I have enclosed a Self-Addressed Stamped Envelope (SASE). _____

METHOD OF PAYMENT: - $ 30.00 per letter

A) Visa _____ MasterCard_____

Credit Card Number:

_____

Expiration Date: Month ____ Year____

Amount of Credit Card Charge: _____

Signature - Required for Credit Card Requests

_____

B) Check _____ Money Order_____

Verification Letter Order Date _____

QUESTIONS REGARDING MY VERIFICATION REQUEST

Please feel free to contact the NBCOT directly:
301-990-7979 X3131 or via e-mail: verify@nbcot.org

Department of Regulation & Licensing

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FAX #: (608) 267-1803

ADDENDUM TO APPLICATION

Information requested is required for processing.

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

☐☐☐ - ☐☐ - ☐☐☐☐
Social Security Number or FEIN

Type of Credential

Date of Birth

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.[5]

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.[6] If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.[2]

#2380 (Rev. 10/00)

[1] Section 440.03 (11m), Wis. Stats.
[2] Sections 49.22, and 440.13, Wis. Stats.
[3] Section 440.12, Wis. Stats.
[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996
[5] Section 440.14, Wis. Stats.
[6] Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a $6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

_____ month _____ day _____ year

Social Security Number

_____

Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

   It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE	DATE	CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

	YES	NO	MO/YR COMPLETED
3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?	☐	☐	_____
Did you successfully complete the program?	☐	☐	_____

Please attach the certificate of completion/discharge summary.

	(Check all that apply)	YES	NO	MO/YR COMPLETED
4. Have you ever been sentenced to:	☐ Probation	☐	☐	_____
	☐ Parole	☐	☐	_____
	☐ Ordered to pay restitution	☐	☐	_____
Did you successfully complete one of the above as ordered by the court?		☐	☐	_____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE	DATE OF ARREST	LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

_____

_____

_____

_____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____ _____

Signature Date

Signed and sworn before me this _____ day of _____, 20 _____.

_____ _____

Signature of Notary Public Date

My commission (is permanent) _____ expires _____. **SEAL**

BIBLIOGRAPHY

FOR ORAL EXAMINATIONS

The following titles indicate a core list of references rather than a complete identification of all relevant sources. The Wisconsin Occupational Therapy Association and/or any of the six Occupational Therapy educational programs in Wisconsin may be of assistance in locating resource materials for study.

SUGGESTED TEXTS: It is recommended that the candidate find a standard textbook to use as a basis for study. Suggested texts include:

Lorraine Williams Pedretti
Occupational Therapy Practice Skills for Physical Dysfunction, 3rd edition, C. V. Mosby Company, St. Louis, 1990.

Kathlyn L. Reed
Quick Reference to Occupational Therapy, Aspen Series in Occupational Therapy, Aspen Publishers, Inc., Gaithersburg, Maryland, 1991.

Helen S. Willard and Claire S. Spackman
Occupational Therapy, 8th edition, J.P. Lippincott, Philadelphia, 1993.

(OTA only)

Early, Mary Beth
Mental Health Concepts and Techniques for the Occupational Therapy Assistant, Raven Press, New York, 1987.

ADDITIONAL REFERENCES: Additional references you may wish to consult include:

American Occupational Therapy Association
Reference Manual of Documents, 2nd edition, 1989:
"Standards of Practice for Occupational Therapy,"
"Uniform Terminology for Reporting Occupational Therapy."

American Psychiatric Association
Diagnostic and Statistical Manual of Mental Disorders, III-revised edition, 1987.

Wisconsin Occupational Therapy Association
Supervision Statements for Certified Occupational Therapy Assistants, 1985.

Department of Regulation & Licensing

State of Wisconsin
(608) 266-2112
TTY# (608) 267-2416 hearing or speech
TRS# 1-800-947-3529 impaired only

P.O. Box 8935, Madison, WI 53708-8935
E-Mail: dorl@drl.state.wi.us
Website: http://www.drl.state.wi.us/
FAX #: (608) 267-1803

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.[a] An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at *http://www.legis.state.wi.us/rsb/code/rl/rl.html* and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at *http://www.drl.state.wi.us/* under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

[a] Section RL 4.06 of the Wisconsin Administrative Code

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
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Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

APPLICATION PACKET ADDENDUM (INTERNET)

Occupational Therapist application packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

_____ _____
Full Name Daytime Phone Number

_____
Street Address

_____
PO Box

_____
City, State, Zip

Thank you.

#2612 (4/03)