



Executive Council of PT & OT Examiners

333 Guadalupe St, Suite 2-510 Austin, TX 78701-3942

Phone (512) 305-6900

fax (512) 305-6970

www.ptot.texas.gov

OT/OTA Application for Initial Texas Licensure: General Application Information

Applicants: Please see the following information below. This is just an overview of licensing requirements. Additional requirements (such as items that must be submitted) and regulations apply.

See the OT Rules and Practice Act (<https://www.ptot.texas.gov/page/ot-acts-and-rules>) and the OT Application page (<https://www.ptot.texas.gov/page/ot-application>) for additional information and regulations. Please note that Chapter 364 of the OT Rules details initial licensure requirements.

Remember that after completing all requirements, the OT or OTA license must be issued and you must be able to verify current licensure and the license's expiration date on the Board's verification page (<https://www.ptot.texas.gov/page/look-up-a-license>) before representing yourself or working as an OT or OTA in Texas.

• All applicants for initial Texas licensure shall:

- (1) submit a complete application form as prescribed by the Board and non-refundable application fee as set by the Executive Council;
- (2) submit a current photograph that meets the requirements for a U.S. passport;
- (3) submit a successfully completed Board jurisprudence examination on the Act and Rules;
- (4) have completed academic and supervised field work requirements of an accredited educational program in occupational therapy as per §454.203 of the Act (relating to Qualifications for Occupational Therapist or Occupational Therapy Assistant License) or if foreign-trained, have met substantially equivalent academic and supervised field work requirements as per §454.205 of the Act (relating to Foreign-Trained Applicants);
- (5) submit a complete and legible set of fingerprints in the manner prescribed by the Board for the purpose of obtaining criminal history record information from the Department of Public Safety and the Federal Bureau of Investigation; and
- (6) either meet the requirements in §364.2 of this title (relating to Initial License by Examination) and apply by examination or meet the requirements in §364.4 of this title (relating to Licensure by Endorsement) and apply by endorsement.

-Initial License by Examination: Please check for additional requirements in §364.2, Initial License by Examination.

The applicant must also meet the requirements in §364.2 of the OT Rules and apply by examination if the applicant:

- (1) has not passed the NBCOT certification examination; or
- (2) has passed the NBCOT certification examination and
 - (A) is not currently licensed as an occupational therapist or occupational therapy assistant in another state or territory of the U.S.; or
 - (B) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and cannot substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

-Licensure by Endorsement: Please check for additional requirements in §364.4, Licensure by Endorsement.

The applicant must also meet the requirements in §364.4 of the OT Rules and apply by endorsement if the applicant has passed the NBCOT certification examination and:

- (1) is currently licensed as an occupational therapist or occupational therapy assistant in another state or territory of the U.S.; or

(2) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and can substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

- Please submit your payment by check or money order with the application. The fee for an OT Application is \$140.00; the fee for an OTA Application is \$100.00.
- The application may not be faxed or emailed.
- To take the jurisprudence examination, visit this link: <https://www.ptot.texas.gov/page/ot-application>.
- Refer to the related announcement on the homepage, <https://www.ptot.texas.gov>, for instructions on how to submit your fingerprints. *Do not submit fingerprints until you have submitted your application for initial Texas licensure.*
- For information regarding additional requirements for a temporary license, see §364.3, Temporary License. The temporary license fee for an OT applicant is \$70.00; the temporary license fee for an OTA applicant is \$55.00.
- An applicant with a history of licensure in occupational therapy must submit a verification of license from each state or territory of the U.S. in which the applicant is currently licensed or previously held a license. This must be an original verification sent directly to the Board by the licensing board in that state or territory. Any disciplinary actions must be reported to the Board.
- An applicant who is applying by endorsement must submit an Employment History Form if the applicant is not currently licensed in another state or territory of the U.S. and is applying from the U.S. military or a non-licensing state or territory of the U.S. and can substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license. Please visit this link to download the form: <https://www.ptot.texas.gov/page/ot-forms>.
- Applicants who are military service members, military veterans, or military spouses may be eligible for fee waivers and expedited services based on their military affiliation and the method of licensure by which they are applying (i.e., by examination or by endorsement). Please see §364.1(d) and <https://www.ptot.texas.gov/page/ot-application> for further information and the Military Application Fee Waiver Request form.



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APP. NO: _____

OT/OTA Application for Initial Texas Licensure

Submit this application with the appropriate fees to ECPTOTE at the address listed above. This application expires one year from the date it is received by ECPTOTE. PLEASE PRINT IN BLACK OR BLUE INK. Please see the OT Rules and Practice Act for additional information and requirements (<https://www.ptot.texas.gov/page/ot-acts-and-rules>).

Check one box in each column below.

License Type	Licensure Method
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> By Exam: No previous passing score or not currently licensed; see §364.2.
<input type="checkbox"/> Occupational Therapy Assistant	<input type="checkbox"/> By Endorsement: Previous passing score and currently licensed in another state or territory of the U.S. (or if not currently licensed in a US state or territory, applying from the U.S. military or a non-licensing state and can substantiate 2 years of occupational therapy employment immediately preceding application for a Texas license); see §364.4.

Check this box if with this application, you are submitting the Military Application Fee Waiver form and supporting documentation as per §364.1(d) of the OT Rules because you are a military service member, military veteran, or military spouse and meet eligibility requirements as per that section.

1. FULL NAME

First Middle Last (Family name) Suffix

2. NAME AS IT SHOULD APPEAR ON THE LICENSE (This MUST include your legal last name, and should be the same as or similar to the name you use on your driver's license.)

3. OTHER LAST NAMES (Maiden name or a last name from a previous marriage, for example)

4. PHYSICAL HOME ADDRESS PHONE NO. _____

Street address

City State Zip Code

5. MAILING ADDRESS, if different _____

6. BUSINESS ADDRESS PHONE NO. _____

Business name

Street address

City State Zip Code

7. You must select one of your addresses as an address of record available to the public.

Please circle one: **HOME MAILING BUSINESS**

8. CONTACT EMAIL ADDRESS

Personal email addresses are preferred over school or work email addresses as such addresses may be only temporary.

OFFICE USE ONLY

FEE CODE	AMOUNT	DATE	RECEIPT NUMBER
Approved Date:		Approved By:	

APPLICANT NAME: _____ SSN: _____

9. SOCIAL SECURITY NUMBER

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10. DATE OF BIRTH (MM/DD/YY)

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11.

GENDER	EYE COLOR	HAIR COLOR	WEIGHT	HEIGHT
<input type="checkbox"/> F <input type="checkbox"/> M				

12.

ETHNICITY (Check one box only)
<input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

13. GENERAL EDUCATION (College education, not occupational therapy program)

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

14. PROFESSIONAL EDUCATION (Occupational therapy program)

School Code: _____

(Access this code from <https://www.ptot.texas.gov/page/ot-application> and write the code for the school where you completed your entry-level training as an OT, if applying as an OT, or OTA, if applying as an OTA.)

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

15. Have you previously held a Texas OT or OTA license? NO YES/ If "YES," OT or OTA
 If yes, please enter dates and license number, if known.

LICENSE NO.	YEAR ISSUED	YEAR EXPIRED

16. LICENSURE INFORMATION

Enter the following information for all states, jurisdictions, or countries in which you have held or currently hold an occupational therapy license (or been authorized to practice occupational therapy if licensure was not required). If there are more than three, please attach an additional sheet with that information.

STATE/COUNTRY	LICENSE/REG. NO.	DATE ISSUED	EXPIRATION DATE

APPLICANT NAME: _____ SSN: _____

TO BE COMPLETED BY APPLICANTS FOR LICENSE BY EXAM ONLY (Questions 17 – 22)

17. Have you previously taken the NBCOT exam? NO YES
18. If yes, how many times? _____
19. Have you passed? NO YES 20. Date of passing exam? _____
21. Have you applied for licensure in Texas previously? NO YES If yes, when? _____

PREVIOUS HISTORY

22. Has any professional licensing or disciplinary body in any state, territory, foreign jurisdiction or nation denied, limited, restricted, suspended, canceled, or revoked any professional license, certificate or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
23. Have you ever voluntarily surrendered any such credentials in anticipation of an investigation or disciplinary proceeding, or entered into a consent agreement with respect to licensure?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
24. Have you ever been convicted, placed on community supervision whether or not adjudicated guilty, sentenced to serve jail or prison time or granted pre-trial diversion, or plead guilty, no contest or nolo contendere to any crime in any state, territory, or country, or received a court order whether or not a sentence was imposed, including any pending criminal charges or unresolved arrests whether or not an appeal (excluding minor Class C traffic violation)? This includes expunged offenses and deferred adjudications with or without a finding of guilt. DUIs and DWIs and PIs must be reported. A one time MIP does not need to be disclosed; therefore you may answer, "NO." Multiple MIPs, however, require the answer, "Yes."	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
25. In the past five years, have you been diagnosed or treated for alcohol or substance dependency or addiction?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
26. Have you ever used drugs or alcohol to an extent which affected your professional competency?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
27. In the past five years, have you been determined to be mentally incompetent by a court?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
28. Have you ever been found guilty of, or settled a malpractice claim?	YES	<input type="checkbox"/>
	NO	<input type="checkbox"/>
If your answer to any question above is "YES," please provide an explanation of the circumstances.		

APPLICANT NAME: _____ SSN: _____

AFFIDAVIT AND INFORMATION RELEASE
Please read carefully before signing.

In making this application to the Texas Board of Occupational Therapy Examiners (TBOTE) for a license as an occupational therapist or occupational therapist assistant, I attest that I, the undersigned, am the applicant named in the application and shown in the attached photograph, and that:

1. I have read and understood the complete application, and that all the information contained in this application, and the documentation provided as part of this application, is true and correct.
2. I have read and agree to abide by the Chapter 452, Occupations Code (OT Practice Act), and all rules promulgated by the TBOTE.
3. I am the lawful holder of an OT or OTA degree as prescribed by this application.
4. I authorize my educational institutions, employers, and all governmental agencies, and the National Board for Certification in Occupational Therapy to release to the Texas Board of Occupational Therapy Examiners or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment or treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application to determine my ability to safely engage in the practice of occupational therapy. I further authorize the Texas Board of Occupational Therapy Examiners or its successors to release to the institutions, individuals, or entities listed above any information which is material to this application or any subsequent licensure.
5. I authorize the Board to perform a criminal history background check as part of the application process.
6. I affirm that I will provide the Board with updated information within 30 days if I become aware of any event or information that makes any portion of this application or associated documents, though complete and correct when submitted, no longer complete or correct. I understand that failure to provide such updated information may result in an adverse action against my application.
7. I understand that falsification or misrepresentation of any item or response on this application or any associated document is a sufficient basis for a determination of ineligibility or another adverse action against my application.

Applicant Name (please print)

Applicant Signature *Date*

Attach a current 2 x 2 inch color photograph on photographic paper of yourself here that meets the requirements for a U.S. passport. Write your name and last 4 digits of your social security number on the reverse side. Photocopies or computer printouts will be rejected and will delay your application.