



Executive Council of Physical Therapy and Occupational Therapy Examiners

333 Guadalupe, Ste 2-510 Austin, Texas 78701-3942 512/305-6900 • 512/305-6951 fax http://www.ptot.texas.gov

App. No: \_\_\_\_\_

Cert. No: \_\_\_\_\_

OT Facility Registration Application

Name of Facility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area Code/Phone No. \_\_\_\_\_ Fax# \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Check one box below

- New Facility Registration
Change of Owner (if yes, please answer below)
Previous Registration # \_\_\_\_\_

Check one box below

Is this the only facility registered by this owner?
YES NO

Owner Information

Type of Business (Check one) Sole Proprietor Partnership Corporation Government Entity

Owner's Federal Taxpayer ID Number (SSN allowed only if the owner is a sole proprietor and has no Federal employee ID number. Enter one number only.)

EIN [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] or SSN [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

Name of the Owner: If the entity is a sole proprietorship operated under the name of the owner, enter that name both here and in the contact information field on page 2.

[Empty box for Name of the Owner]

For use by agency staff only

Completed by: \_\_\_\_\_
Initial and date

Fee Received \_\_\_\_\_

Reviewed by: \_\_\_\_\_
Initial and date

Receipt No. \_\_\_\_\_



You are required by rule to supply a list of OTs and OTAs working in the facility. Do NOT include the name of the Therapist in Charge, whose name goes in the TIC box below. Attach another page if you need to add more names.

| Licensee's Name | License # |
|-----------------|-----------|
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|                 |           |
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**Signature of OT in Charge**

PLEASE NOTE: According to OT Rule §376.4, a change in Therapist in Charge must be reported to the board within 30 days. Your name will be officially listed with this facility unless you notify us otherwise.

I hereby affirm that I have authority and responsibility for the registered facility's compliance with the OT Act and Rules. I swear that the information submitted on this form is true and correct to the best of my knowledge.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

License # Date