OT/OTA LICENSE RENEWAL APPLICATION FORM INSTRUCTIONS

- ☆ ***Note on completing this form:*** *This application is a fillable PDF and responses may be completed on certain electronic devices, such as a computer. Responses may be typed, handwritten, or completed with a combination of typed and handwritten responses in the designated fields; however, this form may not be electronically signed or dated. The application will be accepted only if information is printed legibly and use black or dark blue ink. Note that only a certain number of characters may fit in a field when typing; ensure your complete response is included. The form must be printed, signed and dated, and mailed to the Executive Council's physical address. Mail the original completed application, not a copy. Note that the Board cannot provide any technical assistance regarding the fillable elements of this form.*
- ☆ **A complete OT/OTA License Renewal Application Form includes:** 1. renewal information & attestation, including a residential street address; 2. correct fee(s); 3. a completed Continuing Education Submission Form; 4. the online jurisprudence exam with passing score; and 5. any additional forms the Board may require.
- ☆ **Your renewal application is not complete until all items are received at the Board office.** If you do not submit all the required items before the expiration of your license, you will be subject to late fees as described below. You may not provide occupational therapy services after your expiration date.
- ☆ As per OT Rules §370.1(a), "Licensees are required to renew their licenses every two years by the end of their birth month. A licensee may not provide occupational therapy services without a current license. Licenses and license expiration dates should be verified on the Board's license verification web page. The Board will maintain a secure resource for verification of license status and expiration date on its website."
- ☆ Access further information regarding regulations and requirements from the following links: https://www.ptot.texas.gov/page/ot-license-renewal and https://www.ptot.texas.gov/page/ot-acts-and-rules.
- ☆ Verify your renewal online through with this link: https://www.ptot.texas.gov/page/ot-license-search. You may print out a wallet card from that link using the Last Name and DOB function.
- ☆ **ADDRESS OF RECORD SELECTION:** Please select only ONE of the addresses you list on the renewal application form as your address of record. The address of record is the address that will be provided to the public.

If you were serving as a military service member during the renewal period, see §370.2 of the OT Rules for further information.

PROCEDURE AND FEES:

Note: *You may **not** use this form if your license has been expired for one year or more or you are on retired status.*

Please see OT Rules Chapter 370, License Renewal, and Chapter 371, Inactive and Retired Status, for more information. Remember that as per §371.1(a), "A licensee may remain on inactive status for no more than three renewals or six consecutive years and may not represent himself or herself as an occupational therapist or occupational therapy assistant."

To renew an Active license, renew a license expired less than one year, renew an Inactive license, or to change your license status (*Active to Inactive or Inactive to Active*):

1. Take the jurisprudence exam by going to https://www.ptot.texas.gov/page/to-jp-exam-intro.
2. Complete the attached downloadable OT/OTA License Renewal Application Form and Continuing Education Submission Form.
3. Mail the completed OT/OTA License Renewal Application Form; the Continuing Education Submission Form; the renewal fee (and any late fees if applicable); and any additional documents to the Board if applicable. See below for the fees and address. Note that you must submit copies of the documentation for the required CE if you are renewing more than 90 days late, but less than one year.

FEES **Please make checks or money orders payable to: ECPTOTE.**

• **Active Renewal**	**OT - $248**	**OTA - $184**
• **Go or Stay Inactive**	**OT - $124**	**OTA - $92**
• **Reactivate License**	**OT - $248**	**OTA - $184**

FEES. Late fees are required if you have not submitted **all** renewal requirements before the license expiration date.

RENEWAL LATE FEES

If it has been 90 days or LESS since the day your license expired, you must pay the renewal fee plus the late fee which is equal to one-half of the renewal fee.	**If it has been MORE than 90 days since the day your license expired, but less than one year**, you must pay the renewal fee plus the late fee which is equal to the renewal fee. *In addition, you must submit copies of the documentation for the required CE.*

Note: *If your license has been expired for one year or more, please see OT Rules §370.3, Restoration of a Texas License.*

CONSIDERING GOING INACTIVE? To go inactive, you must have completed the CE for the current renewal cycle.
QUESTIONS? Contact us at info@ptot.texas.gov or by phone at 512/305-6900.

Mail the License Renewal Application Form and payment, CE Submission Form, and any other required documents to:

EXECUTIVE COUNCIL OF PT & OT EXAMINERS
333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942

OT/OTA LICENSE RENEWAL APPLICATION FORM

Executive Council of Physical Therapy and Occupational Therapy Examiners
333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942
(512) 305-6900 *https://www.ptot.texas.gov*

License #: _____ **Exp. Date:** _____

Current license status ***(Check one.)***
☐ Current/Active ☐ Inactive

Social Security Number: _____/_____/_____

Check one box and enter the amount.
☐ **Do not change my status.**
☐ **Change my status to Active.**
☐ **Change my status to Inactive.**

AMOUNT ENCLOSED: $_____

Full Legal Name *(Name changes require legal documentation. See OT Rules §369.2.)*

_____
First **Middle** **Last** **Suffix**

Home Location Address ***(This must be a physical street address.)*** ☐ **Select as Address of Record**

Street:_____ **Phone:**_____

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

Email: _____

Business Address ☐ **Select as Address of Record**

Bus. Name: _____ **Phone:** _____

Street or PO Box: _____

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

Optional Mailing Address ☐ **Select as Address of Record**
(This may be a P.O. Box. If you do not enter a mailing address, mail will be sent to your residential address.)

Bus. Name if applicable:_____

P.O. Box or Street Address:_____

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

If you are not sure what the renewal requirements are, you are advised to refer to OT Rules, Chapter 370, License Renewal, before you submit this form. **You must check one of the boxes below and sign for the renewal to be complete.**

Check one of the boxes below. READ BEFORE SIGNING.

By signing this form, I attest that I have met all of the renewal requirements as stated in the current OT Rules, Chapter 370, License Renewal. I also attest the following:

☐ Since license issuance or last renewal, I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other. Since license issuance or last renewal, I have not had my license or registration to practice occupational therapy suspended or revoked in any other state or nation.

☐ I have attached the official documentation from the court or licensing board regarding any of the above mentioned actions as part of this renewal application.

I understand that providing false or incorrect information is a violation of the OT Practice Act, and may subject me to the penalties set forth in the Act.

Signature: **Date:**
(Electronic signatures not accepted.)

Office Use Only

Receipt Date	Receipt No.	Amt. Received	Postmark Date	JP Exam Score	Reviewed by:

Texas Board of Occupational Therapy Examiners

333 Guadalupe, Ste 2-510 ***(512) 305-6900***
Austin, Texas 78701-3942 ***https://www.ptot.texas.gov***

Name _____ **License #** _____

Continuing Education Submission Form

Enter your CE activities taken during this renewal period. You are required to have at least 24 contact hours of CE total to meet the renewal requirements. Refer to Chapter 367 of the OT Rules for further information regarding CE requirements. Abbreviated course/activity names may be used if the entire name cannot be entered in the space below.

You must submit copies of the documentation for the required CE if you are renewing more than 90 days late, but less than one year.

Course/Activity Name	Course Date (MM/DD/YYYY)	CE Hours