



Texas Board of Occupational Therapy Examiners

333 Guadalupe, Ste 2-510
Austin, Texas 78701-3942

512/305-6900
<https://www.ptot.texas.gov>

OT/OTA RETIRED STATUS APPLICATION & RENEWAL FORM

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.

General Information:

- The Retired Status is available for an occupational therapy practitioner whose only practice is the provision of voluntary charity care without monetary compensation.
- To be eligible to initiate retired status, a licensee must hold a current license on active or inactive status or an active or inactive license that has been expired less than one year. The license may only be put on retired status at the time of renewal.
- Verify that your retired status application or renewal has been processed on the Board's license verification webpage, <https://www.ptot.texas.gov/page/look-up-a-license>.
- Licensees on retired status are subject to the audit of continuing education as described in §367.3 of the OT Rules.
- A retired occupational therapy practitioner is subject to disciplinary action under the OT Practice Act.
- *Please note the following requirements for return to active status. A licensee who has been on retired status less than one year must submit the active status renewal fee and the late fee as described in §370.1 of this title (relating to License Renewal) and 18 additional hours of continuing education as described in Chapter 367 of this title (relating to Continuing Education). A licensee who has been on retired status for one year or more must follow the procedures for §370.3 of this title (relating to Restoration of Texas License).*
- See the OT Act and Rules for further regulations (<https://www.ptot.texas.gov/page/ot-acts-and-rules>).

Application Requirements to Initiate or Renew Retired Status:

A licensee on retired status must renew every two years before the expiration date.

A complete application form includes: 1. renewal information & attestation, including a residential street address; 2. correct fee(s); 3. a completed Continuing Education Submission Form showing completion of six hours of continuing education for the renewal period, which must include the completion of human trafficking training as described in Chapter 367 of the OT Rules; 4. the online jurisprudence exam with passing score; and 5. any additional items the Board requires.

A licensee on retired status may use the designation OTR, Ret or OT, Ret; or COTA, Ret or OTA, Ret as appropriate.



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License #: _____ Daytime Phone #: _____

Name: _____

SSN #: _____

HOME ADDRESS: Enter your home address below and attach your mailing and work address* if different; indicate which is the Address of Record, which is the address that will be provided to the public. If you do not provide a mailing or work address, your home address will be designated as the Address of Record.

*See the OT Rules for information regarding practice limitations for licensees on retired status.

Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Please check the box that applies.

- Initiating Retired Status**
- Renewing Retired Status**

If you are not sure what the renewal requirements are, you are advised to refer to OT Rules, Chapter 370, License Renewal, and §371.2, Retired Status, 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 the requirements as stated in the current OT rules and 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 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
(Electronic signatures not accepted.)

Date

Office Use Only

| Receipt Date | Receipt No. | Amt. Received | Postmark Date |
|--------------|-------------|---------------|---------------|
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Name _____ License # _____

Continuing Education Submission Form

To renew, you attest to the continuing education activities you have completed for license renewal. The licensee is solely responsible for keeping accurate documentation of all continuing education activities and for selecting continuing educations as per the requirements of Chapter 367. The required CE must include an HHSC-approved course on human trafficking that meets requirements as per Chapter 367 of the OT Rules. Refer to the full Chapter 367 for further CE requirements.

Instructions: Enter your CE activities taken during this renewal period on the form below and complete all areas. You must earn a minimum of 6 CE hours that are eligible for CE credit as per the OT Rules in order to renew. See the OT Rules for further information. One course must meet the human trafficking training requirement.

Abbreviated activity/course names may be used if the entire name cannot be entered in the space below. Reproduce if necessary.

| Activity/Course Name | Completion Date (MM/DD/YYYY) | CE Hours | This activity meets the Human Trafficking Training Requirement |
|----------------------|------------------------------|----------|--|
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |
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