



## Texas Board of Occupational Therapy Examiners

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

512/305-6900 • 512/305-6951 fax  
<http://www.ptot.texas.gov>

### OT/OTA RETIRED STATUS APPLICATION & RENEWAL FORM

- The Retired Status is available for an occupational therapy practitioner whose only practice is the provision of voluntary charity care without monetary compensation.
- 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 regular license renewal fee and the late fee as described in §370.1 of the OT Rules (relating to License Renewal). A licensee who has been on retired status for one year or more must follow the procedures for §370.3 of the OT Rules (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>).

#### Initiating Retired Status:

To be eligible for 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.

A complete application form includes: 1. application information & attestation, including a residential street address; 2. correct fee(s); 3. a completed Continuing Education Submission Form showing completed continuing education for the current renewal period; 4. the online jurisprudence exam with passing score; and 5. any additional items the Board requires.

#### Renewing 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; 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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## OT/OTA RETIRED STATUS APPLICATION & RENEWAL FORM

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 (AOR). The address of record is available to the public. If you do not provide a mailing or work address, your home address will be designated as the AOR. \*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**

**Read §371.2, Retired Status, before you sign and submit this form.**

By signing this form, I attest that I have met all the requirements as stated in the current OT rules and attest the following:

1. Since license issuance or last renewal, I have not been convicted of a felony, including a finding or verdict of guilt, an admission of guilt, or a plea of nolo contendere, in this state or any other.
2. 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 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)

*Office Use Only*

| Receipt Date | Receipt No. | Amt. Received | Postmark Date |
|--------------|-------------|---------------|---------------|
|              |             |               |               |



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Name: \_\_\_\_\_ License #: \_\_\_\_\_

## Continuing Education Submission Form for RENEWING a License on Retired Status

*(Only use this CE Submission form when RENEWING a license on Retired Status.  
DO NOT use this form if initiating Retired Status.)*

Enter your CE activities taken during this renewal period. You are required to have at least 6 CE contact hours. Refer to OT Rules Chapter 367, Continuing Education, and §371.2, Retired Status, for further information.

| Course/Activity Name | Course Date<br>(MM/DD/YYYY) | CE Hours |
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## Continuing Education Submission Form for INITIAL RETIRED STATUS

***(Only use this CE Submission form when INITIATING Retired Status.  
DO NOT use this form if renewing a license on Retired Status.)***

Enter your CE activities taken during this renewal period. You are required to have at least 30 CE contact hours total to meet the renewal requirements for the current renewal period. Refer to OT Rules Chapter 367, Continuing Education; Chapter 370, License Renewal; and §371.2, Retired Status, for further information.

| Course/Activity Name | Course Date<br>(MM/DD/YYYY) | CE Hours |
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