

ALABAMA STATE BOARD OF OCCUPATIONAL THERAPY

**RENEWAL FORM
OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT**

A. Name _____ AL License No. _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Cell Number _____

E-mail Address _____

Are you a U.S. citizen or legally present in the United States? Yes or No _____

B. Employer Name _____

Facility Address _____

City _____ State _____ Zip _____

Telephone Number _____

Circle A or B for preferred address for public disclosure. If no indication, then personal address will be given.

C. Supervising Therapist (for Occupational Therapy Assistants)

Name _____ AL License No. _____

D. Employment History for the Last Two Years

| Employer | City/State | Dates To - From | Reason for Leaving |
|----------|------------|--------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

OFFICE USE ONLY

NAME (Last, First, M.I.) _____ License Number _____

Expiration Date _____ Date Filed _____ Date Postmarked _____ Amount Received _____

Continuing Education Annual
 Biennial

F. Have you ever had a license to practice occupational therapy issued to you by another state in the past two years? Yes No

If yes, please list state and license numbers.

State

License Number

G. Have you ever had a license to practice occupational therapy suspended or revoked by another state? Yes No

If yes, please list state(s), license number(s), circumstances of suspension and/or revocation of license and outcome.

H. Have you ever been convicted of a felony? Yes No

I. All information enclosed with this application is, to the best of my knowledge, complete and accurate.

Signature _____

Any attempt to obtain a license by fraud, misrepresentation, or concealment of material facts constitutes unprofessional conduct, and is justifiable cause to have a license refused, suspended or revoked.

IMPORTANT: ALL QUESTIONS AND STATEMENTS MUST BE ANSWERED, INCOMPLETE APPLICATIONS WILL BE RETURNED AND MAY BE SUBJECT TO ADDITIONAL PROCESSING FEES.

Enclosed is a cashier's check or money order in the amount indicated below, made payable to the Alabama State Board of Occupational Therapy Fund.

Renewal Fee

O.T. — \$140.00

O.T.A. — \$115.00

Total amount enclosed

\$ _____

Complete both sides of application and mail with appropriate fee to:

Alabama State Board of Occupational Therapy

P.O. Box 304510

Montgomery, AL 36130-4510