



# Alabama State Board of Occupational Therapy

P.O. Box 304510

334-353-4466

Montgomery, AL 36130-4510

## **INSTRUCTIONS — APPLICATION FOR LIMITED PERMIT OCCUPATIONAL THERAPIST/OCCUPATIONAL THERAPY ASSISTANT**

This is an application for a limited permit to practice occupational therapy in Alabama. According to the practice act, the limited permit “shall allow the person to practice occupational therapy under the supervision of an occupational therapist who holds a current license in this state.” (Sec. 11c) A non-certified therapist (new graduate or foreign therapist eligible to take the exam) must have direct contact with a supervising therapist a minimum of 50 percent of patient treatment time.

The Alabama Occupational Therapy Practice Act (90-383) requires the following prior to an application being reviewed by the Board:

### NEW GRADUATE:

1. completed and signed application
2. letter from your supervising occupational therapist verifying employment and supervision (form enclosed)
3. a letter of verification from your curriculum director stating that you have completed all field work and are eligible to take the exam
4. verification from each state where you have been issued a license, limited permit or any form of provisional license whether current or not
5. proof of citizenship or legal immigration (form enclosed)
6. appropriate fee (*cashier's check or money order*)

### FOREIGN THERAPIST:

1. completed and signed application
2. letter from your supervising occupational therapist verifying employment and supervision (form enclosed)
3. a letter of verification from NBCOT stating that you are eligible to take the exam
4. verification from each state where you have been issued a license, limited permit or any form of provisional license whether current or not
5. proof of citizenship or legal immigration (form enclosed)
6. appropriate fee (*cashier's check or money order*)

Your limited permit shall be valid for 120 days. Upon certification, applicants may apply for a license subject to meeting the qualifications and application review by the board. If applicant has not been certified and issued a license within the 120 days, this limited permit will expire. If applicant fails the examination, this permit shall be voided. Limited permits are not renewable.

# ALABAMA STATE BOARD OF OCCUPATIONAL THERAPY

## APPLICATION FOR LIMITED PERMIT AS OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

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

Fill in Form. Print and Sign.

<b>1. I hereby make application for limited permit to practice as an:</b> (check one) ___ Occupational Therapist (OT)                      ___ Occupational Therapy Assistant (OTA)			
<b>Date of Birth</b>		<b>Social Security Number</b>	
<b>2. NAME</b> (Last, First, Middle)			
<b>3. MAILING ADDRESS</b> (Street, P.O. Box, Rural Route)			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Email</b>			
<b>Telephone (area code and number)</b>			
<b>Home</b>		<b>Cell</b>	
<i>Are you a U. S. citizen or legally present in the United States?</i> ___ Yes                      ___ No			
<b>4. Alabama Employer Name</b>			
<b>Facility Address</b>			<b>Telephone</b> (area code and number)
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date Employment Will Begin:</b>
<b>Supervising Occupational Therapist</b> (for Occupational Therapy Assistants) <b>Name:</b> _____ <b>Alabama License No:</b> _____			
<b>CIRCLE #3 or # 4 FOR PREFERRED ADDRESS FOR PUBLIC DISCLOSURE. IF NO INDICATION, THE PERSONAL ADDRESS WILL BE GIVEN.</b>			
<b>5. EDUCATION:</b> Occupational Therapy Programs attended			
<b>Institution / Location</b>		<b>Dates</b>	<b>Degree</b>

**6. Do you have or ever have had a license to practice occupational therapy or another profession?**

If yes, please indicate state(s), profession(s), license number(s) and dates.

State of issuance	Profession	License Number	Date Obtained	Date Expires	Name on License

**7. Professional Practice.** List the places where you have practiced as an Occupational Therapist / Assistant, within the past five years, beginning with the most recent. (Attach separate sheet if necessary)

Facility, City, State

<b>Dates</b> From: _____ To: _____	<b>Position Held</b>
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Reason for Leaving

Facility, City, State

<b>Dates</b> From: _____ To: _____	<b>Position Held</b>
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Reason for Leaving

If the answer to any of the following questions (9 through 13) is yes, please attach a separate sheet and give complete details.	YES ✓	NO ✓
8. Have you ever been sued for malpractice?		
9. Have you ever pled guilty or been convicted of a misdemeanor or felony criminal offense? If yes, please submit court documentation.		
10. Have you ever been notified by a state occupational therapy board of any complaint against you relative to the practice of occupational therapy?		
11. Has any state, nation, or territory licensing authority denied, reprimanded, suspended or revoked a license issued to you?		
12. Do you have an impairment that will restrict your ability to practice?		

**ATTESTATION**

I, \_\_\_\_\_, affirm I am the person referred to in the foregoing application and that the statements made are true. In the event I am licensed by the State of Alabama Board of Occupational Therapy, I hereby agree to adhere to and abide by all the statutes governing the practice of occupational therapy in Alabama.

Signature \_\_\_\_\_

Original signature required

**Enclose a cashier’s check or money order (no personal checks or cash accepted) in the amount indicated below, made payable to the Alabama State Board of Occupational Therapy Fund.**

**Permit Fee:**                      **O.T.--\$25.00**      
   **O.T.A.--\$25.00**   

**Total Amount Enclosed**        \$ \_\_\_\_\_

**Mail completed application and appropriate fee to:**  
**Alabama State Board of Occupational Therapy**  
**P.O. Box 304510**  
**Montgomery, AL 36130-4510**

A LICENSE MAY BE DENIED, SUSPENDED, OR REVOKED OR A LICENSEE OTHERWISE DISCIPLINED IF THE APPLICANT OR LICENSEE HAS OBTAINED OR ATTEMPTED TO OBTAIN A LICENSE BY FRAUD OR DECEPTION (SEE § 34-39-12, ALABAMA OCCUPATIONAL THERAPY PRACTICE ACT).

## **CITIZENSHIP/IMMIGRATION STATUS**

Per §31-13-5 of the Beason-Hammon Alabama Taxpayer and Citizen Protection Act (Immigration Law), all persons holding or applying for a license to practice in Alabama must show proof of citizenship or immigration status. Please submit a copy of **one** of the approved required documents.

### **REQUIRED DOCUMENT TO PROVE CITIZENSHIP/LEGAL PRESENCE (Citizens)**

Alabama Driver's License or Identification issued by Department of Public Safety  
Driver's License from other state that required proof of lawful presence  
Birth Certificate indicating US birth  
Valid US Passport  
Military Identification showing US as place of birth  
Naturalization documents  
Certificate of citizenship  
Consular report of birth abroad of US citizen  
Bureau of Indian Affairs identification  
American Indian Card issued by Homeland Security  
Final adoption decree showing person's name and place of US birth  
A valid Uniformed Services Privileges and Identification Card  
Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States  
Certification of birth issued by U S Department of State

### **REQUIRED DOCUMENT TO PROVE LEGAL PRESENCE (Non-Citizens)**

I-327 Re-entry Permit  
I-551 Permanent Resident Card  
I-571 Refugee Travel Document  
I-766 Employment Authorization Card  
I-94 Arrival/Departure Record  
Unexpired Foreign Passport  
Temporary I-551 Stamp (on passport or I-94)  
I-20 Certificate of Eligibility for non-immigrant (F-1) student status  
DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status  
Machine-readable immigrant Visa (with temporary I-551 language)  
Other: (Explain)

**CONFIRMATION OF  
LIMITED PERMIT HOLDER  
SUPERVISION**

**Limited Permit Applicant:** Please complete the following:

Name \_\_\_\_\_

Address \_\_\_\_\_

**Supervising Therapist:** Please complete the following:

Supervision of a limited permit holder is a minimum of 50% on site by an Alabama licensed occupational therapist. Please sign to confirm that the above stated limited permit holder will receive the required supervision upon issuance of said limited permit.

Employer \_\_\_\_\_

Address \_\_\_\_\_

Facility \_\_\_\_\_

(if different from above)

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Effective date of employment \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

License # \_\_\_\_\_ Date \_\_\_\_\_