



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 Mainstream Drive, 2nd Floor
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF OCCUPATIONAL THERAPY
(615) 741-3807 or 1-800-778-4123 EXT 741-3807
<http://tennessee.gov/health/topic/OT-board>

APPLICATION INSTRUCTIONS FOR LICENSURE AS AN OCCUPATIONAL THERAPIST AND
OCCUPATIONAL THERAPY ASSISTANT

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board. If the application is not complete upon receipt by the Board's Administrative Office, a deficiency letter will be sent to you by certified mail or by email. Files not completed within twelve (12) months from the date of initial review will be closed.**

1. Complete all pages of this application and return to the above address.
2. Request that your official school transcript be submitted directly to the Board from the degree granting institution. The school must be accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) at the time the degree was granted. The transcript must show that the degree has been conferred and must carry the official seal of the institution. Internationally trained applicants must furnish proof of completion of an educational program and supervised fieldwork substantially similar to that of an ACOTE-accredited program and satisfy all other Board requirements for licensure as required of U.S. applicants.
3. If you are or have ever been licensed, certified, registered, or permitted by any state to practice as an occupational therapist (or any other health care professional), you must request a verification from each and every state. The verification must be mailed directly to the Board's Office from the other state(s). Reciprocity applicants must have NBCOT submit verification of certification or licensure. Please contact the NBCOT at www.nbcot.org for instructions on ordering verification.
4. Attach a recent (within 12 months) signed passport-size photograph of yourself.
5. Attach one (1) recent letter of recommendation from a professional who can attest to your good moral character. This letter cannot be from a relative.
6. A limited permit may be issued by the Board to an applicant for licensure as an occupational therapist pursuant to T.C.A. §63-13-202 who has successfully completed the educational and field experience requirements of T.C.A. §63-13-202 (2) and (3) and is scheduled to take the examination required by T.C.A. §63-13-202(4). Tennessee only issues one limited permit to those individuals who are scheduled to take the exam for the first time. **If you have previously failed the exam once in any state, you are not eligible for a limited permit in Tennessee.** Applicants for licensure who have been issued a limited permit may practice occupational therapy only under the supervision of a licensed occupational therapist. If you are eligible for a limited permit, please complete the attached "Limited Permit Request" form. This form must be signed by your supervisor and notarized.
7. Request a copy of certification examination results from the National Board for Certification in Occupational Therapy Examination be sent directly to the Board's administrative office.
8. If you wish to obtain certification to perform modality treatments, please complete and submit the application for Modality Certification which can be located online at <http://tennessee.gov/health/article/OT-applications>.
9. Attach proof of U.S. or Canadian citizenship or evidence of being legally entitled to live and work in the U.S. (e.g. copy of birth certificate, naturalization papers, or current visa status.) If not a U.S. or Canadian citizen, the front and back of the passport, valid visa, I-94 and Form I-766 must be submitted.
10. All applicants must complete, sign and have notarized the Declaration of Citizenship form and attach the documents required by the Declaration of Citizenship. The Declaration is online at <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf> and must be attached to this application before submission.

11. A criminal background check is required. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions> .

12. Submit with your application a check or money order in the amount of the application fee and State Regulatory Fee provided in the fee schedule and made payable to the Board of Occupational Therapy. This is a non-refundable fee.

13. All applicants for an Occupational Therapist license must complete and submit the Practitioner Profile Questionnaire which is online and will be available for you to complete online once this application is submitted. You are required by law to update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action. For instructions, go to (<http://tn.gov/assets/entities/health/attachments/PH-3585.pdf>) .

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time notify the Board office, in writing, immediately.

1. All application fees are non-refundable.
2. All documents and fees are required to be submitted by you or must be requested from the appropriate institutions in this application process, must be mailed directly to:

**Board of Occupational Therapy
Health Related Boards
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243**

**For Federal Express or Special Courier:
Board of Occupational Therapy
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243**

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.
4. **We will discuss application status with the applicant, applicant's spouse or to whomever may hold power of attorney only.** Please inform hospitals, employers, recruiters, referral companies or insurance companies that application status updates must be obtained from the applicant. A status report will be mailed to the address listed on the application.
5. If necessary documentation has not been received when your application has been received by the Board office, an initial deficiency letter will be sent to you by mail.
6. **Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial certification determination made. You will be promptly notified by letter of initial determination.**
7. It is recommend that you do not make arrangements to accept employment as an Occupational Therapy Practitioner in Tennessee until you are granted a certificate or limited permit by the Board of Occupational Therapy.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

IMPORTANT: You must have either a Tennessee Limited Permit or License from the Board in your possession before you may lawfully practice as either an Occupational Therapist or Occupational Therapy Assistant.

TAPE A CURRENT,
FULL-FACE
PHOTOGRAPH HERE

(SIGNED BY APPLICANT
ON THE FRONT
OF THE PHOTO)



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

BOARD OF OCCUPATIONAL THERAPY LICENSURE APPLICATION CERTIFICATION ALTERNATIVES

Choose the appropriate licensure category and method for which you are applying. See the Practice Act and the Rules and Regulations to determine the requirements for each category of practitioner.

- A. Occupational Therapist Licensure
 Reciprocity from another state
 Examination **with** limited permit.
 Examination **without** limited permit.
- B. Occupational Therapy Assistant Licensure
 Reciprocity from another state
 Examination **with** limited permit
 Examination **without** limited permit

PERSONAL INFORMATION

Name: _____
Last First Middle Maiden (if not used as your middle name)

Social Security Number*: _____ U.S. Citizen: Yes ___ No ___
All applicants must complete the Declaration of Citizenship form

Date of Birth: _____ Entitled to Live and Work in the U.S. Yes ___ No ___

Mailing Address: _____
_____ Zip _____

Practice Address: _____
_____ Zip _____

E-mail address: _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office. ___ Yes ___ No

Race: _____ Phone: Home: _____

Gender: Female ___ Male ___ Office: _____

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes ___ No ___

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes ___ No ___

Have you ever been known by any other names besides what is listed above? Yes ___ No ___
If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known:

*You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code Ann. §36-5-1301(a), as authorized by 42 U.S.C. §405 (c) (2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that the Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments in your profession;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice YES NO
___ ___
2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? ___ ___

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

COMPETENCY INFORMATION CONTINUED

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.		YES	NO
3.	At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	___	___
4.	Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	___	___
5.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	___	___
6.	Have you ever held or applied for a license, privilege, registration or certificate to practice your profession in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	___	___
7.	Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	___	___
8.	Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?	___	___
9.	Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	___	___
10.	Have you ever been rejected or censured by a professional association or society?	___	___
11.	In relation to the performance of your professional services in any profession:	___	___
	a. Have you ever had a final judgment rendered against you;	___	___
	b. Have you ever entered into any settlement of any legal action; or	___	___
	c. Are there any legal actions pending against you or to which you are a party?	___	___
12.	Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?	___	___
13.	My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)	___	___

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) *(City)* *(State)*

being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice of my profession in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice in my profession.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

SIGNATURE

DATE

FEE SCHEDULE FOR THE BOARD OF OCCUPATIONAL THERAPY

CIRCLE AND PAY ONLY **ONE** METHOD OF APPLICATION

OCCUPATIONAL THERAPIST

OT <input type="checkbox"/> By Examination without limited permit or by Reciprocity: (Total fee due \$ 110.00)		
\$ 100.00	APPLICATION FEE	95-001
\$ 10.00	STATE REGUALTORY FEE	95-006

OT <input type="checkbox"/> By Examination with limited permit: (Total fee due \$ 135.00)		
\$ 100.00	APPLICATION FEE	95-001
\$ 25.00	LIMITED PERMIT FEE	95-001
\$ 10.00	STATE REGUALTORY FEE	95-006

NAME OF APPLICANT: _____
(PLEASE PRINT)

ATTACH CHECK OR MONEY ORDER PAYABLE TO STATE OF TENNESSEE TO THIS PAGE AND ATTACH THIS PAGE TO THE FRONT OF THE APPLICATION IF APPLYING AS AN **OCCUPATIONAL THERAPIST**.

FEE SCHEDULE FOR THE BOARD OF OCCUPATIONAL THERAPY

CIRCLE AND PAY ONLY **ONE** METHOD OF APPLICATION

OCCUPATIONAL THERAPY ASSISTANT

OTA <input type="checkbox"/> By Examination without limited permit or by Reciprocity: (Total fee due \$ 85.00)		
\$ 75.00	APPLICATION FEE	95-001
\$ 10.00	STATE REGUALTORY FEE	95-006

OTA <input type="checkbox"/> By Examination with limited permit: (Total fee due \$ 110.00)		
\$ 75.00	APPLICATION FEE	95-001
\$ 25.00	LIMITED PERMIT FEE	95-001
\$ 10.00	STATE REGUALTORY FEE	95-006

NAME OF APPLICANT: _____

(PLEASE PRINT)

ATTACH CHECK OR MONEY ORDER PAYABLE TO STATE OF TENNESSEE TO THIS PAGE AND ATTACH THIS PAGE TO THE FRONT OF THE APPLICATION IF APPLYING AS AN **OCCUPATIONAL THERAPY ASSISTANT**.

TENNESSEE BOARD OF OCCUPATIONAL THERAPY
LIMITED PERMIT REQUEST

Tennessee only issues one permit to those individuals who are scheduled to take the examination **for the first time**. **If you have previously failed the examination once in any state, you are not eligible for a limited permit in Tennessee.** Complete this form only if you are **eligible** to sit the next scheduled NBCOT exam and requesting a limited permit to work in Tennessee.

TO BE COMPLETED BY APPLICANT

PLEASE PRINT IN INK

I, _____, an applicant for licensure by
(Applicant's Name)
examination, do hereby request a permit for use until receipt of my examination results. The Tennessee Occupational
Therapist who will be providing my supervision is, _____
(Supervisor's Name)
certificate number _____. The name and address of the facility where the
(Certificate #)
permit will be used is:

Facility Name: _____

Street Address: _____

City, State, Zip: _____

Facility Phone Number: (_____) - _____

LIMITED PERMIT AFFIDAVIT OF SUPERVISOR

PLEASE PRINT IN INK (To be completed by supervisor in the presence of a notary public.)

I, _____ will have the responsibility for direct supervision
(Supervisor's Name)
of the occupational therapy services delivered by the above-named applicant, who has applied for licensure as an
(circle one) occupational therapist/occupational therapy assistant in Tennessee, during the tenure of his/her limited
permit.

TN Certificate #

Supervisor's Facility Address: _____

Phone #: (_____) - _____

Subscribed and sworn before me this _____ day of _____, _____.

_____ My Commission Expires _____

Notary Public and Notary Seal