Application Letter of Instruction

TYPES OF LICENSES AVAILABLE

- **Active License** - Applicants must have current certification by NBCOT.

  An occupational therapist or occupational therapy assistant who intends to practice occupational therapy in the State of Nevada may apply for an active license. An active license will expire twelve (12) months from date of issuance, and may be renewed annually.

  The license renewal period begins 60 days prior to the date of expiration of the license.

- **Temporary License** - Applicants must have current certification by NBCOT.

  A temporary license may be requested by an individual who:

  1. Is an occupational therapist or occupational therapy assistant who is licensed in another state and intends to practice in this state for a period of less than 12 months; or
  2. Is a veteran or military spouse who requests expedited processing pending receipt of documentation requirements required for an active license in the State of Nevada.

  A temporary license will expire six (6) months from the date on which it was issued and may be renewed for one additional 6-month period. A temporary license may be converted to an active license.

- **Provisional License** - Applicants must be a graduate of a school of occupational therapy.

  A provisional license may be requested by a person who:

  1. is a graduate of a school of occupational therapy but has not taken or passed the NBCOT examination; or
  2. an occupational therapist or occupational therapy assistant who was previously certified but does not have current certification by NBCOT **and** has not practiced occupational therapy for 5 years or more.

  A provisional license will expire six (6) months from the date on which it was issued. A provisional license may be renewed for one additional 6-month period. A provisional license may be converted to an active license when the licensee obtains current NBCOT certification.

**Applications and Fees**

Payment must be submitted at time of application. Incomplete applications, or applications received without payment will be returned to the applicant. Fees may be paid by credit card through our website, [www.nvot.org](http://www.nvot.org), Click to Pay, or by check or money order payable to the “Board of Occupational Therapy”.
REQUIRED DOCUMENTATION AND INFORMATION

ALL LICENSES: Completed Application for Licensure - Applications are required to be notarized, contain original signatures, and a photograph, no less than 2” x 2” must be affixed.

- Verification of Certification – Current certification status must be submitted with your application. Acceptable documentation:
  - on-line verification printout from NBCOT; or
  - request written verification from NBCOT to be sent directly to the Board.

- Educational Transcripts - An official transcript from the school, college or university where you received your qualifying degree is required. The official transcript may be sent directly from the school or attached in a sealed envelope.

- Verification of Licensure in Another State – Verification of your license status and disciplinary history must be provided for all jurisdictions in which you have held a license in the previous 5 years. Acceptable documentation for verification purposes:
  - Written verification received directly from the regulatory entity; or
  - On-line verification printout from official regulatory entity website dated within 10 days of date of application; or
  - electronic verification received directly from the regulatory entity.

- Veterans / Military Spouses – Expedited processing may be requested by completing the Veteran / Military Spouse certification. A copy of all current licenses are required to be attached to the application pending official verification of license status in another state.

Provisional License Applications

In addition to the requirements for an Active license; with the exception of NBCOT certification:

- NBCOT Confirmation of Examination Registration and Eligibility to Examine

Submit request directly to NBCOT with applicable fee. NBCOT forms and applicable fees can be obtained from the NBCOT website www.nbcot.org. Confirmation must be sent directly to the Board by NBCOT.

Note: NBCOT Score Report or Verification of Certification is required for conversion to active license.

Additional Documentation Requirements Upon Licensure

- Supervisory Change Report – All COTA and provisional licensees are required to be under the supervision of a Nevada licensed occupational therapist. Completed form must be submitted to the Board within 15 days from start of employment in Nevada.

- Employment Change Report – Completed form must be submitted within 15 days from start of employment in Nevada. Subsequent changes must be reported within 30 days of that change.
WHAT TO EXPECT

- **Application Processing Timeline** – Please allow 3-5 weeks from date of application for receipt of all required documentation and processing.
- **Communication with the Board** - Status of license applications can be requested by e-mail or telephone.
- **Reciprocity** - All applicants must meet Nevada licensure requirements. Veterans and Military spouses who are licensed in another State are eligible for a temporary license pending receipt of required licensure documentation.
- **Incomplete Applications** – Documentation required to complete License Applications must be received within 90 days from date of submittal of the application or the application will be returned as “incomplete”.
- **Additional Information** - Please contact the Board office for additional information.

LICENSE FEE SCHEDULE

The fee schedule includes the non-refundable application processing fee of $150.00.

<table>
<thead>
<tr>
<th></th>
<th>OTR</th>
<th>COTA</th>
</tr>
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<tbody>
<tr>
<td>Active License</td>
<td>$ 400.00</td>
<td>$ 325.00</td>
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<tr>
<td>Temporary License</td>
<td>$ 300.00</td>
<td>$ 250.00</td>
</tr>
<tr>
<td>Provisional License</td>
<td>$ 300.00</td>
<td>$ 250.00</td>
</tr>
</tbody>
</table>
# LICENSE APPLICATION

- **Active** □
- **Temporary** □
- **Provisional** □

_____ Occupational Therapist  _____ Occupational Therapy Assistant

## Personal Data

| Legal Name: | [ ] |
| Mailing Address: | [ ] |
| Street / P.O. Box | City | State | ZIP |
| Social Security No.: | Home Phone ( ) | E-mail Address: |
| Alternate / Cell Phone ( ) | |

- □ US Citizen or □ Authorized to Work in the US

| Date of Birth | Place of Birth | Sex | [ ] |
| Maiden/Other Names Used – effective date(s): | [ ] |

## NBCOT Certification Status

- Are you currently certified by NBCOT? □ Yes □ No Certification No. [ ]
- If NO - have you applied for renewal? □ Yes □ No Date Submitted [ ]

**New Graduates Only** – Are you scheduled to take the NBCOT national examination? □ Yes □ No

| Date Taken | Passed: □ Yes □ No or Date Scheduled | [ ] |

## Education / Training

| Educational Institution/City/State: | [ ] |
| Date Graduated | Major | Degree Awarded | [ ] |

## Professional Licensing History (attach additional sheets if necessary)

- Are you now or have you ever been licensed, certified or registered as an occupational therapist or occupational therapy assistant in any jurisdiction? □ Yes □ No

| State/Jurisdiction: | License #: | Issue Date | Expiration Date | [ ] |
| State/Jurisdiction: | License #: | Issue Date | Expiration Date | [ ] |
| State/Jurisdiction: | License #: | Issue Date | Expiration Date | [ ] |

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**BOARD USE ONLY**

| License No. | Date Issued | [ ] |
|-------------|-------------| [ ] |

- □ Fees Paid: □ Credit Card or □ Money Order /Check # | Amount: [ ] |
- □ Transcripts □ NBCOT Verification □ License Verification(s)
Professional Employment History (5 years) – attach additional sheets if necessary

1. **Current Nevada Employer:______________**  
   Start Date __________  
   Address: ___________________________ Phone: ___________________________  
   Street/PO Box, City, State, Zip

2. **Employer:______________**  
   Dates (From/To) __________  
   Address: ___________________________ Phone: ___________________________  
   Street/PO Box, City, State, Zip

3. **Employer:______________**  
   Dates (From/To) __________  
   Address: ___________________________ Phone: ___________________________  
   Street/PO Box, City, State, Zip

4. **Employer:______________**  
   Dates (From/To) __________  
   Address: ___________________________ Phone: ___________________________  
   Street/PO Box, City, State, Zip

Professional References – Within the past 5 Years

1. Name: ___________________________ Phone: ___________________________  
2. Name: ___________________________ Phone: ___________________________  
3. Name: ___________________________ Phone: ___________________________

Child Support Information – Please check one appropriate answer. **An answer is mandatory**

- □ I am not subject to a court order for the support of a child.
- □ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- □ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Legal Information – Explain any “YES” answers on a separate sheet of paper

- Has there ever been a complaint filed, investigation or legal action taken against your professional license for any reason? □ Yes □ No
- Are there any pending legal actions, complaints, investigations or hearings in process? □ Yes □ No
- Have you ever had a professional license, certification or registration denied, restricted, suspended or revoked? □ Yes □ No
- Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you? □ Yes □ No
- Have you ever been convicted of, or pled guilty or nolo contendere to, a violation of ANY federal or state statute, city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations.) □ Yes □ No
Acknowledgement and Declaration of Applicant

Notice as Mandatory Reporter

☐ I acknowledge I have been informed of my duty as a mandatory reporter of abuse or neglect of a child pursuant to NRS 432B.

☐ Veteran / Military Spouse: Expedited processing / temporary license requested. I declare that verifying documentation has been requested to fulfill the requirements for licensure in Nevada.

I declare, under penalty of perjury, all the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to my training or experience or my fitness to practice occupational therapy.

________________________________________  ______________________________
Signature of Applicant                             Date of Application

________________________________________
Print Name

Affix Photograph Here

Notary Public Stamp

Notary Public Signature

Date Signed