



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

BOARD OF OCCUPATIONAL THERAPY PRACTICE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT INSTRUCTION SHEET

General Information

- If you already hold a **current** Occupational Therapy license in another jurisdiction and it is the same type of license that you are applying for in Delaware, apply by *reciprocity*.
- If you do **not** hold a **current** license of the same type in another jurisdiction, you must apply by *examination*.
- Whether applying as an Occupational Therapist (OT) or Occupational Therapy Assistant (OTA), a passing score on the National Board for Certification in Occupational Therapy (NBCOT) examination is a requirement for Delaware licensure. This is true whether you're applying by reciprocity or examination.
- You may file this application before you take the NBCOT examination, but your application cannot be approved until you pass it.
- If you have not already passed the NBCOT examination when you file this application, NBCOT determines your eligibility to sit for the examination based on your education (including education received outside the United States) and your field work experience. To learn about the NBCOT eligibility requirements, visit the [NBCOT website](#).

Requirements for All Applicants

- Submit completed, signed and notarized [Application for Licensure as an Occupational Therapist or Occupational Therapy Assistant](#) to the Board office.
- Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
 - If you hold an **active** Delaware Occupational Therapist Assistant license and are applying for upgrade to an Occupational Therapist license, enclose the [upgrade fee](#) *instead of* the full processing fee.
- Arrange for the Board office to receive an official score transfer sent *directly* from NBCOT to the Board office if you took the NBCOT examination before 2007 **OR** did **not** designate Delaware to receive your scores.
 - If you took the NBCOT examination after 2006 **and** designated Delaware to receive your scores, the Board office can access your scores online. You do **not** need to request a score transfer in this situation.
 - To request the score transfer online, click [NBCOT services](#) and select Official Score Transfer.
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of licensure from *each* jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.

- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Additional Requirement for Applicants by Examination

If you are applying by examination, the following items are required *in addition to* the items listed above.

- Arrange for the Board office to receive an official transcript sent *directly* from the college or university to the Board office.
- Your school must be accredited by Accreditation Council for Occupational Therapy Education (ACOTE).
 - The transcript should show your field work experience.
- If you are applying for licensure more than three years after passing the exam, submit proof that you have completed 20 hours of continuing education (CE) in the two years before your application.
- Completion certificates are acceptable proof.
 - The CE must meet the requirements in Section 3.0 of the Board's [Rules and Regulations](#).

Supervision of Occupational Therapy Assistants

After licensure, OTs must submit the [Verification of Occupational Therapy Assistant Supervision](#) form to the Board office whenever an OTA enters or leaves the OT's supervision.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF OCCUPATIONAL THERAPY PRACTICE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

**APPLICATION FOR LICENSURE AS AN
OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT**

TYPE OF APPLICATION

1. Check the type of license you are applying for: Occupational Therapist Occupational Therapy Assistant
2. Check the item that describes your situation:
 - Reciprocity – I hold a **current** Occupational Therapy license in another jurisdiction and it is the same type of license I am now applying for in Delaware.
 - Examination – I do **not** hold a **current** Occupational Therapy license of the same type in another jurisdiction.
3. Have you ever held a Delaware OT or OTA license, including both current and lapsed licenses? Yes No
If yes, enter the license number: U ____ - _____

IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

4. Full Name: _____
Last/Family First Middle
5. Other Names Used: None _____
(Include maiden, former married names and alternate spellings.)
6. Date of Birth (month/day/year): _____ Gender: Male Female
7. Have you been issued a U.S. Social Security Number? Yes No **If yes, enter your SSN:** _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
8. Mailing Address: _____
City State Zip
9. Phone: _____ Email: _____ None
daytime evening or cell

EDUCATION – Complete this section only if you are applying by examination (see Question 2).

10. Enter the following information about your occupational therapy education.

COLLEGE/UNIVERSITY	CITY, STATE/PROVINCE & COUNTRY	DATES ATTENDED		DEGREE OR CERTIFICATE
		From	To	

Arrange for the Board office to receive an official transcript sent *directly* from the college/university to the Board office.

EXAMINATION – All applicants complete this section.

11. Have you already passed the NBCOT exam? Yes No If no, skip to the **LICENSURE HISTORY** section. If yes, complete the following information about your examination:

Examination Date: _____ Did you designate Delaware to receive your scores? Yes No

Arrange for the Board office to receive an official score transfer sent *directly* from NBCOT to the Board office unless you passed the exam after 2006 and you designated Delaware to receive your scores.

12. If you are applying by examination (see Question 2), have more than three years passed since you passed the NBCOT exam? Yes No **If yes, submit proof of that you have completed 20 hours of continuing education in the past two years.**

LICENSURE HISTORY – All applicants complete this section.

13. Have you ever held a license to practice occupational therapy in another jurisdiction (state, U.S. territory or District of Columbia)? Yes No If yes, list *each* jurisdiction where you have ever held a license(s). If you need more room, enclose a separate sheet.

JURISDICTION	TYPE	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE
	OT <input type="checkbox"/> OTA <input type="checkbox"/>			
	OT <input type="checkbox"/> OTA <input type="checkbox"/>			
	OT <input type="checkbox"/> OTA <input type="checkbox"/>			

Arrange for a verification of licensure to be sent *directly* to the Board office from each jurisdiction listed.

DISCLOSURES – All applicants complete this section.

14. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**

15. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**

16. Have you ever voluntarily surrendered a license? Yes No **If yes, enclose a statement explaining fully. Include all relevant documents.**

17. Have you received any administrative penalties regarding your practice of occupational therapy in any jurisdiction, including but not limited to the following.

- Fines? Yes No
- Formal reprimands? Yes No
- License suspensions? Yes No
- License revocations (except for non-payment of fees)? Yes No
- Probationary limitations? Yes No
- Other? Yes No If yes, what kind of penalty: _____

If yes to any item, enclose a statement explaining fully. Include all relevant documents.

18. Have you entered into any consent agreements containing conditions that a licensing board has placed on your professional conduct and practice? Yes No **If yes, enclose a statement explaining fully. Include all relevant documents.**

19. Do you have any impairment related to drugs or alcohol that would limit your practice to occupational therapy? Yes No **If yes, enclose a statement explaining fully. Include all relevant documents.**

DUTY TO REPORT – All applicants complete this section.

20. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):

- medically incompetent
- mentally or physically unable to engage safely in the practice of medicine
- excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730, 24 Del. C. §1731 and 24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

21. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board’s meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, allow 4-8 weeks to receive your license.

AFFIDAVIT AND INFORMATION RELEASE

I affirm under oath before the undersigned authority that I am the applicant in the foregoing application and that:

- I have read and agree to abide by Title 24, Chapter 20 of the *Delaware Code* and all Rules and Regulations.
- I will inform the Delaware Board of Occupational Therapy Practice within 30 days of a name or address change.
- I will not practice occupational therapy nor represent myself to do so without a current Delaware license in my possession.
- I will abide by the Board’s rules concerning supervision of aides and licensees.
- If licensed as an Occupational Therapist, I will provide the required level of supervision to any aide or Occupational Therapy Assistant. I will complete all required logs and documentation of supervision.

I hereby authorize the National Board for Certification in Occupational Therapy to release to the Delaware Board of Occupational Therapy Practice any information requested by the Board in connection with this application.

I certify that the information in this application is complete and true. I understand that the intentional inclusion of false or fraudulent information in this application, or the material omission of information which might have a bearing on licensure, may result in the denial of licensure and will be reported to the Attorney General for further action.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____ 2_____.

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DelDOT & Troop 4)
By appointment only
Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at www.fbi.gov – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

AUTHORIZATION FOR RELEASE OF INFORMATION
CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT) | <input type="checkbox"/> Physical Therapy/Athletic Trainer |
| <input type="checkbox"/> Charitable Gaming Vendor | <input type="checkbox"/> Nursing (RN, LPN, APRN) | <input type="checkbox"/> Podiatry |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Nursing Home Administrator | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Dental | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral | <input type="checkbox"/> Optometry | <input type="checkbox"/> Speech/Hearing |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) | | <input type="checkbox"/> Texas Hold'em Individual |

Print your current full name:

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.