



CANNON BUILDING  
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STATE OF DELAWARE  
DEPARTMENT OF STATE  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF OCCUPATIONAL THERAPY PRACTICE

TELEPHONE: (302) 744-4500  
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## 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 you're 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 a 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.
- 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 5.0 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.



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### 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 already 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: O \_\_\_ - \_\_\_\_\_

### IDENTIFYING AND CONTACT INFORMATION – All applicants complete this section.

4. Full Name: \_\_\_\_\_  
Last/Family First Middle
5. Other Names Used: \_\_\_\_\_  
(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: \_\_\_\_\_  
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"/>			
	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. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**

15. Are any criminal charges pending against you in any jurisdiction? Yes  No  **If yes, enclose a statement explaining fully. Include any relevant documents.**

16. 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.**

17. 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.**

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

19. Have you been the recipient of 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.**

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

21. 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.

22. 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

23. 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 six months of filing may be considered abandoned and discarded. When your application is complete, please 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.**