



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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BOARD OF OCCUPATIONAL THERAPY

VERIFICATION OF LICENSURE FOR OCCUPATIONAL THERAPISTS/ASSISTANTS

Section 1 – To be completed by OT/OTA applying for Delaware license. Applicant must forward this form to their state Board(s) of Occupational Therapy for completion.

Section 2 – To be completed by applicant’s state Board of Occupational Therapy and returned to the Delaware Board of Occupational Therapy.

SECTION 1 - TO BE COMPLETED BY THE DELAWARE APPLICANT FOR LICENSURE:

Name: _____

Address: _____

City/State: _____

License Number/Name of state _____

SECTION 2 - TO BE COMPLETED BY APPLICANT’S STATE BOARD OF OCCUPATIONAL THERAPY:

Please verify the licensure status of the above named Occupational Therapist/Occupational Therapy Assistant in your state by providing the Delaware Board of Occupational Therapy with the following information:

License Number _____ Date Issued _____

Check type of licensee () OTR () COTA Expiration Date _____

Is the applicant currently licensed? () Yes () No

Has his/her license ever been surrendered, suspended or revoked? () Yes () No

(If license has been surrendered, suspended or revoked, please provide disciplinary information on the reverse side of this form and include certified copy of Decision and Order/Consent Agreement.)

The Board of _____ of the State of _____
certifies that the above information is correct.

Signature of Board official: _____

Title of official: _____ Date: _____ (Board Seal)

Please return completed form to Board office at address above