



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## APPLICATION FOR OCCUPATIONAL THERAPIST AND OCCUPATIONAL THERAPY ASSISTANT LICENSURE AND RELICENSURE

Authority: 1978 PA 368

**Print or Type Clearly**

Applicant's First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>	
Address			
City	State	Zip Code	Country
Telephone Number	Email Address		

List any other name or alias by which you have ever been known, including maiden name, if applicable:

\_\_\_\_\_

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY																										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Occupational Therapist – By Endorsement</td> <td style="width: 15%; text-align: right;"><b>\$ 95.95</b></td> <td style="width: 50%;">5201-09</td> </tr> <tr> <td>Occupational Therapist – By Exam</td> <td style="text-align: right;"><b>\$ 95.95</b></td> <td>5201-01</td> </tr> <tr> <td>Occupational Therapist – Relicensure</td> <td style="text-align: right;"><b>\$115.95</b></td> <td>5201-06</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Occupational Therapist Asst. – By Endorsement</td> <td style="text-align: right;"><b>\$ 95.95</b></td> <td>5202-09</td> </tr> <tr> <td>Occupational Therapist Asst. – By Exam</td> <td style="text-align: right;"><b>\$ 95.95</b></td> <td>5202-01</td> </tr> <tr> <td>Occupational Therapist Asst. – Relicensure</td> <td style="text-align: right;"><b>\$115.95</b></td> <td>5202-06</td> </tr> </table>	Occupational Therapist – By Endorsement	<b>\$ 95.95</b>	5201-09	Occupational Therapist – By Exam	<b>\$ 95.95</b>	5201-01	Occupational Therapist – Relicensure	<b>\$115.95</b>	5201-06				Occupational Therapist Asst. – By Endorsement	<b>\$ 95.95</b>	5202-09	Occupational Therapist Asst. – By Exam	<b>\$ 95.95</b>	5202-01	Occupational Therapist Asst. – Relicensure	<b>\$115.95</b>	5202-06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">License Number</td> <td style="width: 40%;">Issue Date</td> </tr> <tr> <td style="height: 200px;"> </td> <td> </td> </tr> </table>	License Number	Issue Date			
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<p>Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b>, must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.</p>																											

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Professional Education**  
(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held an occupational therapy license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed against a license or registration, you must submit documentation that sanctions are not in force at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination/Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?

**Good Moral Character Questions**

If you answer “yes” to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony? Yes      No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance? Yes      No

**CERTIFICATION AND SIGNATURE**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Required Additional Documents:**

### **All Applicants**

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years***).
- An applicant whose occupational therapist or occupational therapy assistant educational program was taught in a language other than English shall submit a certified score on the Test of English as a Foreign Language – Internet Based Test (TOEFL-IBT).
- All applicants for licensure and relicensure must take and pass the 28-question jurisprudence examination before licensure can be issued. The passing score on the exam is 75% (21/28). The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Occupational Therapy and the Michigan Public Health Code Article 1, parts 11 and 12 and Article 15, parts 161 and 183. Effective June 1, 2017 licensure candidates must take the jurisprudence examination through PSI. You may contact PSI to schedule your exam by visiting [www.psiexams.com](http://www.psiexams.com) or by calling PSI at 800-733-9267.

### **Occupational Therapist/Occupational Therapy Assistant License by Endorsement**

**Applicants for licensure by endorsement who have been licensed in another state and have practiced occupational therapy for 5 years or more at the time of application must submit the following:**

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as an occupational therapist/therapist assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Certification of your NBCOT examination scores submitted directly to this office from the examination agency. Contact the National Board for Certification in Occupational Therapy (NBCOT) (formerly the AOTCB) to have the results sent directly to this office if you did not request that your scores be sent to Michigan when you took the exam. Contact the NBCOT at (301) 990-7979 or on their website [www.nbcot.org](http://www.nbcot.org).

**Applicants for licensure by endorsement who have been licensed in another state and have practiced occupational therapy for less than 5 years at the time of application must submit the following:**

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as an occupational therapist/therapist assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Certification of your NBCOT examination scores submitted directly to this office from the examination agency. Contact the National Board for Certification in Occupational Therapy (NBCOT) (formerly the AOTCB) to have the results sent directly to this office if you did not request that your scores be sent to Michigan when you took the exam. Contact the NBCOT at (301) 990-7979 or on their website [www.nbcot.org](http://www.nbcot.org).
- Official transcripts submitted directly to this office from the approved occupational therapy educational program from which you graduated. Transcripts must include the date your occupational therapy degree was conferred.

### **Occupational Therapist/Occupational Therapy Assistant License by Exam**

- Official transcripts submitted directly to this office from the approved occupational therapy educational program from which you graduated. Transcripts must include the date your occupational therapy degree was conferred.
- Certification of your NBCOT examination scores submitted directly to this office from the examination agency. Contact the National Board for Certification in Occupational Therapy (NBCOT) (formerly the AOTCB) to have the results sent directly to this office if you did not request that your scores be sent to Michigan when you took the exam. Contact the NBCOT at (301) 990-7979 or on their website [www.nbcot.org](http://www.nbcot.org).

### **Occupational Therapist/Occupational Therapy Assistant Relicensure**

**NOTE: If an applicant for relicensure needs to complete the supervised practice experience, the applicant may petition the Board to be granted a 1-year limited license for the sole purpose of completing the required work experience. You must submit your request in writing at the time you apply for relicensure.**

**Applicants for an occupational therapist/occupational therapy assistant license by relicensure who's license has been lapsed for LESS than 3 years at the time of application must submit the following:**

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as an occupational therapist/therapist assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- You must take and pass the 28-question jurisprudence examination before licensure can be issued. The passing score on the exam is 75% (21/28). The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Occupational Therapy and the Michigan Public Health Code Article 1, parts 11 and 12 and Article 15, parts 161 and 183. Effective June 1, 2017 licensure candidates must take the jurisprudence examination through PSI. You may contact PSI to schedule your exam by visiting [www.psiexams.com](http://www.psiexams.com) or by calling PSI at 800-733-9267.

**Applicants for an occupational therapist/occupational therapy assistant license by relicensure who's license has been lapsed for MORE than 3 years at the time of application must submit the following:**

- You must take and pass the 28-question jurisprudence examination before licensure can be issued. The passing score on the exam is 75% (21/28). The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Occupational Therapy and the Michigan Public Health Code Article 1, parts 11 and 12 and Article 15, parts 161 and 183. Effective June 1, 2017 licensure candidates must take the jurisprudence examination through PSI. You may contact PSI to schedule your exam by visiting [www.psiexams.com](http://www.psiexams.com) or by calling PSI at 800-733-9267.
- Submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application confirmation letter that will be sent when your application and fee are processed. DO NOT have your fingerprints taken prior to receiving this information.
- Either of the following requirements:
  - a. Certification of your NBCOT examination scores submitted directly to this office from the examination agency. Contact the National Board for Certification in Occupational Therapy (NBCOT) (formerly the AOTCB) to have the results sent directly to this office if you did not request that your scores be sent to Michigan when you took the exam. Contact the NBCOT at (301) 990-7979 or on their website [www.nbcot.org](http://www.nbcot.org).
  - b. Verification that you have been an occupational therapist/occupational therapy assistant in another state during the 3-year period immediately preceding the application for relicensure. Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as an occupational therapist/therapist assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Applicants who meet the above requirement shall complete a supervised practice experience that meets the requirements of R 338.1228 and the duration of the experience shall be as follows:
  - a. If license has been lapsed for at least 3 years but less than 7 years – applicant shall complete not less than 200 hours of supervised practice experience.
  - b. If license has been lapsed for 7 years to 15 years – applicant shall complete not less than 400 hours of supervised practice experience.
  - c. If license has been lapsed for more than 15 years – applicant shall complete not less than 1000 hours of supervised practice experience.

**Occupational Therapist/Occupational Therapy Assistant Relicensure Continued**

**Applicants for an occupational therapist/occupational therapy assistant license by relicensure who's license has been lapsed for 3 years or more and you are NOT currently licensed in another state at the time of application must submit the following:**

- You must take and pass the 28-question jurisprudence examination before licensure can be issued. The passing score on the exam is 75% (21/28). The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Occupational Therapy and the Michigan Public Health Code Article 1, parts 11 and 12 and Article 15, parts 161 and 183. Effective June 1, 2017 licensure candidates must take the jurisprudence examination through PSI. You may contact PSI to schedule your exam by visiting [www.psiexams.com](http://www.psiexams.com) or by calling PSI at 800-733-9267.
- Submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application confirmation letter that will be sent when your application and fee are processed. DO NOT have your fingerprints taken prior to receiving this information.
- You will be required to take and pass the NBCOT certification examination for occupational therapy. Contact the National Board for Certification in Occupational Therapy (NBCOT) online at [www.nbcot.org](http://www.nbcot.org) or at (310) 990-7979 to register for the exam.
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you ever held a license as an occupational therapist/therapist assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Applicants who meet the above requirement shall complete a supervised practice experience that meets the requirements of R 338.1228 and the duration of the experience shall be as follows:
  - a. If license has been lapsed for at least 3 years but less than 7 years – applicant shall complete not less than 200 hours of supervised practice experience.
  - b. If license has been lapsed for 7 years to 15 years – applicant shall complete not less than 400 hours of supervised practice experience.
  - c. If license has been lapsed for more than 15 years – applicant shall complete not less than 1000 hours of supervised practice experience.