

Board of Occupational Therapists

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense

**OCCUPATIONAL THERAPIST AND OCCUPATIONAL THERAPY ASSISTANT
LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Occupational Therapy. Questions regarding your application can be directed to the Michigan Board of Occupational Therapy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. If an applicant fails to complete the requirements for registration within two years from the date of filing the application, the application is no longer valid.

OCCUPATIONAL THERAPIST

1. Complete the application and submit the appropriate fee. Applications submitted without the fee will be returned. An application accompanied by the appropriate fee is valid for two years.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Have official transcripts submitted directly to this office from an approved occupational therapist educational program.
4. Arrange for a score report of your NBCOT (formerly the AOTCB) examination results to be forwarded to this office directly from NBCOT. If you did not request that your scores be sent to Michigan when you took the exam, you must contact NBCOT at 301-990-7979 to transfer your scores. You may also download a form for this purpose from www.nbcot.org. Click on Exam Candidates and Candidate Forms.
5. Verification of licensure from any state where you hold or have ever held a permanent occupational therapist license or registration must be sent to the Michigan Board. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required. The Verification of Licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
6. If you are applying for licensure by endorsement (currently licensed as an OT in another state) and have been registered or licensed as an OTR in the other state for a minimum of 5 years prior to the date of filing an application for Michigan licensure, you do not need to submit the documentation identified in instructions 3 and 4 above. Those endorsement applicants not meeting this requirement must submit all documentation listed above.

OCCUPATIONAL THERAPY ASSISTANT

1. Complete the application and submit the appropriate fee. Applications submitted without the fee will be returned. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for registration within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Have official transcripts submitted directly to this office from an approved occupational therapy assistant educational program.
4. Arrange for a score report of your NBCOT (formerly the AOTCB) examination results to be forwarded to this office directly from NBCOT. If you did not request that your scores be sent to Michigan when you took the exam, you must contact NBCOT at 301-990-7979 to transfer your scores. You may also download a form for this purpose from www.nbcot.org. Click on Exam Candidates and Candidate Forms.
5. Verification of licensure from any state where you hold or have ever held a permanent occupational therapist assistant license or registration must be sent to the Michigan Board. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required. The Verification of Licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
6. If you are applying for licensure by endorsement (currently licensed as an OTA in another state), and have been registered or licensed as an OTA in the other state for a minimum of 5 years prior to the date of filing an application for Michigan licensure, you do not need to submit the documentation identified in instructions 3 and 4 above. Those endorsement applicants not meeting this requirement must submit all documentation listed above.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Occupational Therapy in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form (along with supporting legal documentation) to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Occupational Therapy in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are not eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. **ORIGINAL LICENSES ARE VALID FOR ONE YEAR OR LESS, SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.**



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

LICENSURE APPLICATION

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Type or Print

I AM APPLYING FOR THE FOLLOWING:

- OT by Examination Fee: \$90.00 71-5201-01
- OTA by Examination Fee: \$90.00 71-5202-03
- OT by Endorsement Fee: \$90.00 71-5201-09
- OTA by Endorsement Fee: \$90.00 71-5202-09

Board Use Only
License Number:
Date of Licensure:

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

Legal First Name		Legal Middle Name		Legal Last Name	
U.S. Social Security Number			Date of Birth		Daytime Telephone Number
Street Address				E-mail Address	
City		State		ZIP Code	
All Previous Names and/or Birth Name Used (if applicable)					
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes			Michigan Health Professional Permanent I.D./License Number and Expiration Date		

Check the appropriate answer to each of the following questions. **NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No
9. Do you hold or have you ever held an OT or OTA a permanent license or registration in any state? Yes No
 If yes, list each state, the license number, the date issued, and how the license or registration was obtained (either endorsement or examination). You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)

State	License/Registration Number	Date of Issue	How obtained (Endorsement or examination)

10. Have you taken the NBCOT (formerly AOTCB) certification examination for OT or OTA ? Yes No
 Date: _____

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their 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 Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my registration and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions
P.O. Box 30670
Lansing, MI 48909
www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture <input type="checkbox"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Admin. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> Sanitarian <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board