Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Occupational Therapy
PO Box 30670
Lansing MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

OCCUPATIONAL THERAPY ASSISTANT
ENDORSEMENT APPLICATION PACKET

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OCCUPATIONAL THERAPY ASSISTANT ENDORSEMENT INSTRUCTIONS

* Please read application instructions carefully and answer all questions completely.
Failure to do so may cause a delay in your application process.*

Applicants for a occupational therapy assistant license by endorsement (currently licensed in another state) must be registered or licensed as an occupational therapy assistant in another state **prior** to the date of filing an application for Michigan licensure.

If you have been registered or licensed as an OTA in another state for a minimum of 5 years prior to the date of filing an application for Michigan licensure please submit the following:

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Occupational Therapy.

2. Applicants for a Michigan health professional license or registration are required to 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 license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.

3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**

If you have NOT 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 will need to submit the following:

1. You must complete and submit the application for licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Occupational Therapy.

2. Applicants for a Michigan health professional license or registration are required to 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 license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.

3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**

4. Have official transcripts submitted directly to this office from the approved occupational therapist assistant educational program from which you graduated. Transcripts must include the date your occupational therapist assistant degree was conferred.

5. 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.

Please Note:

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

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Health Licensing Division
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FOR BOARD USE ONLY
License Number:
Issue Date:

APPLICATION FOR ENDORSEMENT

I am applying for the following:

☐ Occupational Therapy Assistant by Endorsement Fee: $95.75 [71-5202-09]

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.

1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg #:	
City:	State:	Zip Code:
Country:		
Phone Number:	Email Address:	
Have you ever held a health professional license in any profession in Michigan?	☐ Yes ☐ No	
Was your health professional license issued after 2008?	☐ Yes ☐ No	
Health Professional Permanent I.D./License Number:	Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):	☐ Yes ☐ No	
Will documents be received under any other name? If yes, list name(s):	☐ Yes ☐ No	
Have you ever filed an application for this type of license in Michigan?	☐ Yes ☐ No	

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? ☐ Yes ☐ No

If yes, please explain

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)? ☐ Yes ☐ No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? ☐ Yes ☐ No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling $200,000 in any consecutive 5 year period? ☐ Yes ☐ No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country? ☐ Yes ☐ No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified? ☐ Yes ☐ No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years? ☐ Yes ☐ No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name:

3. Professional Education

Name of Institution	Address of Institution	Graduation Date	Certificate/Diploma/Degree Granted

3. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES**. (Attach additional sheets if necessary.)

☐ Yes
☐ No

State/Country	Permanent License/ Registration Number	Date of Issue	Number of Years Licensed	Expiration Date	How Obtained (Exam or Endorsement)

4. CERTIFICATION

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 Central Records Division of the Michigan Department of State Police, 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 license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____

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.

Please print out the Application (Pages 4-6). Sign and date your application, and submit the application along with any supporting documentation and with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Occupational Therapy
PO Box 30670
Lansing MI 48909

APPLICATION CHECKLIST

❒ **Application Fee:** Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

❒ **1. Demographic Information:** Social Security Number: Please list only a United States Social Security number.

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Professional Licensing in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Professional Licensing. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

❒ **2. Personal Data Questions:** All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

❒ **3. Professional Education:** List your current or completed professional school. Indicate degree/certificate/ diploma earned. List graduation and/or anticipated graduation date.

❒ **4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held an occupational therapist assistant license or registration. Indicate method of licensure - examination or endorsement.

❒ **5. Certification:** You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **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.

2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Occupational Therapy office.

3. Applications and mail are processed as quickly as possible in date-received order.

4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.

5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.

6. Supporting documentation will not be accepted if faxed into our office.

7. REFUND POLICY: If you wish to withdraw your application, you must notify the Board of Occupational Therapy in writing to request a partial refund.

8. If your name and/or address changes please notify the Board of Occupational Therapy in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Occupational Therapy, Applications Section, PO Box 30670, Lansing MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Occupational Therapy, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming May 31 renewal date. Each subsequent license will cover a full two-year cycle.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Professional Licensing	www.michigan.gov/bpl
Health Professions Licensing Division	www.michigan.gov/healthlicense
Michigan Board of Occupational Therapy Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

Identogo	www.identogo.com