



Executive Council of Physical Therapy and Occupational Therapy Examiners

1801 Congress Ave Ste 10.900
(512) 305-6900

Austin, TX 78701
ptot.texas.gov

OT/OTA Application for Initial Texas Licensure: General Application Information

This is the paper application for initial licensure. The Board's online application system may instead be accessed from this link: <https://ptot.texas.gov/ot-application>. Payment may only be submitted electronically (e.g. credit card, electronic check) through the online application system.

Applicants: Please see the following information below. This is just an overview of licensing requirements. Additional requirements (such as items that must be submitted) and regulations apply.

See the OT Act and Rules (<https://ptot.texas.gov/ot-acts-and-rules>) and the OT Application page (<https://ptot.texas.gov/ot-application>) for additional information and regulations. Please note that Chapter 364 of the OT Rules details initial licensure requirements. The OT Application page includes information about submitting required items.

Remember that after completing all requirements, the OT or OTA license must be issued and you must be able to verify current licensure and the license's expiration date on the Board's verification page (<https://ptot.texas.gov/look-up-a-license>) before representing yourself or working as an OT or OTA in Texas.

Note on completing this form:

This application is a fillable PDF and responses may be completed on certain electronic devices, such as a computer. Responses may be typed, handwritten, or completed with a combination of typed and handwritten responses in the designated fields; however, this form may not be electronically signed or dated. The application will be accepted only if information is printed legibly and use black or dark blue ink. Note that only a certain number of characters may fit in a field when typing; ensure your complete response is included.

The form must be printed, signed and dated, and mailed to the Executive Council's physical address. Mail the original completed application, not a copy. Note that the Board cannot provide any technical assistance regarding the fillable elements of this form.

All applicants for initial Texas licensure shall:

(1) submit a complete application form and non-refundable application fee as set by the Executive Council;

(2) submit in paper or electronic form a current color photograph that meets the requirements for a U.S. passport. A photograph in electronic form must be of a high-quality resolution comparable to that of a passport photograph in paper form;

(3) submit a successfully completed Board jurisprudence examination on the Act and Rules;

(4) have completed academic and supervised field work requirements of an accredited educational program in occupational therapy as per §454.203 of the Act (relating to Qualifications for Occupational Therapist or Occupational Therapy Assistant License) or if foreign-trained, have met substantially equivalent academic and supervised field work requirements as per §454.205 of the Act (relating to Foreign-Trained Applicants);

(5) submit a complete and legible set of fingerprints in the manner prescribed by the Board for the purpose of obtaining criminal history record information from the Department of Public Safety and the Federal Bureau of Investigation; and

(6) either meet the requirements in §364.2 of this title (relating to Initial License by Examination) and apply by examination or meet the requirements in §364.4 of this title (relating to Licensure by Endorsement) and apply by endorsement.

-Initial License by Examination: Please check for additional requirements in §364.2, Initial License by Examination.

The applicant must also meet the requirements in §364.2 of the OT Rules and apply by examination if the applicant:

- (1) has not passed the NBCOT certification examination; or
- (2) has passed the NBCOT certification examination and
 - (A) is not currently licensed as an occupational therapist or occupational therapy assistant in another state or territory of the U.S.; or
 - (B) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and cannot substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

-Licensure by Endorsement: Please check for additional requirements in §364.4, Licensure by Endorsement.

The applicant must also meet the requirements in §364.4 of the OT Rules and apply by endorsement if the applicant has passed the NBCOT certification examination and:

- (1) is currently licensed as an occupational therapist or occupational therapy assistant in another state or territory of the U.S.; or
- (2) if not currently licensed in another state or territory of the U.S., is applying from the U.S. military or a non-licensing state or territory of the U.S. and can substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license.

- Submit your payment by check or money order with the application. The fee for an OT Application is \$140.00; the fee for an OTA Application is \$100.00.
- The application may not be faxed or emailed.
- To take the jurisprudence examination, refer to this link: <https://ptot.texas.gov/ot-application>.
- Refer to the related announcement on the homepage, <https://ptot.texas.gov>, for instructions on how to submit your fingerprints.
- For information regarding additional requirements for a temporary license, see §364.3, Temporary License. The temporary license fee for an OT applicant is \$70.00; the temporary license fee for an OTA applicant is \$55.00.
- Applicants with a history of licensure in occupational therapy in a state or territory of the U.S.: If the Board cannot verify the applicant's history of licensure in occupational therapy, including disciplinary action, the applicant must submit a verification of license. The verification must be an original verification sent directly to the Board by the licensing board of the state or territory. Disciplinary action must be reported to the Board. See <https://ptot.texas.gov/ot-application> for further information regarding this requirement.
- The required photograph may be submitted in paper or electronic form. See this link for further information regarding electronic submission: <https://ptot.texas.gov/ot-application>.
- An applicant who is applying by endorsement must submit an Employment History Form if the applicant is not currently licensed in another state or territory of the U.S. and is applying from the U.S. military or a non-licensing state or territory of the U.S. and can substantiate occupational therapy employment for at least two years immediately preceding application for a Texas license. Please visit this link to download the form: <https://ptot.texas.gov/ot-forms>.
- Applicants who are military service members, military veterans, or military spouses may be eligible for fee waivers and expedited services based on their military affiliation and the method of licensure by which they are applying (i.e., by examination or by endorsement). Please see §364.1(d) and <https://ptot.texas.gov/ot-application> for further information and the Military Application Fee Waiver Request form.



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Office Use Only

APP. NO: _____

OT/OTA Application for Initial Texas Licensure

Submit this application with the appropriate fees to ECPTOTE at the address listed above. This application expires one year from the date it is received by ECPTOTE. Please see the OT Rules and Practice Act for additional information and requirements (<https://ptot.texas.gov/ot-acts-and-rules>).

Check one box in each column below.

License Type	Licensure Method
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> By Exam: No previous passing score or not currently licensed; see §364.2.
<input type="checkbox"/> Occupational Therapy Assistant	<input type="checkbox"/> By Endorsement: Previous passing score and currently licensed in another state or territory of the U.S. (or if not currently licensed in a US state or territory, applying from the U.S. military or a non-licensing state and can substantiate 2 years of occupational therapy employment immediately preceding application for a Texas license); see §364.4.

Check this box if with this application, you are submitting the Military Application Fee Waiver form and supporting documentation as per §364.1(d) of the OT Rules because you are a military service member, military veteran, or military spouse who is requesting the waiver and you meet eligibility requirements as per that section.

1. FULL NAME

First *Middle* *Last (Family name)* *Suffix*

2. NAME AS IT SHOULD APPEAR ON THE LICENSE (This MUST include your legal last name, and should be the same as or similar to the name you use on your driver license.)

3. OTHER LAST NAMES (Maiden, Previous Married, etc. that might be on documents you submit to the Board)

4. HOME LOCATION ADDRESS PHONE NO. _____

Enter your phone number and the physical street address of your residence, for example, 123 Apple Street. A PO box may not be entered for this address. The Board will not issue a license without a home location address and phone number on file.

Street address

City *State* *Zip Code*

5. MAILING ADDRESS, if different _____

6. Complete the following if you know where you will be working with the Texas license once you receive it. You are required to report your work/business address to the Board whenever it changes. The work/business address is public information.

WORK ADDRESS PHONE NO. _____

Street address

City *State* *Zip Code*

7. EMAIL ADDRESS: _____

OFFICE USE ONLY

FEE CODE	AMOUNT	DATE	RECEIPT NUMBER
Approved Date:		Approved By:	

APPLICANT NAME: _____ SSN: _____

8. SOCIAL SECURITY NUMBER

9. DATE OF BIRTH (MM/DD/YYYY)

10. The following two required responses are for statistical and reporting purposes only and will not affect your application.

GENDER
<input type="checkbox"/> F <input type="checkbox"/> M

ETHNICITY (Check one box only.)					
<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

11.

DRIVER LICENSE NUMBER	ISSUING STATE OF DRIVER LICENSE

12. **PROFESSIONAL EDUCATION (Occupational therapy program):** The following questions pertain only to your professional entry-level degree.

School Code: _____

(Access this code from <https://ptot.texas.gov/ot-application> and write the code for the school where you completed your entry-level training as an OT, if applying as an OT, or OTA, if applying as an OTA.)

Institution: _____

Location: _____

Degree Awarded: _____ Graduation Date: _____

13. Have you previously held a Texas OT or OTA license? NO YES

If Yes, OT or OTA? _____

LICENSE NO.	YEAR ISSUED	YEAR EXPIRED

14. **LICENSURE INFORMATION**

Enter the following information for all states, jurisdictions, or countries in which you have held or currently hold an occupational therapy license (or been authorized to practice occupational therapy if licensure was not required). If there are more than five, please attach an additional sheet with that information.

STATE/COUNTRY	LICENSE NO.	DATE ISSUED	EXPIRATION DATE

APPLICANT NAME: _____ SSN: _____

TO BE COMPLETED BY APPLICANTS FOR LICENSE BY EXAM ONLY (Questions 16 – 20)

15. Have you previously taken the NBCOT exam? NO YES
16. If yes, how many times? _____
17. Have you passed? NO YES 18. Date of passing exam? _____
19. Have you applied for licensure in Texas previously? NO YES If yes, when? _____

PREVIOUS HISTORY

20. Has any professional licensing or disciplinary body in any state, territory, foreign jurisdiction or nation denied, limited, restricted, suspended, canceled, or revoked any professional license, certificate or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES NO

21. Have you ever voluntarily surrendered any such credentials in anticipation of an investigation or disciplinary proceeding, or entered into a consent agreement with respect to licensure? YES NO

22. Have you ever been arrested in any jurisdiction? This includes disclosing any arrests anywhere, regardless of the outcome or reason for the arrest, including arrests with pending charges or result in deferred adjudication, deferred status, dismissal, being sealed or expunged, with or without a finding of guilt. YES NO

23. In the past five years, have you been diagnosed or treated for alcohol or substance dependency or addiction? YES NO

24. Have you ever used drugs or alcohol to an extent which affected your professional competency? YES NO

25. In the past five years, have you been determined to be mentally incompetent by a court? YES NO

26. Have you ever been found guilty of, or settled a malpractice claim? YES NO

If your answer to any question above is “YES,” please attach an explanation of the circumstances. If you answered “Yes” to question 22, also include the names and contact information of any current probation/parole officers, if applicable. For arrests within the past ten years, provide the Board copies of the documentation from the court reflecting the resolution of the matter.

APPLICANT NAME: _____ SSN: _____

Declaration/Attestation

In making this application to the Texas Board of Occupational Therapy Examiners (TBOTE/the Board) for a license as an occupational therapist or occupational therapist assistant, I attest that I, the undersigned, am the applicant named in the application and shown in the attached photograph, and that:

1. I have read and understood the complete application, and that all the information contained in this application, and the documentation provided as part of this application, is true and correct.
2. I have read and agree to abide by Chapter 454, Occupations Code (OT Practice Act), and all rules promulgated by the Board.
3. I am the lawful holder of an OT or OTA degree as prescribed by this application.
4. I authorize my educational institutions, employers, all governmental agencies, and the National Board for Certification in Occupational Therapy to release to the Texas Board of Occupational Therapy Examiners or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment or treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application to determine my ability to safely engage in the practice of occupational therapy. I further authorize the Texas Board of Occupational Therapy Examiners or its successors to release to the institutions, individuals, or entities listed above any information which is material to this application or any subsequent licensure.
5. I authorize the Board to perform a criminal history background check as part of the application process.
6. I affirm that I will provide the Board with updated information within 30 days if I become aware of any event or information that makes any portion of this application or associated documents, though complete and correct when submitted, no longer complete or correct. I understand that failure to provide such updated information may result in an adverse action against my application.
7. I understand that falsification or misrepresentation of any item or response on this application or any associated document is a sufficient basis for a determination of ineligibility or another adverse action against my application.

Applicant Name (Please print.)

Applicant Signature:
(Electronic signatures not accepted.)

Date:

The photograph may be submitted electronically or physically. For a physical submission, attach a current 2 x 2 inch color photograph on photographic paper of yourself here that meets the requirements for a U.S. passport. Write your name and date of birth (DOB) on the reverse side. Photocopies or computer printouts will be rejected and will delay your application.