

## **Application for Recognition of Out-of-State License of a Military Service Member or Military Spouse – Instructions**

*Note: Contact the Board before submitting this application and note this application concerns applying for the recognition of an out-of-state license. Note, alternatively, that military service members or military spouses seeking Texas licensure are eligible for licensing fee waivers; see §364.5 of the [Texas Board of Occupational Therapy Examiners \(OT Rules\)](#) and the [OT Application](#) page for further information.*

Submit this application if you are a military service member or military spouse who is requesting the recognition of an out-of-state license of the U.S. You must hold a current license issued by another state of the U.S. that is similar in scope of practice to the license in this state and be in good standing with that state's licensing authority.

Notwithstanding any other law, a military service member or military spouse may engage in the practice of occupational therapy without obtaining the applicable occupational therapy license if the service member or spouse currently holds a license similar in scope of practice issued by the licensing authority of another state of the U.S. and is in good standing with that licensing authority.

Note that the Board shall maintain a record of each complaint made against a military service member or military spouse who holds an out-of-state license the Board recognizes. The Board shall publish at least quarterly on its website the information maintained pursuant to such, including a general description of the disposition of each complaint.

See the following definitions from Chapter 55, Texas Occupations Code:

1. Active duty - current full-time military service in the armed forces of the United States or active duty military service as a member of the Texas military forces, as defined by Section 437.001, Texas Government Code, or similar military service of another state.
2. Armed forces of the United States - the army, navy, air force, space force, coast guard, or marine corps of the United States or a reserve unit of one of those branches of the armed forces.
3. Military service member - a person who is on active duty.
4. Military spouse - a person who is married to a military service member.

To request the recognition of your out-of-state license, submit this application, which must include the following.

1. A copy of the military service member's military orders showing relocation to this state;
2. If the applicant is a military spouse, a copy of the military spouse's marriage license; and
3. The affidavit that follows, which must be notarized.

Submit the above by email or mail.

Email: Email as a PDF attachment to [exam@ptot.texas.gov](mailto:exam@ptot.texas.gov).

Mail: See the address in the header on the next page.

See also the following:

Before providing occupational therapy services, a military service member or military spouse seeking this recognition must receive notification that the Board recognizes the applicant's out-of-state license.

Note that the military service member or military spouse who receives this authorization shall comply with all other laws and regulations applicable to the practice of occupational therapy in this state, including all other laws and regulations in the Occupational Therapy Practice Act and the Texas Board of Occupational Therapy Examiners Rules. The military service member or military spouse may be subject to revocation of the authorization for failure to comply with these laws and regulations and the Board may notify any jurisdictions in which the military service member or military spouse is licensed of the revocation of such.

A military service member or military spouse may engage in the practice of occupational therapy under the authorization only for the period during which the military service member or, with respect to a military spouse, the military service member to whom the spouse is married is stationed at a military installation in this state.

In the event of a divorce or similar event that affects a person's status as a military spouse, the former spouse may continue to engage in the practice of occupational therapy under the authorization until the third anniversary of the date the spouse submitted the application for recognition.

During the authorization period, the military service member or military spouse must:

- (1) hold a license similar in scope of practice issued by the licensing authority of another state of the U.S. and be in good standing in each state in which the applicant holds or has held an occupational therapy license;
- (2) update the Board within 30 days of any changes to information submitted pursuant to §364.5(b)(1) of the Texas Board of Occupational Therapy Examiners Rules; and
- (3) notify the Board of any judgment or settlement in a malpractice claim or any disciplinary action taken against the licensee by a licensing authority of another territory or state of the U.S. within 30 days after the judgment, settlement, or disciplinary action is signed.

Note that the above is subject to change. Refer to the current Occupational Therapy Practice Act and Texas Board of Occupational Therapy Examiners Rules for board regulations.

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_



**Texas Board of Occupational Therapy Examiners**

1801 Congress Ave Ste 10.900

Austin, TX 78701

ptot.texas.gov

512-305-6900

**Application for Recognition of Out-of-State License of a Military Service Member or Military Spouse**

**Name and Personal Details**

First Name: \_\_\_\_\_

Second Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Previous Name(s): Attach additional pages if needed.

First Name: \_\_\_\_\_

Second Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Military Status (Circle one.):      Military Service Member      Military Spouse

**Contact Information**

Enter your information below.

**HOME LOCATION ADDRESS:** Enter your home address, email address, and phone number. A PO box may not be entered for this address.

Street Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

**MAILING ADDRESS:** If your mailing address is different from your Home Location Address, enter it below.

Street Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

**BUSINESS ADDRESS:** Enter your business information. Business information is public information.

Street Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

Organization Name: \_\_\_\_\_

### Other State License(s)

Enter below information for all current and expired licenses you hold or have held to practice occupational therapy in a state of the U.S. Attach additional pages if needed. The first license you list will be the license considered for recognition.

License to be considered for Recognition:

License Type: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_

State: \_\_\_\_\_

Issuance Date (mm/dd/yyyy): \_\_\_\_\_

Expiration Date (mm/dd/yyyy): \_\_\_\_\_

*Continue to the next page.*

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

Other Licenses:

License Type: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_

State: \_\_\_\_\_

Issuance Date (mm/dd/yyyy): \_\_\_\_\_

Expiration Date (mm/dd/yyyy) : \_\_\_\_\_

License Type: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_

State: \_\_\_\_\_

Issuance Date (mm/dd/yyyy): \_\_\_\_\_

Expiration Date (mm/dd/yyyy): \_\_\_\_\_

License Type: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_

State: \_\_\_\_\_

Issuance Date (mm/dd/yyyy): \_\_\_\_\_

Expiration Date (mm/dd/yyyy): \_\_\_\_\_

License Type: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_

State: \_\_\_\_\_

Issuance Date (mm/dd/yyyy): \_\_\_\_\_

Expiration Date (mm/dd/yyyy): \_\_\_\_\_

License Type: \_\_\_\_\_

License/Registration Number: \_\_\_\_\_

State: \_\_\_\_\_

Issuance Date (mm/dd/yyyy): \_\_\_\_\_

Expiration Date (mm/dd/yyyy): \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

### **Affidavit**

I affirm under penalty of perjury that:

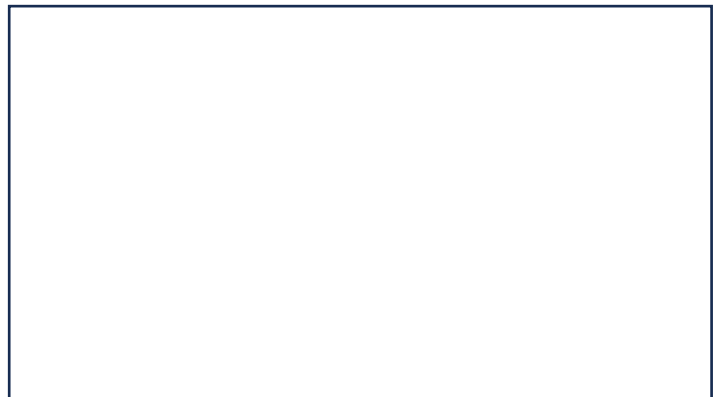
- (1) I am the person described and identified in the application;
- (2) All statements in the application are true, correct, and complete;
- (3) I understand the scope of practice for the license in this state and will not perform outside of that scope of practice; and
- (4) I am in good standing in each state in which I hold or have held an occupational therapy license. For purposes of this affidavit, a person is in good standing with another state's licensing authority if the person:
  - (a) holds a license that is current, has not been suspended or revoked, and has not been voluntarily surrendered during an investigation for unprofessional conduct;
  - (b) has not been disciplined by the licensing authority with respect to the license or person's practice of occupational therapy; and
  - (c) is not currently under investigation by the licensing authority for unprofessional conduct related to the person's license or occupational therapy.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Subscribed and sworn to in my presence this \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary**

\_\_\_\_\_  
**Date Commission Expires**



**Stamp of Seal**