

The Texas Board of Occupational Therapy Examiners (The Board/TBOTE)

OT/OTA Inactive to Active Status Application – Introduction

Introduction

This application may be used to change license status from inactive to active status at any time other than during the renewal window or during a late renewal. If it is within three months of your license expiration date or if your license has been expired less than one year, you must instead complete the license renewal application. Individuals whose licenses have been expired one year or more must submit a restoration application and return to active status.

Inactive status is a specific license status; note that inactive status does not mean “expired.”

If an individual has not yet satisfied the Board’s fingerprinting requirement, for example, for initial licensure issuance or a previous renewal, fingerprinting will be required to return to active status.

See §371.1, Inactive Status, in addition to the full OT Act and Rules, for further requirements.

Note, furthermore, that this application is with regard to a change of status only; the expiration date of the license will remain the same as this is a different process from license renewal and the license renewal will still be due by the license expiration date. See Chapter 370 of the OT Rules for further information regarding license renewal. Likewise, as this application is only to be used outside of the renewal window, the licensee is not required to report CE information for such. Such information, however, will be required as part of the renewal process.

Submission of this application does not constitute a change in status. An application must be processed prior to a license status being changed. Verify that the status has been changed to active status on the Board’s license verification website, accessible from <https://ptot.texas.gov/look-up-a-license/>, and remember that a licensee may not provide occupational therapy services or represent oneself as an OT or OTA while on inactive status.

Fees are non-refundable.

PROCEDURE AND FEES:

Note: You may **not** use this form if your inactive status license is within the three-month renewal window or is expired.

1. Take the jurisprudence exam by going to <https://ptot.texas.gov/ot-jp-exam-intro/>.
2. Mail the fee with the completed application that follows.

The application will be accepted only if information is printed legibly and in black or dark blue ink.

FEES Make checks or money orders payable to: ECPTOTE.

- Inactive to Active Status: OT - \$248 OTA - \$184

Mail the application, payment, and any other required items to:

EXECUTIVE COUNCIL OF PT & OT EXAMINERS
1801 Congress Ave Ste 10.900 Austin, TX 78701

APPLICANT NAME: _____ SSN: _____



Texas Board of Occupational Therapy Examiners

1801 Congress Ave Ste 10.900

Austin, TX 78701

ptot.texas.gov

512-305-6900

**The Texas Board of Occupational Therapy Examiners (The Board/TBOTE)
OT/OTA Inactive to Active Status Application**

Name and Personal Details

Applicants are mandated to provide their Social Security Number (SSN) by Section 231.302.(c)(1) of the Texas Family Code. SSNs are confidential and not subject to disclosure under Government Code, Chapter 552, Sec. 552.11765.

If you have not previously submitted your SSN (for example, as part of license issuance or a previous renewal) or do not have one, submit the SSN Statement, accessible from the [Forms](#) page. You will be required to attach it as part of this application.

First Name: _____

Second Name: _____

Last Name: _____

Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____

License Type (OT or OTA): _____ License Number: _____

Office Use Only

Receipt Date	Receipt No.	Amt. Received	Postmark Date	JP Exam Score	Reviewed by:

APPLICANT NAME: _____ SSN: _____

Contact Information

Note the following, excerpted from §369.2 of the OT Rules, regarding changes of name or contact information.

(a) A licensee or applicant shall notify the Board in writing of changes in name, phone number, business phone number, residential address, business address, mailing address, and/or email address within 30 days of such change(s). Applicants and temporary licensees, in addition, shall notify the Board in writing of changes of supervisor within 30 days of such change(s). A copy of the legal document (such as a marriage license, court decree, or divorce decree) evidencing a change in name must be submitted by the licensee or applicant with any written notification of a change in name. To request a replacement copy of the license to reflect a name change, refer to §369.1 of this title (relating to Display of Licenses).

(b) Failure to provide the changes requested in subsection (a) of this section may cause a licensee to be subject to disciplinary action.

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: _____

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 below if you know where you will be working once your license has been returned to active status. Business information is public information.

Street Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Country: _____

Phone Number: _____ Ext: _____

Organization Name: _____

APPLICANT NAME: _____ SSN: _____

Desired License Status

Are you requesting your license status to be changed to active status?

Circle one: Yes No

Attestation

NOTE: Submission of this application with payment does not constitute a change in status. An application must be processed prior to a license status being changed. See the [Board's website](#) for further information regarding processing times and verifying a change of status.

I attest to the following statements:

1. I am the person named in this application.
2. I am submitting this application with payment as I have met all other requirements in the OT Practice Act and Board Rules for this change of status.
3. I understand that changing my license status without having met the requirements and/or providing false or incorrect information is a violation of the OT Practice Act and Board Rules and may lead to suspension or revocation of my license and/or other disciplinary action imposed by the Board in accordance with the OT Practice Act and Board Rules. (To check the current requirements, go to the [Board's website](#).)
4. I have reported to the Board any felonies of which I have been convicted, including a finding or verdict of guilt, an admission of guilt, or a plea of nolo contendere, in this state or any other.
5. I have reported to the Board any suspension or revocation of my license or registration to practice in any other state or nation.

If you cannot attest to all of these statements, you may not submit your application. Contact the Board during regular business hours for further information.

Circle One: Yes No

Applicant Name (Please print.)

Applicant Signature (Electronic signatures not accepted.)

Date