

**The Texas Board of Occupational Therapy Examiners (The Board/TBOTE)**  
**OT/OTA Initial Licensure Application Introduction**

***This is the paper application for initial licensure. The Board's online application system may instead be accessed from the [Application](#) page. Payment may only be submitted electronically (e.g. credit card, electronic check) through the online application system. In addition, if you submit a paper application, in order to access the Board's View Application Status area, which displays information an applicant may access online regarding application deficiencies and is the primary means through which the licensing department communicates information to applicants, you will have to create an account for and onboard your application into our online licensing system. See the [Application](#) page for further information.***

**This application is to be used by an individual applying for initial Texas licensure.**

You will be required to indicate if this application is for a license by examination or by endorsement.

Licensure by examination is the method that should be selected if the applicant has not passed the NBCOT certification examination; or

1. 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.

Alternatively, licensure by endorsement is the method that should be selected by an applicant who has passed the NBCOT certification examination and:

1. is currently licensed as an 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.

Refer to Chapter 364, Requirements for Licensure, and the [Application](#) page for further information regarding licensure by examination and by endorsement and for further requirements. From that page, you may find links to access the OT Act and Rules.

To apply for a temporary license, submit an application for a temporary license, as well. An application for a temporary license should not be submitted before the application for initial licensure by examination has been submitted, though it may be submitted at the same time. Only an individual who is applying for licensure by examination may be eligible for a temporary license.

## **Guidelines**

Before completing this application, be sure you have read the OT Act and Rules and understand the requirements for licensure in Texas.

An application for license is valid for one year after the date it is received by the Board. At the end of the year, the application fee must be paid to continue the application process for the second year.

There are no refunds.

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

You may not submit this application if:

1. You have ever held a Texas occupational therapist or occupational therapy assistant license.
2. You have applied for this license type within the last 12 months.

Refer to the full OT Act and Rules for further eligibility requirements.

Further information may be found on our [Application](#) and [FAQ](#) pages.

## **Information Required to Apply:**

In order to submit this application, you must provide the following information. Further information may also be required.

- Name and contact information
- Social security number. If you do not have a social security number, you will enter the following 666-MM-DDYY, where MM-DDYY is your date of birth.
- The name, location, and school code for the school that granted your entry-level occupational therapy degree, as well as the degree level and month and year of graduation. (See the [Application](#) page for the list of school codes.) If the school where you completed your entry-level education is not on the school code list, contact the Board before applying.
- Information about any occupational therapy licenses you have held or currently hold in other states or territories of the U.S.

## **Payment**

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. If you are requesting a military fee waiver, do not submit payment.

## **Completing the Application Process**

You have not completed the application process until you have met all requirements for licensure. Other requirements include submission of a passport-type photograph of the applicant, a passing score on the jurisprudence examination, a passing NBCOT initial certification examination score report, fingerprinting for a criminal history record information check, and other items, depending on the type and method of licensure. Further information regarding requirements, including how to submit such, and a link to access the jurisprudence examination are available from the [Application](#) and our [FAQ](#) pages.

A license will not be issued until all items have been received and processed and all requirements met. Check our [Application](#) page and [homepage](#) for further information/updates regarding processing times.

In order to practice or represent oneself as an occupational therapist or occupational therapy assistant in Texas, one must hold a license issued by this board whose current status and expiration date may be verified on the Board's license verification page.

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 Initial Licensure Application**

**Function Suitability Questions**

Answer the following questions. Circle one response for each.

1. Are you applying for initial Texas licensure?

Yes      No

*If you have answered No to the question above, do not submit this application.*

2. Have you either

- a. not passed the NBCOT certification examination; or
- b. passed the NBCOT certification examination and are not currently licensed as an occupational therapist (for an OT license) or occupational therapy assistant (for an OTA license) in another state or territory of the U.S., or if not currently licensed in another state or territory of the U.S., are 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?

Yes      No

*If you answered Yes to the question above, you will select Licensure by Examination in the section that follows.*

3. Have you passed the NBCOT certification examination and

- a. are currently licensed as an occupational therapist (for an OT license) or occupational therapy assistant (for an OTA license) in another state or territory of the U.S.; or
- b. if not currently licensed in another state or territory of the U.S., are 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?

Yes      No

*If you answered Yes to the question above, you will select Licensure by Endorsement in the section that follows.*

**Office Use Only**

Receipt Date	Receipt No.	Amt. Received	Postmark Date	Reviewed by:

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

4. Have you ever held or do you hold an Occupational Therapist license (for an OT license) or Occupational Therapy Assistant license (for an OTA license) in Texas?

Yes      No

5. Are you attempting to renew a current or expired license?

Yes      No

*If you have answered Yes to either of the questions above, do not submit this application. A renewal or restoration application must be submitted. Refer to the OT Rules.*

### Application Questions

Are you applying for an occupational therapist (OT) or occupational therapy assistant (OTA) license?

Circle one:      OT                      OTA

Are you applying for licensure by examination or by endorsement?

Circle one:      By Examination              By Endorsement

### 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 Texas Government Code, Chapter 552, Sec. 552.11765.

If you do not have an SSN, enter three 6's followed by your birthdate (666mmddyy) and attach a completed SSN Statement attesting that you do not have an SSN.

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

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

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

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

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

Gender: \_\_\_\_\_

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

Race (See the options below.): \_\_\_\_\_

*Not Specified, White, Black or African American, Hispanic, American Indian or Alaskan Native, Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Other*

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

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

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

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

### **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.

*Continue to the next page.*

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

**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 if you know where you will be working with your Texas license once you receive it. Business information is public information.

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

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

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

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

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

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

### Select Attributes

Chapter 55, Texas Occupations Code, allows for the waiver of application fees for military service members, military veterans, and military spouses who are applying for licensure.

See the following definitions:

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

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.
5. Military veteran - a person who has served on active duty and who was discharged or released from active duty.

To request a waiver of the application fee, indicate your military status and select the military fee waiver option below. If you are not eligible for a waiver or are not requesting such, select "None of the Above" under the Military Status and Fee Waiver sections.

If you indicate you are a military applicant and select your military status below, your application will not be processed until the documentation below is received; if you are not eligible for a fee waiver, payment will be due in order to continue the application process. See the [Application](#) page for further information regarding submitting the documentation.

- Military Service Member: Current original orders, including signature page(s) or Military ID
- Military Veteran: DD 214
- Military Spouse: Military ID (front and back)

See the [Application](#) page for further information.

Select your status:

Listed below are the military statuses and fee waiver options you may add.

Circle select the desired status and waiver option. If you are not requesting a military applicant fee waiver, circle "None of the Above" under both sections.

Military Status:	Military Service Member None of the Above	Military Veteran	Military Spouse
Fee Waiver:	Military Fee Waiver None of the Above		

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

*Military Service Members, Military Veterans, and Military Spouses applying for Licensure by Endorsement who are requesting Alternative Licensing and Expedited Services:*

If you are a military applicant applying for licensure by endorsement who is currently licensed in good standing in another U.S. state with a license similar in scope of practice to the license in Texas and you are also requesting alternative licensing and expedited services for military applicants, please contact the Board before submitting this application and note that this service requires the Board to publish information regarding complaints.

Further information, including regarding this service and the definition of good standing, may be found in §364.1 of the OT Rules. If requesting this service, indicate such below; the Statement of Good Standing form, available from the [OT Application](#) page, must also be submitted. If you are not requesting this service, leave the area below blank. Note that individuals are not required to request this service and one may request such services, regardless of whether one has also requested a fee waiver.

Check the following, if applicable: ☐ I am requesting alternative licensing and expedited services.

### **Related Party**

You must enter the school code for the school where you completed your entry-level occupational therapy degree. Access the list of school codes from the [Application](#) page.

From that list, select the code for your entry-level program; do not select a code for a program you may have completed for an additional/later degree. If your entry-level program is not on the list, do not submit this application; contact the Board.

For "School Type," select the level of the program (ex: OTD for a doctoral or PhD OT program, OTA-B for a baccalaureate OTA program, etc.); this should match the code type from the noted list.

Note that the level of certain OT programs may just appear on the list as "OT." Before selecting such, if your program was a master's program, ensure that an OTM code for the school is not listed. For these codes, select "OT" as the school code type from the options below. Do not choose a code labeled as OT for an OTD or PhD program.

You do not need to indicate anything under the Type of Relationship area.

In the next section, you will enter further information concerning this program, including the level of the degree, the graduation date, etc.

Type of Relationship: Occupational Therapist or Occupational Therapy Assistant School [I am the occupational therapist or occupational therapy assistant.]

Other Party Role (Circle one.): Occupational Therapist School      Occupational Therapy Assistant School

School Type (Circle one.): OT School      OTM School      OTD School      OTA School      OTA-B School

School Code: \_\_\_\_\_

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

### Degree Details

Enter information regarding the entry-level occupational therapy degree you earned from the institution indicated in the previous section. Do not enter information regarding an additional/later degree.

Degree (Circle one.):

OTA: Associate      Certificate      Bachelor's

OT: Bachelor's      Bachelor's and Certificate      Master's      OT Doctorate      Ph.D.

Graduation Date (mm/yyyy): \_\_\_\_\_

### Other State License

If you are now or have ever been licensed to practice occupational therapy in any state or territory of the U.S., enter below all current and expired licenses. Attach additional pages if needed. If you have never been licensed to practice occupational therapy in any state or territory of the U.S., skip this question.

If you are applying for licensure by endorsement and are applying from the U.S. military or a non-licensing state or territory of the U.S. and do not hold a current license, you must also submit a Verification of Employment form, accessible from the [OT Forms](#) page, substantiating occupational therapy employment for at least two years immediately preceding application for a Texas license. In the state area below, enter either "2-yr employment military" or "2-yr employment nonlicensing state or territory." Enter "N/A" in the License/Registration Number field and enter the beginning and ending employment dates in the dates fields.

Attach additional pages if needed.

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: \_\_\_\_\_

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

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

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

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

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

### Exam Details on Initial Application

Have you previously taken the NBCOT exam?

Circle one:      No      Yes

If Yes, see below.

Did you pass?

Circle one: No      Yes

If Yes, date of passing exam? \_\_\_\_\_ (mm/dd/yyyy)

### Prior Application Question

Have you previously applied for a license of this type in Texas?

Circle One:      Yes      No

### Previous History Questions

Circle one answer for each question. If your answer to any question below is Yes, please attach an explanation of the circumstances.

1. Has any professional licensing or disciplinary body in any state, territory, foreign jurisdiction, or nation denied, limited, restricted, suspended, cancelled, or revoked any professional license, certificate, or registration granted to you, imposed a fine or reprimand, or taken any other disciplinary action against you?

No              Yes

2. 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?

No              Yes

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

3. 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.

No                      Yes

4. In the past five years, have you been diagnosed or treated for alcohol or substance dependency or addiction?

No                      Yes

5. Have you ever used drugs or alcohol to an extent which affected your professional competency?

No                      Yes

6. In the past five years, have you been determined to be mentally incompetent by a court?

No                      Yes

7. Have you ever been found guilty of malpractice, or settled a malpractice claim?

No                      Yes

### **Name on License Certificate**

Enter your name exactly as you wish it to appear on your license. This must include your legal last name and include your first and middle names or the initials for such. Note that the name in the Name and Personal Details section is what will appear on any license verifications.

Enter name for license certificate:

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### **Attachments**

Attach after the last page of this application required application items (ex: photo or SSN statement or military documentation, if applicable). You may continue to submit further materials after the application has been submitted. Include any attachments after the final page of the application.

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

Not all required items may be attached and/or submitted by the applicant. For example, the jurisprudence examination is completed on our website and the passing score must be submitted directly through such.

Likewise, any items concerning NBCOT or verifications for licenses that the Board can not verify must be received directly from those entities.

See the [Application](#) page for further information regarding submitting required items.

A license will not be issued until all items have been received and processed and all requirements met.

*Continue to the next page.*

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

### Attestation

In making this application to the Texas Board of Occupational Therapy Examiners (the Board) for a license as an occupational therapist or occupational therapy assistant, I attest that:

1. I am the person named in this application.
2. 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.
3. I have read and agree to abide by Occupations Code Chapter 454 (the Occupational Therapy Practice Act) and all rules promulgated by the Board.
4. I am the lawful holder of an occupational therapy degree as prescribed by the OT Practice Act.
5. I authorize my educational institutions, employers, all governmental agencies, and the National Board for Certification in Occupational Therapy or its successors 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 or any subsequent licensure 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.
6. I authorize the Board to perform a criminal history background check as part of the application process.
7. 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 or any subsequent licensure.
8. 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 or any subsequent licensure.

**If you cannot attest to all of these statements, you may not submit this 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*