

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

### OT/OTA Retired Status Renewal Application – Introduction

#### **General Information:**

- This form is to be used to put a license on retired status or renew a license on retired status. To return to active status if already on retired status, see the related form, available from the [OT Forms](#) page.
- The Retired Status is available for an occupational therapy practitioner whose only practice is the provision of voluntary charity care without monetary compensation.
- To be eligible to initiate retired status, a licensee must hold a current license on active or inactive status or an active or inactive status license that has been expired less than one year. The license may only be put on retired status at the time of renewal.
- Licensees who have not yet met the Board's fingerprinting requirement are required to submit fingerprints to initiate or renew retired status. See the link below for further information.  
<https://ptot.texas.gov/inactive-&-retired-status>
- Verify that your renewal and change of status, if applicable, has been processed on the Board's license verification website, accessible from, <https://ptot.texas.gov/look-up-a-license>. Note that the change to retired status will be made at/around the start of the upcoming renewal period (ex: at/around the start of this June for those with a May license expiration date).
- Licensees on retired status are subject to the audit of continuing education as described in §367.3 of the OT Rules.
- A retired occupational therapy practitioner is subject to disciplinary action under the OT Practice Act.
- A licensee on retired status may use the designation OTR, Ret or OT, Ret; or COTA, Ret or OTA, Ret as appropriate.
- *Please note the following requirements for return to active status, excerpted from §371.2 of the OT Rules: A licensee who has been on retired status less than one year must submit a completed application form as prescribed by the Board, the active status renewal fee and the late fee as described in §370.1 of this title (relating to License Renewal), and 18 additional hours of continuing education as described in Chapter 367 of this title (relating to Continuing Education). A licensee who has been on retired status for one year or more must follow the procedures for §370.3 of this title (relating to Restoration of Texas License).*
- See the OT Act and Rules for further regulations (<https://ptot.texas.gov/ot-acts-and-rules>).

#### **Application Requirements to Initiate or Renew Retired Status:**

A licensee, including one already on retired status, must renew every two years before the expiration date.

A complete application form includes: 1. renewal information and attestation, including a residential street address; 2. correct fee(s); 3. a completed Continuing Education Submission Form showing completion of six hours of continuing education for the renewal period, which must include the completion of human trafficking training as described in Chapter 367 of the OT Rules; 4. the online jurisprudence exam with passing score; and 5. any additional items the Board requires.

## PROCEDURE AND FEES:

**Note:** You may **not** use this form if your license has been expired for one year or more.

1. Take the jurisprudence exam by going to <https://ptot.texas.gov/ot-jp-exam-intro/>.
2. Complete the attached application, including the Continuing Education Submission Form.

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

3. Mail the fee (and any late fees if applicable) with the completed application, including the Continuing Education Submission Form, and any additional items, if applicable, to the Board.

### FEES Make checks or money orders payable to: ECPTOTE.

- |   |                  |                   |
|---|------------------|-------------------|
| <ul style="list-style-type: none"><li>• <b>Initiate or Renew Retired Status</b></li></ul> | <b>OT - \$25</b> | <b>OTA - \$25</b> |
|---|------------------|-------------------|

**FEES.** Late fees are required if you have not submitted **all** requirements before the license expiration date.

### RENEWAL LATE FEES

<b>If it has been 90 days or LESS since the day your license expired</b> , you must pay the renewal fee plus the late fee, which is equal to one-half of the renewal fee.	<b>If it has been MORE than 90 days since the day your license expired, but less than one year</b> , you must pay the renewal fee plus the late fee, which is equal to the renewal fee.
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**Note:** If your license has been expired for one year or more, see OT Rules §370.3, Restoration of a Texas License.

**QUESTIONS?** Contact us at [info@ptot.texas.gov](mailto:info@ptot.texas.gov) or by phone at 512/305-6900.

**Mail the application and payment, CE Submission Form, and any other required documents 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

**OT/OTA Retired 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: \_\_\_\_\_

**Desired License Status**

Are you requesting that your license status be changed to retired status as part of the renewal or are you renewing a license on retired status?

Circle one:    Yes        No

**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. Business information is public information.

*\*See the OT Rules for information regarding practice limitations for licensees on retired status.*

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

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

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

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

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

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

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

## Continuing Education Submission Form

To renew, you attest to the continuing education activities you have completed for license renewal. The licensee is solely responsible for keeping accurate documentation of all continuing education activities and for selecting continuing education as per the requirements of Chapter 367 of the OT Rules. The required CE must include an HHSC-approved training course on human trafficking that meets requirements as per §367.1 of the OT Rules; verify that your human trafficking training course has been approved by HHSC from HHSC's list of approved human trafficking courses, accessible from <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>. (The list may also contain a "Continuing Education Credit" column. Licensees are not required to select courses that specifically reference OTs and/or OTAs under that column.) Refer to the full Chapter 367 for further CE requirements.

Instructions: Enter your CE activities taken during this renewal period on the form below and complete all areas. You must earn a minimum of 6 CE hours that are eligible for CE credit as per the OT Rules in order to renew. See the OT Rules for further information. One course must meet the human trafficking training requirement. If you are renewing late and your CE is late, you will enter such here, as well.

Abbreviated activity/course names may be used if the entire name cannot be entered in the space below. Reproduce if necessary.

Activity/Name of Course	Completion Date (MM/DD/YYYY)	CE Hours	This activity meets the Human Trafficking Training Requirement
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes

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

### Attestation

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

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.
3. I understand that renewing my license and/or 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 not been convicted of any felony that I have not previously reported to the Board, or if not previously reported, I have attached the official documentation from the court as part of this application.
5. I have not had any disciplinary action taken against my license or registration to practice in any other state or nation that I have not previously reported to the Board, or, if not previously reported, I have attached the official documentation from the licensing board regarding such as part of this application.

**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*