

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

OT/OTA Retired to Active Status Application – Introduction

General Information:

- This form is for use for those who have been on retired status less than one year who are applying to return to active status. Individuals who have been on retired status one year or more must follow the procedures to restore the license. For information regarding restoring a license, see the [Restoration](#) page.
- See the following, excerpted from §371.2 of the OT Rules.
 - (e) Requirements for return to active status. 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).
- Current fees may be accessed from the Look up Fees area under the Looking For? menu on the homepage, <https://ptot.texas.gov/>. Fees are nonrefundable.
- 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's practice is restricted while on retired status; see §371.2 of the OT Rules for further information.
- See the OT Act and Rules for further regulations (<https://ptot.texas.gov/ot-acts-and-rules>).

Application Requirements to Return to Active Status from Retired Status:

A complete application includes: 1. the completed, signed application form; 2. correct fee(s); 3. copies of the documentation of 18 hours of additional continuing education as described in Chapter 367 of the OT Rules; and 4. any additional items the Board requires.

PROCEDURE AND FEES:

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

1. Complete the following 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.

2. Mail the renewal fee and applicable late fee with the completed application, copies of the CE documentation, and any additional items, if applicable, to the Board.

FEES

Make checks or money orders payable to: ECPTOTE.

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|---|------------|-------------|
| <ul style="list-style-type: none">• Renewal fee | OT - \$248 | OTA - \$184 |
|---|------------|-------------|

RENEWAL LATE FEES

If it has been 90 days or LESS since your license has been on retired status, you must pay the renewal fee plus the late fee, which is equal to one-half of the renewal fee.	If it has been MORE than 90 days since your license has been on retired status, but less than one year, 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 on retired status for one year or more, see OT Rules §370.3, Restoration of a Texas License.

QUESTIONS? Contact us at info@ptot.texas.gov or by phone at 512/305-6900.

<p>Mail the application, payment, copies of the CE documentation, and any other required items to:</p>
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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 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: _____

Desired License Status

Are you requesting that your license status be changed to active 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 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: _____

Continuing Education Submission Form

List below the 18 additional hours of continuing education as described in Chapter 367, Continuing Education, of the OT Rules, completed to return to active status. The CE does not need to include an HHSC approved human trafficking training course.

Be sure to also include with the application copies of the required documentation for the activities (ex: certificates of completion, etc.). See Chapter 367 for documentation requirements for CE activities.

The 18 hours of CE may not be the same CE activities as used to initiate retired status.

Instructions: Enter the additional CE activities on the form below and complete all areas. See the OT Rules for further information.

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

APPLICANT NAME: _____ SSN: _____

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