

**Maryland Board of Occupational Therapy Practice**  
**Spring Grove Hospital ♦ 55 Wade Avenue ♦ Benjamin Rush Bldg. ♦ Baltimore, MD 21228**  
**Phone: 410-402-8560 ♦ Fax: 410-402-8561 ♦ www.mdotboard.org**  
**Application for License Renewal/Reinstatement**

<b>RENEWAL DEADLINE: MAY 31, 2006 (POSTMARKED)</b>	SOCIAL SECURITY NUMBER: _____ - _____ - _____  <b>I attest to earning the required continuing education credits indicated below: (check one)</b>  <input type="checkbox"/> 24 hours (licensed 2 years or more, as of 6/30/2006) <input type="checkbox"/> 12 hours (licensed < 2 years, but >1 year, as of 6/30/2006) <input type="checkbox"/> 0 hours (licensed < 1 year, as of 6/30/2006)  Home Phone: (_____) _____ Work Phone: (_____) _____ Email address: _____
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Fees (Make checks payable to: MD Board of OT)	Total Due	Amount Enclosed
1. OT – Occupational Therapist – includes \$270 Renewal Fee + \$27 Maryland Health Care Commission Fee	\$297	
2. OTA – Occupational Therapy Assistant	\$210	
3. Reinstatement (Occupational Therapist and/or Occupational Therapy Assistant)	\$450	
4. Late Fee - \$100 for renewal applications postmarked between June 1 and June 30	\$100	

<b>Write YES or NO for the following, since your last renewal:</b>  _____ 1. Have you been addicted to the use of drugs or alcohol with the result that your ability to practice your profession has been impaired? _____ 2. (a) Has any state licensing or disciplinary board, or a comparable body in the armed services denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, or revocation? _____ (b) Have you surrendered or failed to renew a license in any State? _____ 3. Are there any outstanding complaints, investigations or charges pending against you in any state (including Maryland) by any licensing or disciplinary board or a comparable body in the armed services? _____ 4. Have you had a physical, or mental illness that currently impairs your ability to practice your profession? _____ 5. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of any criminal act (excluding traffic violations)? _____ 6. Have you pled guilty, nolo contendere, or been convicted of, or received probation before judgment of driving while intoxicated or of a controlled dangerous substance offense?	_____ 7. Has any hospital or related healthcare institution or employer denied you privileges or employment, denied any application or contract or limited, restricted, suspended, revoked, or terminated your privileges or contract for any reason related to your practice? _____ 8. Have the conditions of your employment been affected by any termination of employment, suspension, or probation for any reason related to your practice? _____ 9. Has a malpractice suit been filed against you or has a claim for damages been settled or awarded against you? _____ 10. Have you knowingly practiced occupational therapy in the State of Maryland without an active license? _____ 11. Has it been more than three years since you practiced occupational therapy? _____ 12. Are you, or have you ever been, licensed to practice occupational therapy in another state or country? If yes, please list _____  <b>If YES is answered to any question, other than #11 or #12, attach a detailed explanation for each question answered yes and include a certified copy of court records, if applicable.</b>  Area of Practice/Specialty: _____  Year of graduation from Occupational Therapy Program: _____
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**Health Occupations Article §1-202** requires that you verify that you are complying with the Worker's Compensation Law for your renewal to be issued. I hereby certify:

(a)  I do practice in Maryland, but I do not employ anyone in my practice, OR (b)  I do not practice in Maryland, OR  
 (c)  I practice in Maryland, and employ one or more persons in my practice and will maintain Workmen's Compensation coverage continuously throughout the license renewal period. **If YES to (c), complete insurance information below.**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Notice for Mailing List**

**The information collected on the license application form and the license renewal forms is collected for the purposes of the Board's functions under the Maryland Health Occupations Code Annotated, Title 10. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.**

**Complete If Name Changed. Include Copy Of Legal Document.**

Last Name & Generational Indicator (Jr., III, Etc.) \_\_\_\_\_

First Name & Middle Name/Initial \_\_\_\_\_

**Complete If Address Changed.**

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

\_\_\_\_\_

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

Practice of occupational therapy without an active license is a violation of the Occupational Therapy Practice Act.

I affirm that the content of this document is true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

License Number: \_\_\_\_\_