
**MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE
SPRING GROVE HOSPITAL CENTER
55 WADE AVENUE
BALTIMORE, MD 21228
www.mdotboard.org**

Board Survey

The Maryland Board of Occupational Therapy is conducting an evaluation of procedures. The purpose of this evaluation is to identify ways the board can better assist Occupational Therapists and Occupational Therapy Assistants in the State of Maryland.

Please check your response.

1. Are you a new applicant, renewal or reinstatement? _____
2. Was the information provided to you over the telephone accurate?
 Yes No
3. Was the board staff courteous?
 Yes No
4. Did the board staff address your concerns?
 Yes No
5. Was the period of time from your initial request of an application packet to its receipt satisfactory?
 Yes No
6. Were all necessary forms provided in your application packet?
 Yes No
7. Were the instructions clear for completing the information requested on the application for licensure?
 Yes No
8. Approximately, how many days did it take for the completion of the licensure process? _____ (Days)
9. Overall, were you satisfied with the service you received from the board office?
 Yes No
10. List one change or recommendation where we could improve our licensure process.

Thank you for your assistance in helping the Board of Occupational Therapy Practice improve its licensure process.