

Employer requesting Verification for an Occupational Therapist or Occupational Therapy Assistant

INSTRUCTIONS:

Please complete the form below.

Mail the form along with a check or money order made out to: Treasurer, State of Minnesota to:

**Minnesota Department of Health
Health Occupations Program
Attn: Kim Ruberg
PO Box 64882
St. Paul, MN 55164-0882**

Once the department has received your request the money is deposited, the request is reviewed and processed. The reviewing and processing time takes 5-15 business days.

Requester name: _____

Address: _____

Phone number: _____

Requesting verification for _____ Credential Number: _____

Fee amount \$10.00 for each request

Would you like your request mailed or faxed? (Circle one) MAILED FAXED

MAILED

Attention the request to: _____

Business Name: _____

Address: _____

City, State, Zip: _____

FAXED

Fax Number: _____

Attention the fax to: _____