



Health Occupations Program
 Attn: Kim Ruberg
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 St. Paul, MN 55164-0882
 (651) 201-3725
 TDD: (651) 201-5797

**Occupational Therapy
 Practitioner
 Mailing Label Request Form**

NOTE: At **no charge**, you can create your own mailing labels and lists using the credential verifications and lookup feature accessible from the Minnesota Occupational Therapy Practitioner Licensing Program web page at: [Health Occupations Program Credential Lookup](#)

Processing time for these requests is 2-4 weeks.

To request MDH to create the mailing labels or lists for you, please follow directions below:

Complete this form in ink and forward it to the above address with payment.

Make your check or money order payable to: **Treasurer, State of Minnesota.**
 Please do not send cash. We cannot accept credit cards at this time.
 Payment is nonrefundable.

Check the Type of Product:

Occupational Therapists		Occupational Therapy Assistants		Both OT & OTA	
<input type="checkbox"/> Labels	\$45.00	<input type="checkbox"/> Labels	\$35.00	<input type="checkbox"/> Labels	\$75.00
<input type="checkbox"/> CD	\$20.00	<input type="checkbox"/> CD	\$20.00	<input type="checkbox"/> CD	\$30.00
<input type="checkbox"/> E-Mail	\$20.00	<input type="checkbox"/> E-Mail	\$20.00	<input type="checkbox"/> E-Mail	\$30.00

E-mail address _____

Check One:

Order by City Order by Last Name Order by Zip Code

Name of Requestor: _____

Mailing Address: _____

Daytime Phone:(_____) _____

SIGNATURE _____ **DATE** _____