Qualifying for Licensure as an Occupational Therapist in Minnesota
Method B: General Licensing

INSTRUCTIONS for Method B: General Licensing

___ Print these instructions and use them as a check list.
___ Print the application using this link: Application for Licensing as an Occupational Therapist (PDF: 171KB/7 pages).
___ You must provide an official transcript that is sent directly to MDH from the educational institution where you completed your occupational therapy education. We will not accept a transcript from you (the applicant) unless it is in an unopened sealed envelope. Our address is:

Minnesota Department of Health
Health Occupation Program
Attn: OT Licensing
PO Box 64882
St. Paul, MN 55164-0882

Courier–Drop off–Overnight Delivery Address:
Minnesota Department of Health
Attn: OT Licensing
85 East Seventh Place, Suite 220
Saint Paul MN 55101

___ You must also request that NBCOT exam results be sent directly to MDH. You can reach NBCOT at http://www.nbcot.org or at 301-990-7979. If you requested and paid for at the time of your exam to have your score sent to Minnesota this will show up on our NBCOT online score system. If you did not request your score be sent to Minnesota when you took the exam, you will need to contact NBCOT and pay $45.00 to have a paper request sent to MDH.

___ Print and send this form to each state in which you hold or have held a license:
Verification of Credential Form (PDF: 32KB/2 pages).
This form is required if you are or have ever been licensed in any other state. You must have verification from each state sent to MDH.

FILL OUT THE APPLICATION AND PLEASE REMEMBER TO:

___ Answer every numbered question or statement in the application. Incomplete applications will be returned.
___ If something does not apply to you, please write “N/A” in the space provided for a response.
___ Each question in the application must be answered fully, truthfully, and accurately. Intentionally submitting false or misleading information to the Commissioner is cause for denial of licensing or disciplinary action by the Commissioner.
___ If space for any answer is insufficient, the answer may be completed on page 7 of the application or on another piece of paper. If additional sheets of paper are used, please specify the number of the question, sign and date each page and attach it to the rest of the application.
___ Sign the Records Waiver Authorization and release.
___ Complete, sign, and date the application form within 30 days of submission.
_____ Make out check or money order made payable to “Treasurer: State of Minnesota” in the amount of:

<table>
<thead>
<tr>
<th>OT APPLICATION MAILED</th>
<th>OT FEE AMOUNT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>January – December</td>
<td>$145.00</td>
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PLEASE NOTE: ALL FEES ARE NONREFUNDABLE. Minnesota Statutes §148.6445.

_____ Make a copy of the application and all supporting forms for your records.
_____ Mail completed original application and fees to the address on the application form.
_____ Mail letters requesting verification of state licensing if you hold or have held a credential.
_____ Contact the state you are using as reciprocity and have laws/rules sent to MDH

NOTE: When MDH receives your application and fees, your check or money order is deposited immediately. The application is held as we wait for all supporting documentation to arrive. When all supporting documentation is received in our office, we begin a final review of your application and the process of issuing or denying the license. The processing time may take 5-30 business days after we receive all forms and supporting documents. The entire application process can take from 30-90 days, so plan and allow for time to obtain licensing.

_____ To check if your credential has been issued you can go to our website at: https://pqc.health.state.mn.us/hopVerify/loginAction.do. Your name will appear on the website the day after your credential has been issued.

Questions: Please call 651-201-3725 or email health.ot@state.mn.us.

If you require an alternate format (i.e., large print), please call (651) 201-3725.