



Minnesota Department of Health
 Health Occupations Program
 P.O. Box 64882
 St. Paul, MN 55164-0882

Verification of Credential

Occupational Therapist or Occupational Therapy Assistant

INSTRUCTIONS: This form is provided to obtain verification of credential(s) you hold, or have held, in another state. We prefer that this form be completed, however, if the other state board/agency sends a letter, it must contain all information requested in this form.

For questions about Occupational Therapist (OT) licensing, email health.ot@state.mn.us or call 651-201-3725.

For questions about Occupational Therapist Assistant (OTA) licensing, email health.ota@state.mn.us or call 651-201-3724.

PART I. To be completed by Applicant

Applicant, please complete the top portion only and send this form to the Occupational Therapy Practitioner related board, or agency, in the state(s) from which you are or have been licensed, registered, or certified.

Applicant Name: _____

Type of Credential: _____ Occupational Therapist (OT) _____ Occupational Therapy Assistant (OTA)

Address: _____

Date of Birth: _____

I HEREBY AUTHORIZE the Commissioner of the MINNESOTA DEPARTMENT OF HEALTH or the Commissioner's designee to obtain, and authorize the person to whom this authorization is presented to release, any and all information contained in the license, registration, or other credentialing records in this or any other state where I hold or have held a credential as a occupational therapist or occupational therapy assistant.

Signature of Applicant

Date

PART II. To be completed by the State board or agency

The individual listed above has applied for licensing in Minnesota as a Occupational Therapist or Occupational Therapy Assistant. Before processing this application any further, the following information is needed:

Name on credential, if different from above: _____

State: _____ Credential: _____

Type of Credential: _____ Occupational Therapist (OT) _____ Occupational Therapy Assistant (OTA)

Date of Original Issue: _____

1. Applicant's Registration/License is:

_____ Current Current Expiration Date: _____; _____ Inactive _____ Expired

If inactive or expired, date licensed became inactive or expired: _____

Explain: _____

Continued other side

2. Registration/License was obtained by: _____NBCOT (formerly the AOTCB) Credential;

Education and Examination; _____ Reciprocity; _____ Grandfathering; _____ Other

3. Action taken or pending against applicant's registration/license: No disciplinary action taken or pending;

_____ Disciplined; _____ Suspended; _____ Revoked; _____ Invalid; _____ Other

4. Is or was there any derogatory information concerning this applicant? _____ Yes _____ No

If yes, please explain: _____

COMMENTS: _____

I certify that the information contained in this Occupational Therapist or Occupational Therapy Assistant Verification of Credential is true in every respect in accordance with the records on file with:

(State and Official Name of Board/Agency)

SEAL

Executive Officer/Official

Title

Date

(PLEASE RETURN THIS FORM TO THE ADDRESS ON FRONT PAGE.)

NOTICE TO APPLICANTS: This notice is given pursuant to Minnesota Statutes '13.04, Subd. 2, and '13.41, Subd. 2. The Commissioner of the Minnesota Department of Health (Commissioner) will use information provided in your application to determine if you meet Minnesota Statutes " 148.6401 to 148.6450 requirements for licensing. You are not legally required to supply the requested information. However, FAILURE TO PROVIDE INFORMATION OR THE SUBMISSION OF FALSE OR MISLEADING INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION OR MAY BE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed. "Private" data is data dug is not public and is accessible to you. When you become licensed the application data becomes public. Information submitted to the Commissioner in your registration application may, in some circumstances, be disclosed to other persons or entities including the Minnesota Department of Health and its staff, the Occupational Therapy Practitioners Advisory Council, staff of the Attorney General's office; and persons whom they contact including any person to whom the Commissioner must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications, and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

UPON REQUEST, THIS INFORMATION WILL BE MADE AVAILABLE IN ALTERNATIVE FORMAT; FOR EXAMPLE, LARGE PRINT, BRAILLE, OR CASSETTE TAPE.