

Verification of an Occupational Therapist (OT) or Occupational Therapy Assistant (OTA) Sent to Another State

INSTRUCTIONS:

Mail this completed form along with a \$25.00 check or money order made payable to “Treasurer, State of Minnesota” to:

OTs mail requests to:

Minnesota Department of Health
Health Occupations Program

Attn: OT Licensing

PO Box 64882
Saint Paul, MN 55164-0882

OTAs mail requests to:

Minnesota Department of Health
Health Occupations Program

Attn: OTA Licensing

PO Box 64882
Saint Paul, MN 55164-0882

Courier/Drop-off/Overnight Delivery Addresses:

Minnesota Department of Health – HOP

Attn: OT Licensing

85 East Seventh Place, Suite 220
Saint Paul, MN 55101

Minnesota Department of Health – HOP

Attn: OTA Licensing

85 East Seventh Place, Suite 220
Saint Paul, MN 55101

The verification fee amount is \$25.00 for each request. 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 INFO:

Requester name: _____

Address: _____

Phone number: _____

Requesting Verification For: _____

Minnesota Credential #: _____ SSN#: _____

MAIL TO:

Attention the request to: _____

State: _____

Address: _____

City, State, Zip: _____

All fees are nonrefundable.