

MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE
Spring Grove Hospital Center ♦ Bland Bryant Building, 4th Floor ♦ 55 Wade Avenue
Baltimore, MD 21228
Phone: 410-402-8560 ♦ Fax: 410-402-8561
www.dhmfh.maryland.gov/botp

APPLICANT'S CHECKLIST

DID YOU...	YES	NO
1. Complete your application form (questions 1-30)?	1. <input type="checkbox"/>	<input type="checkbox"/>
2. Submit photograph affixed to application?	2. <input type="checkbox"/>	<input type="checkbox"/>
3. Notarize document over portion of photo?	3. <input type="checkbox"/>	<input type="checkbox"/>
4. Enclose a check or money order payable to MBOT?	4. <input type="checkbox"/>	<input type="checkbox"/>
5. Include two mailing labels with a reliable address for returning material to you?	5. <input type="checkbox"/>	<input type="checkbox"/>
6. Ask two people to complete the Moral Character Forms, to be mailed directly to the Board Office? Persons who complete this form must have observed the applicant's clinical skills , and not be related to the applicant.	6. <input type="checkbox"/>	<input type="checkbox"/>
7. Request verification of licensure from any state(s) or country(ies) in which you have ever been licensed?	7. <input type="checkbox"/>	<input type="checkbox"/>
8. CERTIFIED CANDIDATES ONLY – Request Original Verification of Certification from the National Board for Certification in Occupational Therapy (NBCOT)?	8. <input type="checkbox"/>	<input type="checkbox"/>
9. TEMPORARY LICENSE APPLICANTS ONLY – Request Original Confirmation of Examination Registration and Eligibility to Examine Notice from NBCOT?	9. <input type="checkbox"/>	<input type="checkbox"/>
10. Include the Continuing Competency Requirement Compliance Report Form, if applicable? Per COMAR 10.46.04, please include documentation from the date you sign the application and submit with the Continuing Competency Requirement Compliance Report Form.	10. <input type="checkbox"/>	<input type="checkbox"/>
11. Successfully complete the Jurisprudence Examination by going to www.mdotboard.org and select Jurisprudence Exam, and then select download a copy.	11. <input type="checkbox"/>	<input type="checkbox"/>
12. Forward completed Application, Continuing Education, if applicable, and payment to Maryland Board of Occupational Therapy, Spring Grove Hospital Center, Bland Bryant Building, 4 th Floor, 55 Wade Avenue, Baltimore, MD 21228?	12. <input type="checkbox"/>	<input type="checkbox"/>

FYI...

NBCOT may be reached at: 12 S. Summit Avenue, Suite 100
Gaithersburg, MD 20877-4150
(301) 990-7979