



**Licensure**

23. Have you ever been licensed by the state of Maryland as an  
 a. Occupational Therapist?  Yes  No License # \_\_\_\_\_  
 b. Occupational Therapy Assistant?  Yes  No License # \_\_\_\_\_

24. Are you, or have you ever been, licensed to practice occupational therapy in another state or country?  Yes  No  
 If yes, please list \_\_\_\_\_  
*(Verification of Licensure must be provided to Board from each State or Country)*

**Professional Experience**

25. Has it been more than one year since you graduated from an Occupational Therapy academic program?  Yes\*  No  
 \*If yes, per COMAR 10.46.04, please include documentation from the date you sign the application as follows:  
 More than 2 years since graduation, provide documentation for 24 contact hours and a completed Continuing Education Form;  
 Less than 2 years, but more than 1 year since graduation, provide documentation for 12 contact hours and a completed Continuing Education Form;  
 Less than 1 year since graduation, provide 0 contact hours.

26. Most recent venue as a practicing clinician (paid or unpaid)

Location	Address	Phone	Date(s) of Service

**Signature/Affirmation**

27.  
 a. The contents of this document are true and correct to the best of my knowledge and belief.  YES  NO  
 b. I have received, read, and understand the annotated Code of Maryland Health Occupations Article Title 10, and Code of Maryland Regulations (COMAR) 10.46, Maryland Board of Occupational Therapy Practice.  YES  NO  
 c. I have knowingly practiced Occupational Therapy in Maryland without a valid Maryland license.  YES  NO

Failure to provide accurate information may result in denial of licensure.

**Notice for Mailing List**

The information collected on the license application form and the license renewal forms is collected for the purposes of the Board's functions under the Maryland Health Occupations Code Annotated Title 10. Failure to provide the information may result in the denial of your application for an initial or renewed license. You have a right to inspect, amend, and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by federal and State law. The Board may sell or provide a list of licensees' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.

This space to contain a recent passport type full-face photograph of the applicant.

Photograph must be securely taped in place.

Newspaper photograph, etc., not acceptable.

**PLEASE DO NOT STAPLE**

**NOTARY SEAL**

28. APPLICANT'S SIGNATURE (REQUIRED):

\_\_\_\_\_

29. DATE:

\_\_\_\_\_

30. NOTARY PUBLIC:

Sworn before me this (Date) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature Notary Public

**Applicant Fee: \$200.00**  
**Do not staple fee payment to form.**

Make check or money order payable to "MBOT". Cash or credit card cannot be accepted. If the official application/temporary application is not complete per regulation 10.46.01.02, the application may be destroyed. To reapply, a new application may need to be filed and another fee paid.

**FEE IS NOT REFUNDABLE.**