

APPLICATION INSTRUCTIONS FOR REINSTATEMENT OF LICENSE TO PRACTICE AS AN OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT

These instructions are for licenses in an expired status for over two (2) years ONLY. Do not complete this application if your license has been expired for less than TWO (2) years or if you are trying to [reactivate a license in inactive status](#)

1. Familiarize yourself with the qualifications required for a full license by reviewing the [Laws and Regulations](#) governing the practice as an occupational therapist (OT) or an occupational therapy assistant (OTA) in Virginia.
2. **Application fees are non-refundable. Your application is NOT processed until the fee is paid. Fees must be submitted with the online application.**
3. The application fee for reinstatement of an occupational therapist is \$180, for an occupational therapy assistant the application fee is \$90.00.
4. Applications EXPIRE 180 days from submission if they are not completed. You must ensure all required supporting documentation is submitted to the Board before the expiration date. If your application expires, you are required to start the process over by submitting a new application and paying the fee again.
5. [National Practitioner Data Bank \(NPDB\)](#) self-query reports expire within six (6) months of receipt and must be resubmitted if you do not complete your application within that timeframe.
6. When possible, submit your documents electronically. Some forms may be faxed to 804-527-4426 and are indicated as such. If you must mail your documents to the Board, you are encouraged to send them via FedEx or UPS so you can track their delivery. The Board is unable to track documents delivered via USPS.
7. For mailed applications, the Board does **not** accept supporting documents that are copied *after* they are notarized. Notarized supporting documents should be sent *directly from the program office or school to the Board* via mail or hand delivery.
8. Consistent with Virginia law and the mission of the Department of Health Professions, public addresses on file with the Board of Medicine are made available to the public. The Board address noted on your application may be different from the public address and is not released to the public. The Board of Medicine allows the Board address of record to be a Post Office Box or practice location.
9. The Board processes applications efficiently, but licensing time depends on external entities, so plan accordingly. Applicants must ensure all required documentation is sent to the Board.
10. **Do not begin practice until you are notified of reinstatement approval.** Submission of an application does not guarantee a reinstated license. A review of your application could result in the finding that you are not eligible for reinstatement pursuant to Virginia laws and regulations. Additional information may be requested after review by the Board.

**OCCUPATIONAL THERAPIST / OCCUPATIONAL THERAPY ASSISTANT REINSTATEMENT
APPLICATION CHECKLIST**

CHECK MARK	REQUIRED DOCUMENTATION	SUBMISSION METHOD
1. APPLICATION AND FEE		
<input type="checkbox"/>	<p>Complete the online application and submit it with the non-refundable application fee of \$180 for OT, \$90 for OTA.</p> <ul style="list-style-type: none"> Many application components require additional documentation, noted when applicable. Failure to provide necessary documentation impedes progress, and it is the applicant's responsibility to submit all required supporting documentation. 	ONLINE
2. EMPLOYMENT CHRONOLOGY		
<input type="checkbox"/>	<p>List your employment activities in chronological order within the application.</p> <ul style="list-style-type: none"> This must include all professional activities or practice in other jurisdictions since your license expired. Include any internships, affiliations, observerships, additional training, and volunteer service, and any gaps in employment (e.g., taking time off for an extended vacation, sabbatical, or leave of absence, maternity, or paternity leave). If you are employed by a group practice or locum tenens/traveler company, please list all locations where you provided service or held privileges. If more space is needed to record your activities, use the supplemental form and submit with your application. 	ONLINE EMAIL, FAX, OR MAIL
ITEMS REQUIRED IF YOUR LICENSE HAS LAPSED FOR AT LEAST TWO TO FOUR YEARS		
<input type="checkbox"/>	<p>An OT or OTA who has allowed a license to lapse for, at least, two years but less than four years shall provide one of the following:</p> <ol style="list-style-type: none"> Evidence of a current, active, and unrestricted license in another United States jurisdiction or Canada; Documentation of completed continued competency hours equal to the requirement for the number of years in which the license has been lapsed; Evidence of current certification by NBCOT; or A passing score on the national examination obtained within the two years preceding application for reinstatement. 	
ITEMS REQUIRED IF YOUR LICENSE HAS LAPSED FOR FOUR YEARS OR MORE		
<input type="checkbox"/>	<p>An OT or OTA who has allowed a license to lapse for four years or more shall provide two of the following:</p> <ol style="list-style-type: none"> Evidence of a current, active, and unrestricted license in another United States jurisdiction or Canada; Documentation of completed continued competency hours equal to the requirement for the number of years in which the license has been lapsed (not to exceed six years); Evidence of current certification by NBCOT; or A passing score on the national examination obtained within the two years preceding application for reinstatement. 	

3. PROFESSIONAL LICENSE VERIFICATION (IF SELECTED ABOVE)		
<input type="checkbox"/>	<p>Request verification of your license to practice as an occupational therapist or occupational therapy assistant.</p> <ul style="list-style-type: none"> • Provide verification of a license to practice as an OT or OTA from a jurisdiction within the United States, its territories and possessions, or Canada that is in good standing, defined as current, active, and unrestricted. The Board does not require verification of training licenses. • To request verification of a license to practice as an OT or OTA from a jurisdiction within the United States, its territories and possessions, or Canada, contact the applicable jurisdiction where you were issued a license to practice medicine to request documentation be sent directly the Board via email to ot-medbd@dhp.virginia.gov, faxed to (804) 527- 4426, or mailed to the address at the top of these instructions. 	EMAIL, FAX, OR MAIL SENT DIRECTLY FROM JURISDICTION
4. CONTINUED COMPETENCY REQUIREMENTS (IF SELECTED ABOVE)		
<input type="checkbox"/>	<ul style="list-style-type: none"> • Documentation of completed continuing competency hours or activities as specified in Virginia regulations 18VAC85-80-71 is required, if selected. • You may mail, fax, or email to ot-medbd@dhp.virginia.gov 	EMAIL, FAX, OR MAIL
5. VERIFICATION OF PROFESSIONAL CREDENTIAL (IF SELECTED ABOVE)		
<input type="checkbox"/>	<ul style="list-style-type: none"> • Contact the National Board for Certification in Occupational Therapy (NBCOT) to request evidence of current NBCOT certification • Order a verification letter to be sent to ot-medbd@dhp.virginia.gov through your MyNBCOT account 	SENT DIRECTLY FROM NBCOT TO THE BOARD
6. NATIONAL PRACTITIONER DATA BANK (NPDB) SELF-QUERY (NEEDED FROM ALL APPLICANTS)		
<input type="checkbox"/>	<p>Complete the online NPDB self-query form.</p> <ul style="list-style-type: none"> • The Board accepts digitally certified electronic copies that can be emailed to ot-medbd@dhp.virginia.gov <p>If you choose to have the NPDB report mailed to you instead, DO NOT OPEN IT when you receive it. Place the unopened NPDB report in an oversize envelope and forward it to the Virginia Board of Medicine.</p>	ONLINE AND SENT DIRECTLY FROM NPDB
7. NAME CHANGE		
<input type="checkbox"/>	<p>Provide copies of documentation supporting any name changes differing from your previous license or which occurred after your license expired.</p>	EMAIL, FAX, OR MAIL

END OF INSTRUCTIONS. PROCEED TO THE [ONLINE APPLICATION](#).