

**INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE AS AN OCCUPATIONAL THERAPIST IN VIRGINIA**  
*(This form has been designed to be used as a checklist when preparing to submit your application.)*

***APPLICATION FEES ARE NONREFUNDABLE***

**BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!**

This is the application for a full and unrestricted license to practice Occupational Therapy in Virginia. The Board recommends that you complete this application when applying for the NBCOT exam.

A graduate of an accredited occupational therapy/assistant program may practice with the designated title of "Occupational Therapist/Assistant, License Applicant" or "O.T.L./A. – Applicant" until he has received a failing score on the licensure examination from the NBCOT or for six months from the date of graduation, whichever occurs sooner.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of occupational therapy in Virginia. They can be found at: [http://www.dhp.virginia.gov/medicine/medicine\\_laws\\_regs.htm](http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm)

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 8-12 weeks, so plan accordingly if you are pursuing a practice position in Virginia.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 days for your initial application checklist to be updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov) with "Occupational Therapy Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit <https://dhp.virginiainteractive.org/Lookup/Index> to view your newly issued license. This website is primary source license verification that meets the Joint Commission's requirements for license verification. If you need technical assistance with your checklist contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

**NB** Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

APPLICATION FEES ARE NON-REFUNDABLE.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

**INSTRUCTIONS FOR COMPLETING AN OCCUPATIONAL THERAPY LICENSURE APPLICATION**

*(This form has been designed to be used as a checklist for submitted required documentation.)*

- 1. **Complete the online application** at <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$130.00. Application fees may only be paid using Visa, MasterCard or Discover.
- 2. **Form B's sent to the Virginia Board of Medicine by the applicant will not be accepted.**  
A completed Form B Activity Questionnaire or a letter of recommendation must be received from all places of practice or professional employment, affiliation, observership, professional research positions or professional volunteer service listed for the past 5 years even if completed in a country outside of the United States or Canada.  
**If you practice as a traveler, have your employer send to the Board all of your locations of service within the past 5 years to include dates and locations. The Board must receive a completed form B from each location where you provided services as an occupational therapist for the past 5 years.**

Completed Form B's may be attached as a PDF and sent to [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov), faxed to (804) 527-4426 or mailed.

- 3. **License Verification**  
Verification of Occupational Therapy licenses from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice as an Occupational Therapist to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov), faxed to (804) 527-4426 or mailed.
- 4. **Certification of credentials from NBCOT**  
Certification can be requested from the National Board of Certification of Occupational Therapy, Inc., 12 S. Summit Avenue, Suite 100, Gaithersburg, MD 20877-1450, phone (301) 990-7979, fax (301) 869-8492 or use the following link [http://www.nbcot.org/index.php?option=com\\_content&view=article&id=23&Itemid=51](http://www.nbcot.org/index.php?option=com_content&view=article&id=23&Itemid=51). Certification forms **may not** be faxed.
- 5. **Verification of professional education in occupational therapy**  
Contact your school of professional education and request that transcripts be sent directly to the Virginia Board of Medicine. Transcripts must be official, with the school seal. Transcripts will be accepted if they come directly from the school to the Board or if sent to the Board by the applicant in the original sealed envelope. Faxed transcripts are not accepted. The Board accepts transcripts sent electronically from various repositories contracted through the schools.

**Board-Approved Practice** – If the license has been inactive for two to six years, documentation of having engaged in the active practice of occupational therapy or having completed a board-approved practice of 160 hours within 60 consecutive days under the supervision of a licensed occupational therapist; and

Documentation of completed continued competency hours equal to the requirement for the number of years, not to exceed four years, in which the license has been inactive.

The board-approved practice form must be completed and approved before practice can begin. The Board-Approved Practice application may be faxed to 804-527-4426.

An occupational therapist or an occupational therapy assistant who has had an inactive license for six years or more and who has not engaged in active practice, as defined in 18VAC85-80-10, shall serve a board-approved practice of 320 hours to be completed in four consecutive months under the supervision of a licensed occupational therapist.

Please note:

▶ Please include "Occupational Therapy Application" in the subject line of all emails to the Board.

▶ Applications not completed within 12 months may be purged without notice from the board.

▶ Additional information not already listed may be requested at any time during the process.

▶ **Application fees are non-refundable.**

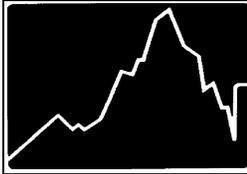
▶ The Board's mailing address is **The Virginia Board of Medicine  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233**

▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to [medbd@DHP.Virginia.gov](mailto:medbd@DHP.Virginia.gov).

▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

▶ **Scroll down for Form B**

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Acupuncturist    | <input type="checkbox"/> Genetic Counselor                | <input type="checkbox"/> Osteopathy and Surgery        | <input type="checkbox"/> Radiologic Technologist           |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medicine and Surgery             | <input type="checkbox"/> Physician Assistant           | <input type="checkbox"/> Radiologic Technologist - Limited |
| <input type="checkbox"/> BCaBA            | <input type="checkbox"/> Midwife                          | <input type="checkbox"/> Podiatry                      | <input type="checkbox"/> Radiologist Assistant             |
| <input type="checkbox"/> BCBA             | <input type="checkbox"/> Occupational Therapist           | <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Respiratory Therapist             |
| <input type="checkbox"/> Chiropractic     | <input type="checkbox"/> Occupational Therapist Assistant |  |  |



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**Virginia Department of Health Professions**

**Board of Medicine**  
9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233-1463

**Phone: (804) 367-4600**  
**Fax: (804) 527-4426**  
**Email: [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)**

**Please provide name and address of setting/organization exactly as it appears on your application chronology.**

\_\_\_\_\_  
Clearly print/type name of applicant

Name of Setting: \_\_\_\_\_

Address: \_\_\_\_\_

Last 4 of Social Security Number XXX-XX-\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.**

Signature of Applicant \_\_\_\_\_

1. Date and type of service: This individual served with us as \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_.  
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

|                              | Poor | Fair | Good | Superior |
|------------------------------|------|------|------|----------|
| Professional knowledge       |      |      |      |          |
| Clinical judgment            |      |      |      |          |
| Relationship with patients   |      |      |      |          |
| Ethical/professional conduct |      |      |      |          |
| Interest in work             |      |      |      |          |
| Ability to communicate       |      |      |      |          |

3. Recommendation: (please indicate with check mark)  Recommend highly and without reservation  Recommend as qualified and competent  
 Recommend with some reservation (explain) \_\_\_\_\_  
 Do not recommend (explain) \_\_\_\_\_

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. \_\_\_\_\_  
\_\_\_\_\_

5. The above report is based on: (please indicate with check mark)  
 Close personal observation  General impression  A composite of evaluations  
 Other: \_\_\_\_\_

Date (Required): \_\_\_\_\_

Signed by: \_\_\_\_\_

Print or type name: \_\_\_\_\_

Signator Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Title: \_\_\_\_\_