

Wisconsin Department of Safety and Professional Services

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OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

OCCUPATIONAL THERAPIST OR OCCUPATIONAL THERAPY ASSISTANT LICENSURE INFORMATION

All applicants shall pass the certification examination for occupational therapy or occupational therapy assistant by the National Board for Certification in Occupational Therapy, as well as an open book examination on Wisconsin Statutes and Administrative Code.

Applicants **may** be required to complete an oral examination if he/she:

1. Has a medical condition which in any way impairs or limits the applicant's ability to practice occupational therapy or as an occupational therapy assistant with reasonable skill and safety;
2. Uses chemical substances that impair in any way the applicant's ability to practice occupational therapy or as an occupational therapy assistant with reasonable skill and safety;
3. Has been diagnosed as suffering from pedophilia, exhibitionism, or voyeurism;
4. Has within the past two years engaged in the illegal use of controlled dangerous substances;
5. Has been subject to adverse formal action during the course of occupational therapy or occupational therapy assistant education, postgraduate training, hospital practice, or other occupational therapy employment;
6. Has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;
7. Has been convicted of a crime which substantially relates to the practice of occupational therapy or as an occupational therapy assistant;
8. Has not practiced occupational therapy or as an occupational therapy assistant for a period of five years prior to application, unless the applicant has graduated from a school of occupational therapy or occupational therapy assistant school within that period. Practice for the purposes of this paragraph includes direct patient treatment and education, instruction in an occupational therapy program recognized by the board, occupational therapy research, or service in administrative positions for health care providers or governmental bodies with responsibility relating to occupational therapy;
9. Has graduated from an occupational therapy or occupational therapy assistant school not approved by the board;
10. Was a resident of Wisconsin and eligible for certification as an occupational therapist or occupational therapy assistant on August 1, 1989, but did not apply for certification until after August 1, 1991.

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An applicant who meets any of the above criteria shall be reviewed by the Occupational Therapists Affiliated Credentialing Board to determine whether an applicant is required to complete an oral examination.

All examinations shall be conducted in the English language. Where both written and oral examinations are required, they shall be scored separately and the applicant shall achieve a passing grade on both examinations to qualify for a license.

If selected to appear for an oral examination, the applicant will be advised of the date upon completion of their application.

The content and process of this examination, and candidate performance statistics, are regularly evaluated by the Department and the Occupational Therapists Affiliated Credentialing Board to assure that this examination fairly and effectively assesses competencies necessary to practice as an occupational therapist or as an occupational therapy assistant.

TEMPORARY LICENSE

1. An applicant for a license may apply to the board for a temporary license to practice as an occupational therapy or as an occupational therapy assistant if the applicant:
 - a) Submits DSPS Application (Form #1569), required documents under sec. MED 19.03, Wis. Admin. Code, and pays the required fee.
 - b) Is a graduate of an approved school and is scheduled to take the national certification examination for occupational therapy or an occupational therapy assistant, or has taken the national certification examination and is awaiting results.
2. Practice during the period of the temporary license shall be in consultation, at least monthly, with an occupational therapist who shall at least once each month endorse the activities of the person holding the temporary license.
3. A temporary license expires when the applicant is notified he/she failed the national certification examination or on the date the board grants or denies an applicant a permanent license, whichever is first.
4. A temporary license shall remain in effect for six months and may not be renewed.

RE-REGISTRATION LICENSE

Re-registration applicants must submit 24 points (one point = one hour) of continuing education (CE) obtained in the previous biennium (6/1/odd – 5/31/odd). Refer to Chapter OT 3 Biennial Registration in the Wisconsin Administrative code for further information.

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ALL OF THE FOLLOWING DOCUMENTS ARE REQUIRED TO PROCESS THIS APPLICATION:

All Applicants

- Fee(s) attached to this application
- Letters from all State Boards or other jurisdictions where licensed or credentialed (**includes active and inactive licenses**)
- Copies of malpractice suit(s)
- Wisconsin Statutes and Rules Examination
- Certificate of Professional Education (Form #1570) (**Not applicable to Re-Registration Applicants**)
- Verification of certification from National Board for Certification in Occupational Therapy (**Not applicable to Re-Registration Applicants**)

Re-Registration Applicants

- 24 points (one point = one hour) of CE obtained in previous biennium (6/1/odd – 5/31/odd).

PRACTICE: Account for **all** professional and nonprofessional activities and practice **from date of graduation to the present time.**

LOCATION Employer Name, City, State	DATES (from –to) Month/Year	# OF HOURS PER WEEK	JOB TITLE AND DUTIES

I AM, OR HAVE BEEN, LICENSED IN THE FOLLOWING STATE(S) OR TERRITORIES (Include **all** active and inactive states):

For each credential listed above, you are required to have each state board or territory of the United States submit a letter of verification to the Wisconsin Medical Examining Board. The verification letters must state your date of birth, credential number, date of issuance and a statement regarding disciplinary actions.

FOR TEMPORARY LICENSE (check one): (Not applicable to Re-Registration Applicants)

- I plan to take the National Certifying Examination on ___ / ___ / _____.
- I have taken and passed the National Certifying Examination.

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ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health and Family Services regarding communicable diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever failed to pass any state board examination, national board examination, or NBCOT examination? If yes, give details on an attached sheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of a misdemeanor or a felony or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252). | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s). _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever been credentialed under another name(s)? If yes, state name(s).
_____ | <input type="checkbox"/> | <input type="checkbox"/> |

For the purposes of these questions, the following phrases or words have the following meanings "Ability to practice occupational therapy" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned occupational therapy judgments and to learn and keep abreast of occupational therapy developments; and
2. The ability to communicate those judgments and occupational therapy information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform occupational therapy tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Chemical Substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

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ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 11. Do you have a medical condition which in any way impairs or limits your ability to practice occupational therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does your use of chemical substance(s) in any way impair or limit your ability to practice occupational therapy with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: _____ Date: _____