

# 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 online 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 (2) 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 (5) 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.

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.

# Wisconsin Department of Safety and Professional Services

## TEMPORARY LICENSE

1. An applicant for a license may apply to the board for a temporary license to practice as an Occupational Therapist or as an Occupational Therapy Assistant if the applicant:
  - a) Submits DSPTS Application (**Form #1569**), required documents under sec. OT 2.02, 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 (6) 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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## OCCUPATIONAL THERAPISTS AFFILIATED CREDENTIALING BOARD

### APPLICATION FOR A LICENSE TO PRACTICE OCCUPATIONAL THERAPY OR AS AN OCCUPATIONAL THERAPY ASSISTANT

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).

<b>PLEASE TYPE OR PRINT IN INK</b>				<input type="checkbox"/> Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
<b>License Applying for:</b> <input type="checkbox"/> Occupational Therapist–New License <input type="checkbox"/> Occupational Therapy Assistant–New License <input type="checkbox"/> Occupational Therapist-Re-Registration <input type="checkbox"/> Occupational Therapy Assistant-Re-Registration				
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
<b>Address</b> (street, city, state, zip)			<b>Daytime Telephone Number</b>	
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	
<b>Mailing Address</b> (if different)			<b>Date of Birth</b>	
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	
<b>Social Security #</b>	Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.			
<input style="width:100%;" type="text"/>				
Ethnicity/gender status information is optional.				
<b>Ethnicity:</b>	<input type="checkbox"/> White, not of Hispanic origin	<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Hispanic	
	<input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other	
<b>Sex:</b>	<input type="checkbox"/> M <input type="checkbox"/> F			
<b>Have you ever been licensed in Wisconsin as a Occupational Therapist or Occupational Therapist Assistant?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your credential number:
				<input style="width:100%;" type="text"/>
<b>Email Address</b>				
<input style="width:100%;" type="text"/>				
<b>School Name</b>			<b>School Address</b> (street, city, state)	
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	
<b>Date Degree Granted</b>			<b>Degree</b>	
<input style="width:100%;" type="text"/>			<input style="width:100%;" type="text"/>	

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
  - Exam Applicants** (NBCOT)
    - OT  OTA
    - \$ 75.00 Initial Credential Fee
    - \$ 75.00 State Law Exam
    - \$150.00 Total Fee Attached**
  - Request for a Temporary License**
    - \$ 10.00** (Is required in addition to the above fee and is non-refundable, for Exam applicants only.)
  - Re-Registration Applicants** (previous WI license-expired more than 5 years)
    - OT  OTA
    - \$ 75.00 Renewal Credential Fee
    - \$ 25.00 Late Renewal Fee
    - \$ 75.00 State Law Exam
    - \$175.00 Total Fee Attached**
- Oral Examination Fee: \$266.00**  
 If you are selected for an oral examination, the additional oral examination fee will be required prior to being scheduled for this exam.

**For Receiving Use Only (26/27)**

# Wisconsin Department of Safety and Professional Services

**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).

**ARE YOU A VETERAN?** If yes, please view the Department website at <http://dsps.wi.gov> for eligibility requirements.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

**If you qualify, are you requesting equivalency of your Military Training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

**If you qualify, are you requesting Temporary Spousal Reciprocal License?**  Yes  No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

**You may contact the DVA at 1-800-WisVets or [www.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

**CONTINUING EDUCATION AND RENEWAL REQUIREMENTS:** Please view the Department website at <http://dsps.wi.gov> and select the "Professional Credential Renewal Information".

**PRACTICE:** Account for all activities and practice starting from the date of graduation to the present time. Must include professional and nonprofessional activities. All time and dates must be accounted for. (Attach additional sheets, if necessary.) **If currently employed at a location indicate 'to present' in lieu of a 'To' date.**

Employer Name	Location of Employment (city/state)	Dates Employed (month/year)	# of Hours per Week	Job Title and Duties
<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 20px; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 20px; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	(City) <input style="width: 100%; height: 20px;" type="text"/> (State) <input style="width: 20px; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

# Wisconsin Department of Safety and Professional Services

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

- I plan to take the National Certifying Examination on :
- I have taken and passed the National Certifying Examination.

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

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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 Occupational Therapists Affiliated Credentialing Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

**ANSWER THE FOLLOWING QUESTIONS:** (attach additional sheet(s) if necessary)

1..	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination, NBCOT? <b>If yes, provide details below:</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	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, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have your privileges ever been limited or removed? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have any suits or claims ever been filed against you as a result of professional services? <b>If yes, Malpractice Suits or Claims (Form #2829).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice Occupational Therapy or as a Occupational Therapist Assistant " 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 the duties of an occupational therapist or occupational therapist assistant, 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.

"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.

"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**.

"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.

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 no, you may skip questions 12 and 13. <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 11, 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 11, 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice occupational therapy with reasonable skill and safety? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	If yes to question 16, 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

## **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.

Signature:  Date:  /  /