



New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
Board of Examiners for Occupational Therapy
Toney Anaya Building ▪ 2550 Cerrillos Road ▪ Santa Fe, New Mexico 87505
(505) 476-4940 ▪ Fax (505) 476-4645 ▪ www.rld.state.nm.us/occupationaltherapy

APPLICATION FOR LICENSURE

Make check for fee payable to the *New Mexico Board of Examiners for Occupational Therapy*. Mail application and fee to the address at the top of the application. *The application fee is not refundable even if a license is not issued*; however, the fee is tax deductible.

Indicate type of application: Occupational Therapist Occupational Therapy Assistant

Print clearly.

1. First name: _____ MI _____ Last name _____

2. Print name desired on license: _____

3. List all other names you have used _____

4. Mailing address: _____

5. City/State/Zip: _____ 6. E-mail: _____

7. Home phone: _____ Business or message phone: _____

8. Current employer's name: _____

NOTE: The information requested in numbers 9 -13 regarding race, sex, age, and citizenship is voluntary but is needed to assure compliance with analysis and reporting requirements of Federal Equal Employment Opportunity laws. Your cooperation is appreciated.

9. Birth date: _____ 10. Gender: male / female 11. Country of Citizenship: _____

12. Ethnicity: A-Anglo, B-Black, H-Hispanic, O-Oriental, I-American Indian

14. Education (College and Graduate study)

School Attended: _____

Location: _____

Dates Attended: _____ Degree Awarded: _____

School Attended: _____

Location: _____

Dates Attended: _____ Degree Awarded: _____

15. Experience (List chronologically your last three employers, regardless of occupation.)

Employer: _____ City/State: _____

Position/Job: _____ Dates of Employment, From: _____ To: _____

Reason for Leaving Employment: _____

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Employer: _____ City/State: _____

Position/Job: _____ Dates of Employment, From: _____ To: _____

Reason for Leaving Employment: _____

Employer: _____ City/State: _____

Position/Job: _____ Dates of Employment, From: _____ To: _____

Reason for Leaving Employment: _____

16. Have you ever:

A. Had a license denied, suspended, or revoked, or have a license pending denial, suspension, or revocation by any professional licensing board? YES NO

B. Been convicted of, or have charges pending against you for any felony or misdemeanor?
YES NO

C. Been sued or have a suit pending for malpractice? YES NO

D. Been found guilty of, or have pending charges of immoral or unprofessional conduct by any professional licensing board? YES NO

E. Are you currently engaged in the illegal use of controlled dangerous substances? YES NO

F. If yes, are you currently participating in a supervised rehabilitation program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?
YES NO

17. If applicable, attach notarized affidavit of conviction or felony, misdemeanor, malpractice, or written explanation of disciplinary actions.

18. Have you ever been issued a Provisional Permit (Limited or Temporary) in another state?
YES NO If you answered yes, list those states below.

State: _____ Date Issued: _____ Expiration Date: _____ License No. _____

19. In what state(s) have you been licensed as an OTR or COTA?

State: _____ Date Issued: _____ Expiration Date: _____ License No. _____

State: _____ Date Issued: _____ Expiration Date: _____ License No. _____

20. Are you currently licensed in any other profession(s) in New Mexico or any other state?

YES NO If yes, what profession(s): _____

State: _____ Date Issued: _____ Expiration Date: _____ License No. _____

21. Date you successfully took the NBCOT Certification Examination: Month: _____ Year: _____

OR

Date you have applied to take NBCOT Certification Examination: Month: _____ Year: _____

22. NBCOT Membership Identification Number: _____

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(Leave blank if you have not yet taken the NBCOT Certification Examination.)

23. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state? YES NO

24. Attach to this application a 2" x 2" (passport size) photograph of the applicant taken within the six month period prior to filing this application.

This application must be signed in the presence of a Notary Public.

Affidavit of Applicant:

I, _____ [print name] _____ do swear, depose and say that I am the person referred to in the foregoing application and supportive documents and that the attached photograph is a true likeness of me. I hereby authorize all hospitals, institutions or organizations, my reference personal physicians, employers (past and present) business agencies and instrumentalities (local, state, and federal or foreign) to release to the New Mexico Board of Examiners for Occupational Therapy any information, files or records requested by the Board in conjunction with the processing of this application. I further authorize the New Mexico Board of Examiners for Occupational Therapy to release to the organizations, individuals and groups listed above any information, which is material to my application.

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure.

Signature

Date of Application

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20 ____.

Notary Public

S e a l

My Commission Expires:

<i>For Board office use only.</i>	
a. _____ Application, completed, signed and notarized	NECESSARY FOR TEMPORARY LICENSURE: f. _____ Supervisory form completed g. _____ Letter from program director stating all field work requirements have been completed OR official transcripts received directly from school
b. _____ Photograph	
c. _____ Receipt of application fee	
d. _____ Jurisprudence Exam	
e. _____ Verification received directly from NBCOT	
App Rec'd: _____	Tem Lic Exp: _____
Fee Rec'd: _____	Perm Lic Iss: _____
Temp Lic Iss: _____	

Note 3/2008: This application form may be subject to change within ninety (90) days of receipt.