



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
STATE PHYSICAL THERAPY AND OCCUPATIONAL THERAPY BOARD
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806
TELEPHONE: (907) 465-2580 ★ E-mail: license@alaska.gov
Website: <http://www.commerce.state.ak.us/occ/>

OCCUPATIONAL THERAPIST AND OCCUPATIONAL THERAPY ASSISTANT APPLICATION PACKET

A person may apply for licensure to practice occupational therapy in the State of Alaska under the provisions of AS 08.84. Applicants may qualify for licensure by meeting the requirements (see Part I). Temporary Permit (Part II) describes the procedures for obtaining a temporary permit while awaiting permanent licensure. Examination Information (Part III) has information regarding the national occupational therapy examination.

Please allow 4 to 6 weeks from the time your file is complete for processing the application. All required forms and documentation must be mailed to the division directly from the required source or they will not be accepted. Please read the application and instructions carefully. Failure to do so may cause additional correspondence and delay the processing of your application.

If any of the required documents (i.e., verification of licensures, etc.) will be issued under your former name, please indicate on the application and submit a notarized document of the name change (i.e. marriage license/court documents), must be notarized as a "true copy of the original document".

If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division or website. <http://www.commerce.state.ak.us/occ/pphy.htm>

PART I – LICENSURE

The following documents must be in this office before the board will consider your application for licensure:

- 1. A completed notarized application and \$50.00 nonrefundable application fee. Make check or money order payable to the State of Alaska.
- 2. Initial licensure fee of \$180.00 for Occupational Therapist or \$130.00 for Occupational Therapy Assistant.
- 3. Professional Reference form completed and mailed directly to the division by a qualifying source: Physician, Instructor, Supervisor, or Official of your school of occupational therapy. (form 08-4123b)
- 4. Verification of Licensure mailed directly to the division from each jurisdiction where you hold or have held a license or permit. (form 08-4123a).
- 5. Verification of initial Certification by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) mailed directly to the State of Alaska from NBCOT. Contact NBCOT for fees and process for requesting the "Verification of Certification", or visit their website: www.nbcot.org.
- 6. Verification that, **within the 24 months immediately before the date the application is received by the department** the applicant met either A and B, or C or D below:
 - (A) Performed at least 60 hours of occupational therapy service (form 08-4123c)
 - AND**
 - (B) Completed at least 24 contact hours of occupational therapy related course work (submit copies of certificates verifying 24 contact hours directly related to Occupational Therapy obtained within past 24 months); See: 12 AAC 54.707; 12 AAC 54.710, 12 AAC 54.715
 - OR**
 - (C) Passed the NBCOT examination;
 - OR**
 - (D) Satisfactorily completed an internship of 150 hours approved by the board (contact the division for further instructions regarding the internship).
- 7. Jurisprudence Questionnaire (form 08-4123e).

PART II – TEMPORARY PERMIT

The board may issue a temporary permit to practice occupational therapy to an applicant who meets the criteria set out in AS 08.84.065 and 12 AAC 54.640. The temporary permit allows an applicant to practice while awaiting the next examination or while application for permanent licensure is being processed and reviewed by the Board. A temporary permit may not be issued if the examination scores have already been published.

The following documents must be in this office before your application for a temporary permit will be considered:

- 1. A completed notarized application and all requirements of Part I:
- 2. \$ 50.00 temporary permit fee (make check or money order payable to the State of Alaska).

An applicant applying for an occupational therapy or occupational therapy assistant license who is scheduled to take the next offered NBCOT examination may apply for a temporary permit by following instructions 1 and 2 above and submitting the following:

- 1. Statement of Responsibility form completed and mailed directly to the division by the supervising occupational therapist (form 08-4123d).
- 2. Letter mailed directly to the division from the NBCOT or Professional Exam Services (PES) verifying the scheduled examination date.

PART III – EXAMINATION INFORMATION

The State Physical Therapy and Occupational Therapy Board does not administer the examination given by the National Board for Certification in Occupational Therapy Inc. Applicants must arrange with the NBCOT to sit for the examination. Applicants who have successfully passed the examination may apply for licensure in the State of Alaska by meeting the requirements under Part I of this application. Please contact the NBCOT for examination information:

National Board for Certification in Occupational Therapy Inc.
800 S. Frederick Avenue, Suite 200
Gaithersburg, MD 20877-4150
(301) 990-7979

Note: If you are in the process of applying for the NBCOT examination or have recently passed it and you are not licensed in any other states AND you have requested NBCOT to provide your exam scores to Alaska then you will not be required to request the "Verification of Certification" letter from NBCOT as instructed in PART I, number 5.

GENERAL INFORMATION

If you are seeking a limited permit do not use this application. You must contact the division to receive the correct application or download the application from the board's website.

If you have questions concerning the licensing requirements, please contact the licensing examiner for the State Physical Therapy and Occupational Therapy Board by email at license@alaska.gov

The application process takes 4-6 weeks from the time all documents are received and your application file is complete, so please plan accordingly. Application processing is dependent upon how quickly the division receives all documents to complete a file. Once your application is complete, it will be reviewed by the board either by "Mail Vote" or at a board meeting.

This application, all forms included in this application as well as other applications used by the board may be downloaded from our website.

All licenses expire on June 30 on even-numbered years regardless of when issued, except new licenses issued within 90 days of the expiration date will be issued to the next biennium.

License fees are subject to change.

SOCIAL SECURITY NUMBERS – Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the "Request for Exception from Social Security Number Requirement" form located on the division's website at: www.commerce.state.ak.us/occ or contact the division to request the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS – If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

PUBLIC INFORMATION – All information submitted with your application is considered public information, except information considered confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at www.commerce.state.ak.us/occ/ under "Professional License Search."

"YES" RESPONSES – If you respond "Yes" to one of the professional fitness questions in the application, you must submit a separate signed explanation and include a copy of any applicable back-up (e.g., judgement, court disposition, etc.). A "yes" response does not mean your application will automatically be denied. Applications with a "Yes" response generally require additional time for review.

STATUTES AND REGULATIONS – The complete set of Board of Physical Therapy and Occupational Therapy statutes and regulations is available on the board's website at: www.commerce.state.ak.us/occ/pphy.htm or contact the division and request a copy by mail.

DENIAL OF APPLICATION – Please be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state or local government agency, or other entity making a relevant inquiry or as may be required by law.



**Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov**

FEES: Personal check or money order made payable to: State of Alaska

APPLICATION FOR LICENSURE AS:

- Occupational Therapist** – Submit \$50.00 nonrefundable application fee and \$180.00 license fee.
- Occupational Therapy Assistant** – Submit \$50.00 nonrefundable application fee and \$130.00 license fee.

ARE YOU APPLYING BY: Credentials **OR** Examination

Do you need a temporary permit while awaiting permanent licensure?

No Yes - \$50.00 fee required for Temporary Permit; Date you plan to begin working _____

It is illegal to begin employment without holding a license, temporary permit, or limited permit. You cannot use this application to apply for a limited permit, use must use the Application for Limited Permit, form #08-4578.

This application must be completed in full. If a section does not apply, write N/A in the space provided. **Please print or type.**

Name: _____
Last First Middle Name

Mailing Address: _____
Street or Box City State Zip Code

Other Legal Names: _____
(Maiden and/or Other) in which you have held transcripts or licensure.

U.S. Social Security Number: _____ Date of Birth: _____ Gender: Male Female

Business Telephone Home Telephone E-mail Address

EDUCATION:

School of Occupational Therapy: _____
(Name)

(Address)

Type of degree awarded: _____

Date degree awarded: _____ Your last name (family name) at that date: _____

PROFESSIONAL DATA: In chronological order starting with the most recent, list every state or jurisdictions in which you currently hold or have ever held a LICENSE or PERMIT to occupational therapy:

(LIST THE DATE EACH LICENSE OR PERMIT WAS ORIGINALLY ISSUED, NOT THE CURRENT ISSUE DATE)

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

When did you receive initial certification through the National Board for Certification in Occupational Therapy Inc. (NBCOT)? Month: _____ Year: _____

Your last name at time of passing examination: _____

Have you secured Employment in Alaska: Yes No

If YES provide:

Employer Name: _____

Employer Mailing Address: _____
Street or Box City State Zip Code

Employer Telephone Number: _____

Expected Beginning Date of Employment: _____

If applying for a Temporary Permit by Examination, provide:

Name of Supervising Therapist: _____ License No. _____

Mailing address for temporary permit if NOT the same as the address listed on page 1:

Employer listed above

Other: _____
Street or Box City State Zip Code

OCCUPATIONAL DATA PRACTICE HISTORY

Provide a chronological listing of all practice related activities beginning with your graduation from your school for Occupational Therapy or Occupational Therapy Assistant to the present date.

Do not attach a resume; we require the use of this form. If you are a traveler, do not put "various Locations", you must report every location/city and state in which you have practiced.

**Please explain any gap in time from practice of more than sixty (60) days' duration.
If practice began prior to licensure, provide permit number and date issued.**

If needed, you may make additional copies of this page

Date (MM/YYYY)	Location of Practice (City, State, or Other Country)	Name of Employer and Institution where practice occurred	
From:			
To:			
License or Permit #:		State Issued :	Original Date Issued:
Additional Comments:			

Date (MM/YYYY)	Location of Practice (City, State, or Other Country)	Name of Employer and Institution where practice occurred	
From:			
To:			
License or Permit #:		State Issued :	Original Date Issued:
Additional Comments:			

Date (MM/YYYY)	Location of Practice (City, State, or Other Country)	Name of Employer and Institution where practice occurred	
From:			
To:			
License or Permit #:		State Issued :	Original Date Issued:
Additional Comments:			

Date (MM/YYYY)	Location of Practice (City, State, or Other Country)	Name of Employer and Institution where practice occurred	
From:			
To:			
License or Permit #:		State Issued :	Original Date Issued:
Additional Comments:			

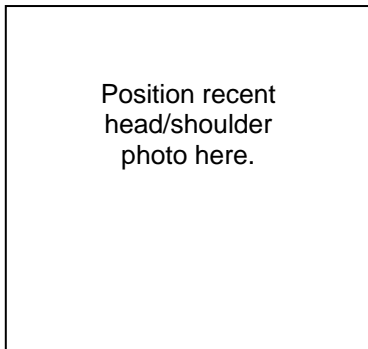
Applicant Name:	Date:
------------------------	--------------

PROFESSIONAL FITNESS - (If you answer "yes" to any question, please explain in full on a separate signed statement and enclose applicable legal documentation.)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been disciplined by any state board or Occupational Therapy Association concerning violation of the Occupational Therapy Practice Act or unethical conduct?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a license or had a license revoked, suspended, restricted, surrendered (voluntary or involuntary), limited, or otherwise acted upon? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied the privilege of taking an examination before any state Occupational Therapy Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of any criminal offense(s) other than minor traffic violations (convictions include suspended imposition of sentences)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a violation of any federal or state narcotic laws? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any malpractice settlements or judgments paid in your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now or have you been in the last five years treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now or have you been in the last five years addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a physical disability which could affect your ability to practice occupational therapy? | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information provided with this application will be available to the public, unless required to be kept confidential by state or federal law.

I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any false information may result in failure to obtain licensure as an occupational therapist, or occupational therapy assistant in Alaska, or subsequent revocation of my license.



Signature of Applicant

NOTARY SEAL MUST OVERLIE PORTION OF PHOTOGRAPH.

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

NOTE: If you are seeking a limited permit, do not use this application; you must contact the division for the correct application or download the application from the Division's website, www.commerce.state.ak.us/occ/pphy.htm

VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO THE LICENSING BOARD(S) IN ALL JURISDICTIONS WHERE YOU ARE OR HAVE BEEN LICENSED. Some states require a fee for completion of license verification. You may want to check with the state board prior to submitting this form to them for completion.

I am applying to the State of Alaska for a license to practice Occupational Therapy. The board requires verification of my license in each jurisdiction in which I hold or have held licenses.

Last Name		First Name		Middle
Mailing Address			License Number	
City	State	ZIP Code	E-mail Address	
Daytime Phone Number				

I hereby request and authorize the State of _____ to provide any and all pertinent information requested in this form to the Alaska State Physical Therapy and Occupational Therapy Board to complete an application filed with that agency.

Applicant Signature _____ Date _____

TO STATE BOARD Please complete the bottom half of this form and return it **directly** to the Alaska State Physical Therapy and Occupational Therapy Board of at the address on the top of this form.

Licensing Jurisdiction _____

Name of Licensee _____

Licensed By (reciprocity, examination, etc.) _____

If licensed by examination, what examination did the licensee pass? _____

License Number _____ Original Issue Date _____ Expiration Date _____ Periods of Lapse _____

Has the license ever been revoked, suspended, placed on probation, or restricted in any way? Yes No
If yes, please enclose an explanation or documentation.

Is the licensee the subject of a pending disciplinary proceeding? Yes No

Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action? Yes No
If yes, please enclose an explanation or documentation.

Comments _____

SEAL

Printed Name _____

Signature _____

Title _____

Date _____ Phone Number _____

E-mail Address _____

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

PROFESSIONAL REFERENCE

Dear _____:

I am applying for a license to practice **occupational therapy** in the State of Alaska. I am required to provide professional references. **Please complete and return this form to the State of Alaska at the address shown above.**

Thank you for your assistance.

Applicant Signature: _____

Applicant Printed Name: _____

Address: _____

This form will be rejected if completed and/or submitted to the division by the applicant.

Note: The information below must be completed in full and returned to the Board by a physician, instructor, supervisor, or official of your school of occupational therapy.

I certify that I was professionally associated with _____

(Name of Applicant)

from _____ to _____, and

(month/year)

(month/year)

I recommend the applicant as being professionally capable, reliable, of good moral character and worthy of confidence. The State of Alaska believes a license to practice occupational therapy carries important responsibilities. Please comment on the applicant's qualifications, ability, character, etc.:

My professional relationship to the applicant is: (please circle)

Head of the Occupational Therapy School

Instructor

Physician

Supervising Occupational Therapist

Supervisor

Signature

Date

Printed Name

License Number (if applicable)

Institution/Clinic Where Employed

Title

Address

Business Telephone

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580 ★ E-mail: license@alaska.gov

VERIFICATION OF WORKING EXPERIENCE

Dear _____:

I am applying for a license to practice **occupational therapy** in the State of Alaska. I am required to provide verification of working experience. Please complete and **return this form to the State of Alaska at the above address.**

Thank you for your assistance.

Applicant Signature: _____

Applicant Printed Name: _____

Address: _____

This form will be rejected if completed and/or submitted to the division by the applicant.

The information below must be completed in full and sent directly to the division by the applicant's employer, supervisor, or the Human Resource Manager at the place of employment.

***12 AAC 54.600(6)(A) requires verification of having been employed in occupational therapy service at least 60 hours within 24 months IMMEDIATELY PRECEDING the date the application for licensure in Alaska is received by the department.**

I, _____, attest that _____
(Name of Employer or Supervisor) (Name of Applicant)

is/was employed at _____
(Name of Institution/Professional Clinic, etc.)

and provided at least 60 hours of (check one): occupational therapy services or occupational therapy assistant services
within the **immediate past 24-month** period from _____ to _____
month/day/year month/day/year

(*Supervisor: See above explanation for required time period of supervision.) The State of Alaska believes a license to practice occupational therapy carries important responsibilities. Please comment on the applicant's qualifications, ability, character, etc.:

Signature _____ Date _____

Printed Name _____ License Number (if applicable) _____

Institution/Clinic Where Employed _____ Title _____

Address _____

Business Telephone _____

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

STATEMENT OF RESPONSIBILITY

(Only to be used if applying for a temporary permit while awaiting examination)

This form must be completed in full or it will be rejected.

To State Physical Therapy and Occupational Therapy Board:

I, _____, will assume the full responsibility of supervising
(Print Supervisor Name)

_____ (who is scheduled to sit for the next NBCOT examination)
(Print Applicant Name)

in the practice of occupational therapy.

Name of Facility Where Supervision will take place

Location Address: _____

Mailing Address: _____

This supervision will be held in compliance with the statutes and regulations set forth by the State Physical Therapy and Occupational Therapy Board.

I understand that the applicant's temporary permit is valid for eight months from date of issue OR until the results of the examination for which the applicant is scheduled are published, whichever occurs first. I understand and agree that if the applicant fails to take the examination for which he/she is scheduled, the applicant's permit will lapse on the day of the scheduled examination and that he/she will not be eligible to continue practicing under the permit.

By my signature below, I certify that the above information is true and correct and that I will comply with the statutes and regulations set out by the Alaska Board of Physical Therapy and Occupational Therapy.

Signature

Alaska License Number

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

NOTARY SEAL

Supervisor: Please return completed form to:

Department of Commerce, Community, and
Economic Development
Division of Corporations, Business and
Professional Licensing
P.O. Box 110806
Juneau, AK 99811-0806

Name: _____

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
P.O. Box 110806
Juneau, Alaska 99811-0806
Telephone: (907) 465-2580
E-mail: license@alaska.gov

**JURISPRUDENCE QUESTIONNAIRE
FOR OCCUPATIONAL THERAPY APPLICANTS**

All applicants for licensure must complete the following questionnaire prepared by the Board of Physical Therapy and Occupational Therapy. The questions cover the provisions of AS 08.84 and 12 AAC 54 (the board's specific statutes and regulations). Portions of AS 08.01 (centralized statutes) may also be referenced. The answers to the questions will be found by reviewing the statute and regulation booklet published by the board. Please use the booklet to determine the correct answer for each question. Circle correct answers and cite the statute or regulation where the answer is found. The questionnaire will not be graded. If you fail to circle an answer or cite the law your application for licensure will be considered incomplete and the questionnaire will be returned to you for completion.

Circle the letter of the best answer for all items

AND

Cite the statute or regulation from which you obtained your answer

1. A board may take the following actions singularly or in combination as a disciplinary action

→ Cite Statute AS 08.84. _____
→ Cite Statute AS 08.01. _____

 - a. permanently revoke a license
 - b. suspend a license for a specified period of time
 - c. impose a civil fine not to exceed \$5000.00
 - d. all of the above

2. An individual who practices without the appropriate license (including practicing with a lapsed license) is guilty of a

→ Cite Statute AS 08.84. _____

 - a. class A misdemeanor
 - b. felony
 - c. class B misdemeanor
 - d. class C misdemeanor

3. The Board of Physical Therapy and Occupational Therapy consists of 7 members: One physician licensed in Alaska, three Alaska licensed physical therapists or two Alaska licensed physical therapists and one Alaska licensed physical therapy assistant, two Alaska licensed occupational therapists or one Alaska licensed occupational therapist and one Alaska licensed occupational therapy assistant and one lay person with no direct financial interest in the health care industry.

→ Cite Statute AS 08.84. _____

 - a. true
 - b. false

4. The scope of practice for an occupational therapist or occupational therapy assistant includes the practice of medicine, osteopathy, chiropractic, or other methods of healing.

→ Cite Statute AS 08.84. _____

 - a. true
 - b. false

Name: _____

5. Can a licensee continue to treat patients once their license has lapsed, been suspended or revoked?
→ Cite Statute AS 08.84. _____
- a. yes
 - b. no

6. Records of continuing education must be retained from the date of completion for
→ Cite Regulation 12 AAC 54. _____
- a. 3 years
 - b. 7 years
 - c. 2 years
 - d. 5 years

7. It is the responsibility of the _____ to notify the Division of Corporations, Business and Professional Licensing when a change in address occurs for a licensee.
→ Cite Regulation 12 AAC 54. _____
- a. employer
 - b. direct supervisor
 - c. licensee
 - d. all of the above

8. A licensee selected for audit of continuing competency requirements shall submit substantiating documentation within _____ after the date of notification by the division.
→ Cite Regulation 12 AAC 54. _____
- a. 60 days
 - b. 30 days
 - c. 90 days
 - d. 120 days

9. The license or permit or a copy of the license or permit must be
→ Cite Regulation 12 AAC 54. _____
- a. kept with the practicing therapist at all times
 - b. posted somewhere in the place of business
 - c. posted in a conspicuous location in the licensee's primary place of business
 - d. kept in the personnel file of the licensee or permit holder

10. An occupational therapist or occupational therapy assistant licensee that wishes to renew their license must be able to provide proof of earning _____ hours of continuing education.
→ Cite Regulation 12 AAC 54. _____

OT

- a. 20
- b. 16
- c. 24
- d. 28

OTA

- a. 24
- b. 20
- c. 10
- d. 12

Name: _____

11. An occupational therapy assistant shall be supervised by an occupational therapist. The minimum times per month the supervising therapist must be physically present while the assistant implements a treatment plan with a patient is _____
- Cite Regulation 12 AAC 54. _____
- a. three times per month
 - b. once per month
 - c. four times per month
 - d. two times per month
12. To maintain current licensure in this state, licensees shall document having provided occupational therapy services for at least _____ hours during the concluding licensing period.
- Cite Regulation 12 AAC 54. _____
- a. 120
 - b. 60
 - c. 320
 - d. 180
13. An occupational therapist or occupational therapy assistant applicant by examination who holds a temporary permit must practice under the supervision of a licensed occupational therapist.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
14. To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of an occupational therapist or occupational therapy assistant and must be directly related to the skills and knowledge required to implement the principles and methods of occupational therapy.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
15. Occupational Therapists and Occupational Therapist Assistants must adhere to the "Occupational Therapy Code of Ethics" published by the American Occupational Therapy Association.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
16. Continual onsite supervision means that the occupational therapist or occupational therapy assistant _____ supervising the non-licensed personnel and is available for immediate direction and supervision of the non-licensed personnel when the non-licensed personnel is performing patient related duties
- Cite Regulation 12 AAC 54. _____
- a. is present in the department or facility where services are being provided
 - b. is immediately available to
 - c. maintains continual over site of patient related duties
 - d. all of the above

Name: _____

17. Refusal to cooperate with a continuing education audit will be considered an admission of an attempt to obtain a license by material misrepresentation.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
18. In order for an occupational therapist or occupational therapy assistant to obtain licensure, they must provide proof of initial certification with:
- Cite Regulation 12 AAC 54. _____
- a. AOTA
 - b. WFOT
 - c. NBCOT
 - d. AkOTA
19. An occupational therapist applicant who has been issued a temporary permit prior to taking the national examination may continue to practice under that temporary permit even if the occupational therapist applicant fails the examination.
- Cite Regulation 12 AAC 54. _____
- a. true
 - b. false
20. The Board of Physical Therapy and Occupational Therapy must meet at least
- Cite Regulation 12 AAC 54. _____
- a. four times per year
 - b. six times per year
 - c. as often as necessary to conduct business
 - d. two times per year

**DID YOU REMEMBER TO CIRCLE EACH ANSWER AND
CITE THE STATUTE OR REGULATION?**

If you fail to circle an answer or cite the law, your application for licensure will be considered incomplete and the questionnaire will be returned to you for completion.

Did you print your name on each page of the exam?