



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 under Part I. Part II describes the procedures for obtaining a temporary permit while awaiting permanent licensure. Part III is information regarding the national examination. Part IV describes the procedures for obtaining a limited permit. Please allow 4 to 6 weeks from the time your file is complete and ALL documents are received for processing of application. (If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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.)

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

If any of the required documents (i.e., transcript, etc.) will be issued under a former name, please indicate on the application and submit official documentation of the name change (i.e. marriage license/court document).

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 \$230.00 for Occupational Therapist or \$180.00 for Occupational Therapy Assistant.
- 3. Professional Reference form completed and sent directly by a physician, instructor, supervisor, or official of your school of occupational therapy (form 08-4123b).
- 4. Verification of Licensure sent directly 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) sent directly from NBCOT. Fees and process for requesting the "Verification of Certification" letter are subject to change. Contact NBCOT for most current form or use 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, B, or C below:
 - (A) performed at least 60 hours of occupational therapy service (form 08-4123c) **AND** completed at least 24 contact hours of occupational therapy related course work (submit copies of certificates verifying 24 contact hours obtained within past 24 months);
 - (B) passed the NBCOT examination; or
 - (C) 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.

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 fees:
 - \$ 50.00 nonrefundable application fee
 - \$230.00 license fee for Occupational Therapist or \$180.00 license fee for Occupational Therapy Assistant
 - \$ 50.00 temporary permit fee

(Make check or money order payable to the State of Alaska.)

- 2. Verification of initial or current Certification by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) sent directly from NBCOT. Fees and process for requesting the “Verification of Certification” letter are subject to change. Contact NBCOT for most current form or use website: www.nbcot.org.
- 3. Professional Reference form completed and sent directly by a physician, instructor, supervisor, or official of your school of occupational therapy (form 08-4123b).
- 4. Verification of Licensure from each jurisdiction where you hold or have held a license to practice occupational therapy, one of which must be current and in good standing (form 08-4123a).

An applicant applying for an occupational therapy or occupational therapy assistant license who is scheduled to take the next offered NBCOT examination or who has taken and is awaiting the results of the NBCOT examination may apply for a temporary permit by following instructions 1 and 3 above and submitting the following:

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

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.

PART IV – LIMITED PERMIT

The board may issue a limited permit to practice occupational therapy in the state to a **visiting, nonresident** occupational therapist or occupational therapy assistant (see AS 08.84.075(a)). A limited permit is valid for a period not exceeding 120 consecutive days. A person may not receive more than three limited permits during the person’s lifetime. The following documents must be in this office before the board will consider an application for a limited permit:

- 1. A completed notarized application and \$50.00 nonrefundable application fee. (Make check or money order payable to the State of Alaska.)
- 2. Limited permit fee of \$50.00.
- 3. Verification of Certification by the National Board for Certification in Occupational Therapy, Inc. (NBCOT) sent directly from NBCOT. Website www.nbcot.org. If not certified by NBCOT, you must submit verification of licensure from the state where you hold a current occupational therapist or occupational therapy assistant license (form 08-4123a).
- 4. A statement signed by the applicant that confirms the following:
 - a. dates applicant intends to work in Alaska;
 - b. name and location of facility where applicant intends to work; and
 - c. acknowledgment that the applicant will not practice for more than 120 consecutive days in the calendar year for which the permit is issued.

GENERAL INFORMATION

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

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 – Alaska Statute 25.27.244 requires the Division of Corporations, Business and Professional Licensing to deny issuance of the professional and occupational licenses of any person reported by the Alaska Child Support Services Division (CSSD) as not in substantial compliance with a child support order.

If this office is notified by the CSSD that you are not in substantial compliance with a child support order, you may be issued a nonrenewable, temporary license valid for 150 days. The 150-day temporary license period is your opportunity to work with CSSD to obtain a release. Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1-800-478-3300 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

FOR OFFICE USE ONLY

APPLICATION FOR LICENSURE AS:

- Occupational Therapist** – Submit \$50.00 nonrefundable application fee and \$230.00 license fee.
- Occupational Therapy Assistant** – Submit \$50.00 nonrefundable application fee and \$180.00 license fee.

Do you need a temporary permit while awaiting permanent licensure? Yes No
Submit \$50.00 permit fee as well as license fee and nonrefundable application fee.

- Limited Permit** – Submit \$50.00 nonrefundable application fee and \$50.00 permit fee.
Have you previously held a Limited Permit in Alaska? Yes No If yes, when? _____

(Make personal check or money order payable to the State of Alaska.)

It is illegal to begin employment without holding a license, temporary permit, or limited permit.

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 M.I.

Other Names: _____
Maiden and/or Other

Mailing Address: _____
Street or Box

City State ZIP Code

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

Business Telephone: _____ Home Telephone: _____ E-mail: _____

EDUCATION

School of Occupational Therapy: _____
(Name and Address)

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

PROFESSIONAL DATA

List the states or jurisdictions in which you hold or have ever held a license or permit to practice Occupational Therapy:

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)?

Year: _____ Last Name at that time: _____

Expected place of employment in Alaska: _____ Unsure at this time

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: _____

Expected Beginning Date of Employment: _____

If applying for a Temporary Permit by examination, what is the name and license number of your supervising therapist?

Name: _____ License No. _____

If applicable, what date are you scheduled to take the examination? _____

Mailing Address for temporary permit: Agency listed above Application Address (1st page)
 Other: _____

OCCUPATIONAL DATA

In chronological order, from most recent to most remote, list all relevant or related professional positions held. Provide names of employers, locations, telephone numbers, positions held, duties, responsibilities, and name of direct supervisor(s):

1. Name of Employer: _____
Dates: From: _____ To: _____
Employer City and State: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Location of Practice if Different From Employer: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

2. Name of Employer: _____
Dates: From: _____ To: _____
Employer City and State: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Location of Practice if Different From Employer: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

3. Name of Employer: _____
Dates: From: _____ To: _____
Employer City and State: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Location of Practice if Different From Employer: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

4. Name of Employer: _____
Dates: From: _____ To: _____
Employer City and State: _____
Employer Telephone No.: _____
Name of Supervisor: _____
Location of Practice if Different From Employer: _____
Position Held by Applicant: _____
Duties and Responsibilities: _____

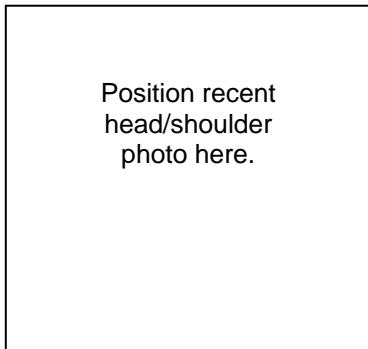
(Attach other pages as necessary to complete this section.)

GENERAL INFORMATION - (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, 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: _____

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
(907) 465-2580
E-mail: license@alaska.gov

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.

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 listed above.

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 _____

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 provide the information requested to the State of Alaska at the address shown below. Thank you for your assistance.

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

Signature: _____

Printed Name: _____

Address: _____

Note: The information below must be completed and returned to the board by a physician, instructor, supervisor, or official of your school of occupational therapy; it may not be completed or returned by the applicant.

I certify that I was professionally associated with _____
(Name of Applicant)

from _____ to _____, and

I recommend the applicant as being professionally capable, reliable, of good moral character and worthy of confidence.

STATEMENT OF DUTIES: _____

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 _____

Title _____ License No. _____
(if applicable)

_____ Institution/Clinic _____

_____ Address _____

_____ Business Telephone Number _____

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

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
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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 provide the information requested to the State of Alaska at the address shown below. Thank you for your assistance.

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

Signature: _____

Printed Name: _____

Address: _____

The information below must be completed and sent directly to the board by the applicant's employer or supervisor. It may also be completed by the Human Resource Manager at place of employment. It **may not** be completed or returned by the applicant.

***12 AAC 54.600(6)(A) requires verification of having performed 60 hours of occupational therapy service 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)

the above-named applicant was employed and provided at least 60 hours of occupational therapy services within the immediate past 24-month period from _____ to _____
month/day/year month/day/year

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

(*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 _____

Title _____ License No. _____
(if applicable)

_____ Institution/Clinic _____

_____ Address _____

_____ Business Telephone Number _____

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

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
State Physical Therapy and Occupational Therapy Board
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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)

Date _____

To State Physical Therapy and Occupational Therapy Board:

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

_____ (who is awaiting the results of or who is scheduled to sit
(Print Applicant Name)

for the next NBCOT examination) in the practice of occupational therapy.

Name of Facility Where Supervision will take place

located at _____

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. ("Published" means the date of notification of examination results are mailed from the Division of Corporations, Business and Professional Licensing to the applicant.) 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

NOTARY SEAL

My Commission Expires: _____

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 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. Occupational Therapy 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

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?**