

MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE

Spring Grove Hospital Center • Bland Bryant Building, 4th Floor • 55 Wade Avenue • Baltimore, MD 21228

Phone: 410-402-8560

Notice of Mailing List

The information collected on the license application form and the license renewal form is collected for the purpose of licensure under the Maryland Health Occupations Annotated Code Title 10. Failure to provide the information may result in denial of your application. You have the right to inspect, amend and correct this information. The Board may permit inspection of this information, or make it available to others, only as permitted by Federal and State law. The Board may sell or provide a list of licensees' names and addresses to professional associations and other entities. Under the Maryland Public Information Act, Maryland State Government Code Annotated 10-617, you may request in writing that your name be omitted from such lists.

All documents may be submitted to the Board office via:

- 1) **Email:** mDOTboard.user@maryland.gov 2) **Fax:** (410) 402-8561; or
- 3) **US Mail:** MD Board of Occupational Therapy • Spring Grove Hospital Center • 55 Wade Avenue
Bland Bryant Building, 4th Floor • Baltimore, MD 21228

APPLICANT'S CHECKLIST

	YES	NO
1. Complete your application form (questions 1-30).	1. <input type="checkbox"/>	<input type="checkbox"/>
2. Submit photograph affixed to application.	2. <input type="checkbox"/>	<input type="checkbox"/>
3. Notarize page 2 of the application.	3. <input type="checkbox"/>	<input type="checkbox"/>
4. Submit payment payable to MBOT (check or money order).	4. <input type="checkbox"/>	<input type="checkbox"/>
5. Identify two people to complete the Moral Character Forms on your behalf. The individual(s) completing the form must submit the form directly to the Board office, not to the applicant.	5. <input type="checkbox"/>	<input type="checkbox"/>
6. Request verification of licensure from any state(s) or country(ies) in which you have ever been licensed.	6. <input type="checkbox"/>	<input type="checkbox"/>
7. NBCOT CERTIFIED APPLICANTS ONLY: Request Verification of Certification from the National Board for Certification: https://secure.nbcot.org/cverification .	7. <input type="checkbox"/>	<input type="checkbox"/>
8. CONTINUING COMPETENCY REQUIREMENT (CCR) Compliance Report: A. Waived if NBCOT Certification is current; B. If NBCOT certification is not current, include applicable documentation from the date you sign the application.	8. <input type="checkbox"/>	<input type="checkbox"/>
9. Download the Jurisprudence Examination from http://dhmh.maryland.gov/botp . Submit the exam answer sheet to the Board office. An exam score of 100% is required.	9. <input type="checkbox"/>	<input type="checkbox"/>
10. TEMPORARY LICENSE APPLICANTS ONLY: A. Request Confirmation of Examination Registration and Eligibility to Examine Notice from NBCOT; B. Submit 2 self addressed mailing labels.	10. <input type="checkbox"/>	<input type="checkbox"/>