MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE
SPRING GROVE HOSPITAL CENTER * BLAND BRYANT BUILDING, 4TH FLOOR
55 WADE AVENUE, BALTIMORE, MD 21228
www.dhmh.state.md.us/botp

Board Survey: Licensure

The Maryland Board of Occupational Therapy is conducting an evaluation of procedures. The purpose of this evaluation is to identify ways the board can better assist Occupational Therapists and Occupational Therapy Assistants in the State of Maryland.

Please check your response.

1. Are you a new applicant, renewal or reinstatement? _____

2. Was the information provided to you over the telephone accurate?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

3. Was the board staff courteous?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

4. Did the board staff address your concerns?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

5. Was the period of time from your initial request of an application packet to its receipt satisfactory?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

6. Were all necessary forms provided in your application packet?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

7. Were the instructions for completing the information on the application form easily understood?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

8. Approximately, how many days did it take for the completion of the licensure process? _____ (Days)

9. Overall, were you satisfied with the service you received from the board office?
   ❑ Excellent ❑ Good ❑ Fair ❑ Poor

10. List one change or recommendation for improving our licensure process.

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Thank you for your assistance in helping the Board of Occupational Therapy Practice improve its service.