

OT RENEWAL FORM INSTRUCTIONS

- ☆ **A complete renewal includes:** 1. renewal information & attestation (either online or submitted on paper), **including a residential street address**; 2. correct fee(s); 3. CE Submission Form; and 4. jurisprudence exam with passing score
- ☆ **Your renewal is not complete until all items are received at the Board office.** If you do not submit all the required items before the expiration of your license, you will be subject to late fees as described below. You may not provide occupational therapy services after your expiration date if you have not received your renewal certificate or the receipt from renewal at Texas Online.

ONLINE OPTIONS

You may not renew online after your license expires. Please contact the Board at 512/305-6900, and ask for the Renewals Department.

Renewing an Active License

1. Enter your continuing education activities on the CE Submission Form.
 2. Take the jurisprudence exam online at www.texasonline.com or www.ecptote.state.tx.us.
 3. When you pass the exam, you will receive an "exam key code." Print out or write down that key code.
 4. Use your license number and exam key code to log in to the Texas Online payment portal.
- You may pay by credit card or check. The printable receipt at the end of the process can serve as your temporary renewal certificate until your certificate arrives in the mail (see details on the receipt). If you do not wish to pay online, you may follow the procedure for renewing an inactive license, as described in the next section.

Renewing an Inactive License or Changing your License Status (Active to Inactive, Inactive to Active)

1. Take the jurisprudence exam online by going to www.texasonline.com or www.ecptote.state.tx.us.
2. Complete the attached downloadable renewal form, including the jurisprudence exam key code
3. Mail the renewal form and the renewal fee to the Board (see below for the fees and address).

FEES		Please make checks payable to: ECPTOTE.
Active Renewal	OT - \$217	OTA - \$167
Go or Stay Inactive	OT - \$108.50	OTA - \$83.50
Reactivate License	OT - \$217	OTA - \$167
Retired Status? A different form is required. Contact the board.		

FEES. Late fees are required if you have not submitted **all** renewal or inactive requirements before the license expiration date. Renewal fees are only returned if the license is not issued.

LATE FEES

<p>If it has been 90 days or LESS since the day your license expired, you must pay the renewal fee or the inactive fee, plus a late fee which is half of the exam fee (renewal + \$210).</p>	<p>If it has been MORE than 90 days since the day your license expired, but less than one year, you must pay the renewal fee or the inactive fee, plus a late fee equal to the exam fee (renewal + \$420).</p>
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PLEASE NOTE: If your license has been expired for a year or more, you may not renew the license. See §370.2, *Late Renewal (c) Restoration of License*, for more information.

CONSIDERING GOING INACTIVE? To go inactive, you must have completed the CE for the current renewal cycle. CE taken outside the renewal period will not count for renewal or reactivation purposes. The latest version of this rule can be found at www.ecptote.state.tx.us.

ANY QUESTIONS? Contact us at info@ecptote.state.tx.us. Or you may contact the renewals department by phone at 512/305-6900.

SEND THIS APPLICATION FORM TO:

EXECUTIVE COUNCIL OF PT & OT EXAMINERS
 333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942

OT/OTA LICENSE RENEWAL FORM



Executive Council of Physical Therapy and Occupational Therapy Examiners
 333 Guadalupe St., Ste. 2-510 Austin, TX 78701-3942
<http://www.ecptote.state.tx.us>

OT OTA
 Circle one

License #: _____ Exp. Date: _____	Current license status (check one) <input type="checkbox"/> Current/Active <input type="checkbox"/> Inactive										
Social Security Number: _____ / _____ / _____ Exam Key Code: Attach a printout of the jurisprudence exam key code or write the number in the boxes below: <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											Check one box and enter the amount. <input type="checkbox"/> Do not change my status. <input type="checkbox"/> Change my status to active . <input type="checkbox"/> Change my status to inactive . AMOUNT ENCLOSED: \$ _____
Full Legal Name (Name changes require legal documentation. See OT Rules, §369.2(a)) _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">First</td> <td style="width: 25%; border-bottom: 1px solid black;">Middle</td> <td style="width: 25%; border-bottom: 1px solid black;">Last</td> <td style="width: 25%; border-bottom: 1px solid black;">Suffix</td> </tr> </table>		First	Middle	Last	Suffix						
First	Middle	Last	Suffix								
Home Location Address (This must be a physical street address. You may enter a different mailing address below.) Street: _____ Phone: _____ City: _____ State: _____ Zip: _____											
Business Address Bus. Name: _____ Phone: _____ Street or PO Box: _____ City: _____ State: _____ Zip: _____											
Optional Mailing Address (This may be a PO or APO box, or a business address. If you do not enter a mailing address, mail will be sent to your residential address) Bus. Name if applicable: _____ PO Box or Street Address: _____ City: _____ State: _____ Zip: _____											
If you are not sure what the renewal requirements are, you are advised to refer to Chapter 370, License Renewal, before you submit this form. READ BEFORE SIGNING. By signing this form, I attest that I have met all of the renewal requirements as stated in the current OT rules, Chapter 370, License Renewal. I also attest the following: * Since license issuance or last renewal, I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other. * Since license issuance or last renewal, I have not had my license or registration to practice occupational therapy suspended or revoked in any other state or nation. I understand that providing false or incorrect information is a violation of the OT Practice Act, and may subject me to the penalties set forth in the Act.											

Signature _____

Date _____

Receipt Date	Receipt No	Amt. Received	Postmark Date	JP Exam Score	Reviewed by:



Texas Board of Occupational Therapy Examiners

333 Guadalupe, Ste 2-510
Austin, Texas 78701-3942

512/305-6900 • 512/305-6970 fax
<http://www.ecptote.state.tx.us>

Name: _____ License # _____

Continuing Education Submission Form

Enter your CE activities taken during this renewal period. You are required to have at least 15 Type 2 hours and 30 hours total to meet the renewal requirements. Read Chapter 367 for more information.

Note: If this is your first license renewal and you have no CE requirement, write "first renewal" on the form and mail it in with your renewal.

Course/Activity Name	Course Date (mm/dd/yyyy)	Type 1 Type2 (enter the # of hours)	
		Type 1	Type2