



# Texas Board of Occupational Therapy Examiners

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

512/305-6900 • 512/305-6951 fax  
<http://www.ecptote.state.tx.us>

## APPLICATION FOR OCCUPATIONAL THERAPY RE-EXAMINATION

Re-Exam The initial application remains valid for one year. A \$25 fee is required for each re-exam during the year for each extension of the license application.

Re-Apply After the application expires, a new application fee is due to keep the application valid for another year.

Circle the one which applies:                      OT                      OTA

Name: \_\_\_\_\_

### RESIDENTIAL ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### MAILING ADDRESS, IF DIFFERENT FROM HOME ADDRESS

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Since last application, 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. Yes  No
- 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. Yes  No

*You must meet the current requirements each time you apply.*

### EXAMINATION INFORMATION

Number of exams previously taken \_\_\_\_\_ Next exam is \_\_\_\_\_

Signature \_\_\_\_\_

*for office use only*

Fees Received \_\_\_\_\_

Receipt No. \_\_\_\_\_

Date \_\_\_\_\_

Receipt Date \_\_\_\_\_

Approved by: \_\_\_\_\_

App. # \_\_\_\_\_