



Executive Council of Physical Therapy and 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>

Instructions: Restoration of a Texas OT License

A person who was formerly licensed in Texas but whose license has expired may restore the Texas license if the following conditions are met: The applicant must hold a current, active license in another state, and must have actively worked in the profession for the two years immediately preceding the application. The restored license will be issued for a period of time which is not less than one year, but not more than two.

The application must include the following:

1. Application for Restoration form;
2. Verification of Licensure in all states where there has been employment since leaving Texas. At least one must be current.
3. Employment history completed by employer form(s);
4. History of licensure form;
5. Completed jurisprudence exam, available on our website on the Application page: and
6. Restoration fee of \$420.00

Once the applicant has met the requirements, the license will be issued by the Board. Processing time is approximately 2 days in most cases and a restored license will have a duration of at least two years during which time the licensee must complete the required continuing education.

APPLICATION FOR LICENSE RESTORATION

LICENSE NO.: _____:

Name: _____

Social Security No.: ____/____/____

State in which currently licensed: _____ License No.: _____

RESIDENTIAL ADDRESS

Street : _____

City : _____ State: _____ Zip Code: _____

Phone No. with area code: _____

Attach a recent 2 x 2 inch color photograph of yourself here. A clear head and shoulders shot is required.

MAILING ADDRESS, if different from Residential Address

BUSINESS ADDRESS

Street: _____

City: _____ State: _____ Zip Code: _____

Phone No. with area code: _____

Applicant's Signature

Date

Office Use Only

Fees Received: _____ Receipt Date _____ Receipt No: _____

Approved by: _____ Date: _____ License Expiration Date: _____



Texas Board of Occupational Therapy Examiners
 333 Guadalupe, Suite 2-510 Austin, TX 78701-3942
 Phone: (512) 305-6900 Fax: (512) 305-6970 www.ecptote.state.tx.us

Verification of Employment in Good Standing
 To be used by all applicants required to provide proof of employment for licensure

- Complete one copy of this form for each employer for whom you have worked in Occupational therapy for two years preceding application.
- Each form must be signed by the employer and sent to the board by that employer.
- Make as many copies of this form as you need
- Self-employed? Copies of your tax return with the appropriate information (not the entire form) will suffice.

Name of Applicant/Employee: _____

Everything below this line must be completed by the employer only

Dates of Employment: (from) _____ (to) _____

Position: _____

Company/Employer: _____

Street Address: _____

City/State/Zip: _____

Area Code and Phone: _____

Facility Name (if different than above): _____

City and State: _____

I attest that the above information is true and that the employee named above is leaving or has left the company for reasons that to my knowledge do not affect his/her suitability to provide occupational therapy services.

Signature of Employer or Representative *Date*

Printed Name and Title *Area Code and Phone*

History of Licensure

Enter the following information for ALL states, jurisdictions or countries in which you have ever held an occupational therapy license (or been authorized to practice occupational therapy practice if licensure was not required). If you do not know the license number or the associated dates, you may leave those entries blank. **YOU MUST HAVE A VERIFICATION OF LICENSURE SENT FROM EACH STATE IN WHICH YOU HAVE BEEN LICENSED.** The most recently held license must be a current active license for you to be eligible to restore your Texas License.

STATE/COUNTRY	LICENSE/REG. #	DATE ISSUED	EXPIRATION DATE