



Texas Board of Occupational Therapy Examiners

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Austin, Texas 78701-3942

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

RETIRED STATUS APPLICATION & RENEWAL FORM

License # _____ Daytime Phone: _____

Name: _____

RESIDENTIAL ADDRESS

Street: _____

City: _____ State: _____ Zip _____

Check the one which applies:

- Initiating the Retired Status.** Retired status means that a licensee may provide occupational therapy services only as a volunteer for non-profit charity care. To be eligible for the retired status a licensee must hold a current license on active or inactive status must have completed the required CE for the last renewal period, must pass the jurisprudence exam.
- Renewing the Retired Status.** A licensee on retired status must renew the retired status every two years before the expiration date by submitting the renewal form and fee, passing the jurisprudence exam, and completing the required CE (6 hours of Type 2). A licensee on retired status is subject to the CE audit.
 - Return to Active Practice. A licensee who has been on retired status for less than one year may return to the active status by completing all requirements as described in §370.1, Requirements for Renewal, and submitting the appropriate late fee. **A licensee who has been on retired status for more than one year must retake and pass the national licensure examination to return the license to active status.**
 - A licensee on retired status may use the designation OTR, Ret., OT, Ret., COTA, Ret., OTA, Ret. as appropriate.

Read §371.2, Retired Status before you sign and submit this form.

By signing this form, I attest that I have met all the requirements as stated in the current OT rules and attest the following:

1. Since license issuance or last renewal, I have not been convicted of a felony, including a finding or verdict of guilt, an admission of guilt, or a plea of nolo contendere, in this state or any other.
2. 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)

for office use only

Fees Received _____ Receipt Date _____ Receipt No. _____