



Executive Council of Physical Therapy and Occupational Therapy Examiners
 333 Guadalupe St, Suite 2-510 Austin, TX 78701-3942
 Phone (512) 305-6900 fax (512)305-6970
 www.ecptote.state.tx.us

Request for Verification of Licensure

for applicants who hold a license in another state

1. Please complete this section of the form and mail it to the licensing board which is verifying your license
2. Send a copy of this form to the state where you hold a current license.

applicant

To: Regulatory Body for Occupational Therapy
From: Texas Board of Occupational Therapy Examiners (TBOTE)
Subject: Verification of Licensure

Name of Applicant _____

To issue a regular license in Texas, TBOTE must have verification that the person above has held a license in your state. Please provide information on this form, with your seal affixed, or on your own form or letterhead.

Name of Licensee

<i>State</i>	<i>License Number</i>	<i>Date Issued</i>	<i>Expiration Date</i>

Type of License:

OT/OTR

OTA/COTA

To the extent permissible under your laws, please answer the following questions:

Have you imposed a fine or reprimand, or taken any other disciplinary action against this individual?

Yes No

Has this individual entered into a consent agreement with respect to licensure?

Yes No

Are there any complaints and/or legal actions pending against this individual?

Yes No

If Yes, please attach as much additional information as you can.

 Signature of Employer or Representative Date

 Printed Name

 Title

 Agency Name

 Address

Board Seal