Occupational Therapy Occupational Therapy Assistant Form 1

The University of the State of New York THE STATE EDUCATION DEPARTMENT Office of the Professions Division of Professional Licensing Services www.op.nysed.gov

Department Use Only

Application for Licensure/Authorization Applicants Must Complete All Four Pages of This Application In Ink You must complete this form and submit it with the appropriate licensure and initial registration fee directly to the Office of the Professions at the address at the end of this form to apply for licensure in NYS. You must answer all questions and provide all information requested unless otherwise indicated. Failure to complete all required parts of the application will delay its review. You must sign and date the Affidavit on this form in the presence of a Notary Public. Check what you are applying for: 1 **NYS License Number** 63 \$294 ER Occupational Therapist (License) Occupational Therapy Assistant (Authorization) \$147 ER **Date Issued Social Security Number** (Leave this blank if you do not have a U.S. Social Security Number) **Initials** 3 Birth Date Month Day Year **Print Name** Telephone/E-Mail Address Last Daytime phone First ☐ Home or ☐ Business Middle Area Code Phone Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information. **E-mail Address** (please print clearly) ☐ Home or ☐ Business Mailing Address: ☐ Home or ☐ Business (You must notify the Department promptly of any address or name changes) Line 1 **New York State DMV ID Number** 7 Line 2 (Driver or Non-Driver ID) Line 3 City (Leave this blank if you do not have a New York State DMV ID Number) Zip Code State Country/ Province Name as it appears on degree or other credentials (if different from above): 9 Have you previously applied for New York State licensure in any profession? Yes ☐ No If "yes", in what profession(s)? Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime ☐ No Yes (felony or misdemeanor) in any court? Are criminal charges pending against you in any court? 11 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☐ Yes ☐ No Are charges pending against you in any jurisdiction for any sort of professional misconduct? ☐ Yes ☐ No Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever 14 voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?

Yes NOTE: If you answer "Yes" to any questions numbered 10-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no

longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

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15							ETE ALL INFORMATION FOR		
	ALL SCHOOLS/COLLEGES/UNIVERSITIES ATTENDED AND DIPLOMAS AND/OR DEGREES RECEIVED OR YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE. Attach additional sheets if necessary.								
	Name of High School/Secondary School or GED Diploma issuer:								
	City:	rovince:			Country:				
	Number of years attended: _	/	Attendance from:						
	Graduation date:/	or Date GEI	D issued:	mo. _ /		mo.	yr.		
	mo.	yr.	mo.	yr.					
	Professional Education:								
	Name of School: City:					Country			
			Country:						
	•								
	Number of years attended: _	<i>'</i>	Attendance from:	mo.	yr.	mo.	yr.		
	Title of Degree/Diploma/Cert	tificate awarded (in the or	iginal language): _						
	Date Degree/Diploma/Certific	cate awarded:/							
		mo.	yr.						
	2. Name of School:								
	City:	State/Pr	ovince:			_ Country:			
	Major/Concentration:								
	Number of years attended: _	/	Attendance from:						
	mo. yr. mo. yr. Title of Degree/Diploma/Certificate awarded (in the original language): Date Degree/Diploma/Certificate awarded: /								
	Date Degree/Diploma/Certili	mo.							
	3. Name of School:								
	City:	ovince:			_ Country:				
	Major/Concentration:								
	Number of years attended: Attendance from: / to /								
	mo. yr. mo. yr.								
	Title of Degree/Diploma/Certificate awarded (in the original language):								
	Date Degree/Diploma/Certific	cate awarded:/ mo.							
16	Do you now hold, or have yo	ou ever held, a license or	certificate to pract	tice any pro	fession*	in any jurisdict	ion?		
	If yes, list each license/certif	·	•			• •			
	submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.								
	*Profession is defined as pro		-			, ,	· ·		
	Professional Title	Date License/C	License/Certificate		Limitations				
	Professional Title	State or Jurisdiction	Issued	t c	ľ	lumber	On License/Certificate		
			harana Farra da	Dame O . C.	D-: 5	14 C			
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17	Have yo	ou taken the examination given by the National Board of Certification in Occupational Therapy? No				
	Date of	examination: / / mo day vr.				
	Exam S	core:				
	Date ce	rtified: / / mo day yr.				
		e. Gay y				
18		upport Obligation				
	Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support*. Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits. The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.					
	You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.					
	Check	only A or B below. If you check B, you must check one of the five statements listed below it.				
	A. 🗌	am not under an obligation to pay child support				
	OR					
	В. 🗌	am under an obligation to pay child support and (please check only one of the following)				
		I am current and am not four months or more in arrears in the payment of child support; or,				
		I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,				
		The child support obligation is the subject of a pending court proceeding; or,				
		I am receiving public assistance or supplemental security income; or,				
		None of the above four statements apply.				
	* New Y	ork State General Obligations Law, section 3-503.				
19	Citizens	ship/Immigration Status:				
	Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.					
	I am:					
	□ A.	A United States citizen or National.				
	☐ B.	An alien lawfully admitted for permanent residence in the United States.				
	□ C. □ D.	An alien granted asylum under Section 208 of the Immigration and Nationality Act. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.				
	□ E.	An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1				
	_	year.				
	☐ F.	An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.				
	☐ G.	An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.				
	☐ H.	Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States:				
	☐ I.	I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify:				
	☐ J.	I do not reside in the United States.				
	If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number:					
	QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT WWW.USCIS.GOV.					
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20	Gender and Ethnicity: (This item is optional.)							
	Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.							
	Gender: Male Female							
	Ethnicity: White (not Hispanic) Black (not Hispanic) Asian Hispanic Native American							
21	Education Program Review							
	I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.							
	☐ Yes ☐ No Please initial:							
22	Affidavit With Acknowledgment (Notarization required.)							
	Applicant							
	I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. This form must be signed and dated in the presence of a Notary Public.							
	Signature of the applicant:							
	Date / / /							
	Notary							
	State of County of							
	On the day of in the year before me, the above signed, personally appeared							
	, personally known to me or proved to me on the basis of satisfactory evidence to be the individual Applicant Name							
	whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the							
	statements made by him/her in the application and all supporting materials are true, complete, and correct.							
	Notary Public signature							
	Notary ID number							
	Expiration date / / Notary Stamp							
Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.								

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