

## ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

1740 West Adams Street, Suite 3407 Phoenix, Arizona 85007 (602) 589-8352 Fax: (602) 589-8354 ot.info@otboard.az.gov

## **VERIFICATION OF LICENSURE STATUS**

## **INSTRUCTIONS FOR USE:**

- 1. Complete the applicant portion of the form.

<ol> <li>Make necessary copy(les) of the form</li> <li>Send to every State Licensing Board from which you have received a license.</li> </ol>															
APPLICANT TO COMPLETE THIS SECTION															
NAME:	Las	st					First			MI		OTR		СОТА	
Address		Street				City			State		<u> </u>	Zip code		COTA	
Social S	ecur	ity Numb	er			License Nui					nber				
NBCOT	Num	ber						Date	Granted	<u> </u>					
By signi	By signing this form, I attest to the accuracy of the above information:														
Signature									<u> </u>	Date					
THE FOLLOWING INFORMATION IS TO BE COMPLETED BY RECEIVING AGENCY AND RETURNED TO THE ADDRESS ABOVE:															
License Number			Dat				e Issued				Expi	ration			
Licensed	d as:			OTR						СОТА					
License Based on: NBCOT Certification Endorsement Other											Other				
Has disciplinary action been taken against licensee?								YES					NO NO		
Is there any disciplinary action pending?							YES						NO		
State reason for discipline:															
														•	
Complet	ed b	у						Signa	ature						
			(	Please print	or type)	1									
Title						A	gency								
Telephoi	ne N	umber	(	)						Date					