

CHECKLIST FOR MILITARY SPOUSE TEMPORARY PROFESSIONAL LICENSE

Effective January 1, 2022. Act 18 SLH 2021

Please do not submit this form with your application. Keep it for your records.

Who: Spouses accompanying an active military member on an official permanent change of station to a military installation located in Hawaii, who possess a license to practice in another jurisdiction of the United States as one of the following:

Acupuncturist	Licensed practical nurse	Physician assistant
Audiologist	Registered nurse	Podiatrist
Behavior analyst	Nursing home administrator	Psychologist
Dentist	Occupational therapist	Respiratory therapist
Dispensing optician	Optometrist	Social worker
Hearing aid dealer and fitter	Pharmacist	Speech pathologist
Marriage and family therapist	Naturopathic physician	Veterinary technician
Mental health counselor	Osteopathic physician	
Certified nurse aide	Physician	

What: A temporary license to practice for the duration of the active-duty military member's service in Hawaii, not to exceed a five-year period

FEES	
<input type="checkbox"/> Application Fee	Refer to application
<input type="checkbox"/> License Fee	Refer to application
APPLICATION	
<input type="checkbox"/> Complete forms	Check the appropriate box on page 1 of application, indicating this application is for a temporary military spouse license.
CRIMINAL HISTORY RECORD CHECK	
<input type="checkbox"/> Electronic Fingerprinting	<u>Only</u> necessary for: Licensed practical nurse Registered nurse
Please contact Fieldprint, Inc. at http://fieldprinthawaii.com to make an appointment or inquire about other available site locations on the Continental United States, or call (877) 614-4361. The Fieldprint code that you must enter is: FPHIBrdNursing (not case sensitive). You will be required to submit a full set of electronic fingerprints for the purpose of obtaining federal and state criminal history record checks for processing with the Federal Bureau of Investigation. The applicant shall bear the cost of the fingerprint processing and the application shall NOT be considered complete until the results of the criminal history record check has been received by the Board. You must file your application for nurse license application within thirty (30) days of fingerprinting to ensure that the results can be obtained. If we are unable to obtain the results, you will have to go back and pay again to be re-fingerprinted. Questions may be directed to the Board's office at (808) 586-2695.	
PROOF OF ACTIVE DUTY MILITARY SPOUSE STATUS	
<input type="checkbox"/> PCS orders + <u>non</u> -military ID <u>OR</u> <input type="checkbox"/> Statement of Verification from personnel office + <u>non</u> -military ID	A military ID may be used as proof if presented for in person verification by licensing staff.

PROOF OF LICENSURE IN ANOTHER JURISDICTION

License verification is required to be sent directly to the Board from each state or province in which applicant holds or has held a license.

One year: The license or certification by another jurisdiction must have been held for at least one year

Good Standing: The license or certification must be current, active, and in good standing without conditions or restrictions in all jurisdictions in which the person holds a license or certification.

NATIONAL PRACTITIONER DATA BANK

National Practitioner Data Bank (NPDB) Self-Query Response is required to be sent directly to the Board or Program. To obtain the report, go to the NPDB website at: www.npdb.hrsa.gov, and click on **Perform a Self-Query**. If you are unable to go on-line, call the NPDB at 1-800-6732 for assistance. The NPDB is now making your NPDB report available for download. Either the ORIGINAL hard copy that is mailed to you or an electronic version of the report will be acceptable. To send the electronic version, please, save the report as a .pdf file, attach it to the ORIGINAL email from the NPDB and email to the respective board/program.

DISQUALIFIED

An applicant is ineligible for temporary licensure if:

- Applicant's license in another jurisdiction is not in good standing.
- Applicant's license in another jurisdiction is under investigation for licensing violations.
- Applicant's application for license in another jurisdiction has been denied.
- Applicant has been censured, or had discipline imposed by another licensing authority, the terms and conditions of which have not yet been satisfied.
- Applicant has surrendered membership on any professional staff in any professional association, society, or faculty while under investigation or to avoid adverse action for acts or conduct that would constitute grounds for disciplinary action in this State.
- Applicant has a disqualifying criminal history as determined by the State's licensing authority.

Applicants ineligible for temporary licensing may apply for licensure via the normal licensing process.

A person licensed pursuant to this section shall be subject to the laws regulating the person's practice in this State and shall be subject to the jurisdiction of the licensing authority of this State.

INFORMATION/REQUIREMENTS AND INSTRUCTIONS FOR FILING - OCCUPATIONAL THERAPIST LICENSE

Access this form via website at: cca.hawaii.gov/pvl

Information/Requirements

WHO MUST OBTAIN A LICENSE

Any person who represents, advertises, or announces oneself, either publicly or privately, as an occupational therapist, or uses in connection with the person's name or place of business the words "occupational therapist licensed", "registered occupational therapist", "licensed occupational therapist", "occupational therapist", or "doctor of occupational therapy", or the letters "OT", "OTh", "OTD", "OT/L", "OTR/L", or "OTD/L", or any other words, letters, abbreviations, or insignia indicating or implying that the person is an occupational therapist.

Filing Instructions

APPLICATION FORM

Complete the online application form or print *legibly* in **black** ink. Sign the form and submit the required documents and fees. Incomplete applications, including non-submission of the required documents and fees will not be processed.

BUSINESS ADDRESS

On the application, provide your business (or employer) name and complete address. If you are not employed, state "Not Employed" and report this information within 30 days of the effective date of the license.

Failure to provide the requested information will delay the processing of your application.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

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DOCUMENTS FOR LICENSURE

Submit an **original** verification of certification (no photocopies please) issued by the National Board for Certification in Occupational Therapy (NBCOT) directly to the Hawaii Occupational Therapy Program. (See below for NBCOT information).

NOTE; A copy of your NBCOT certificate and/or pocket card is not acceptable.

An electronic NBCOT verification is acceptable. Applicants are responsible for ordering a verification of certification from the NBCOT website at: <https://www.nbcot.org/en/Certificants/Services#VerificationofCertification>. You will have to log in to your MyNBCOT account and order the verification of certification under Services.

NBCOT contact information:

National Board for Certification in Occupational Therapy (NBCOT)
One Bank Street, Suite 300
Gaithersburg, MD 20878

Phone: (301) 990-7979
Website: www.nbcot.org
Email: info@nbcot.org

FEES

Make check payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If license will be issued in an ODD-NUMBERED year, pay \$279
(Application Fee - \$50* + License Fee - \$86 + Compliance Resolution Fund - \$100 +
1/2 Renewal - \$43)

If license will be issued in an EVEN-NUMBERED year, pay \$186
(Application Fee - \$50* + License Fee - \$86 + Compliance Resolution Fund - \$50)

*Application fee is not refundable.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a registration has been denied.

SUBMITTING APPLICATION

Mail all required items to:

Occupational Therapy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location at:

335 Merchant St., Room 301
Honolulu, HI 96813
Phone No.: (808) 586-3000

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Instructions for "YES" Answers to Questions (4) through (6) of the Application for License (OC-02)

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 4 and 5 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "YES" to one or more of these questions, you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
 2. If your application indicates a criminal conviction, you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. A current criminal history record check in your name dated within six months of the date your application is received from the state where the conviction occurred **and** the state where you currently reside if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact them at (808) 587-3100 or visit their website at: ecrim.hawaii.gov to request a "Criminal History Record Check" form;
 - iv. If applicable, a copy of the terms of probation and/or parole and a statement from your probation or parole officer as to your compliance with the court orders (terms and conditions imposed including any court documentation).

NOTIFICATION OF CHANGE OF EMPLOYER, MAILING ADDRESS AND RESIDENCE ADDRESS REQUIRED

Every occupational therapist shall notify the Department of any change in employment, mailing and residence addresses within thirty (30) days of the change.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, **expire on December 31 of each EVEN-NUMBERED year** and are subject to re-licensure. Although *courtesy* notices are sent to the last address of record, about six weeks before expiration, the licensee is responsible for keeping their license current.

AGE OF MAJORITY & AUTHORIZATION TO WORK IN THE U.S.

In addition to the NBCOT certification requirements, applicants shall be beyond the age of majority (18 years old) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a U.S. citizen or U.S. national or alien authorized to work in the U.S., your application may be denied.

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**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

LAWS AND RULES

The licensee is held accountable for knowing and complying with the Hawaii laws of occupational therapy practice as failure to comply may result in disciplinary action. Obtain copies of the occupational therapy laws, Chapter 457G, Hawaii Revised Statutes by sending a written request to: Occupational Therapy, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 457G.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Occupational Therapy".

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign, and date it.

APPLICATION FOR LICENSE - OCCUPATIONAL THERAPIST

Access this form via website at: cca.hawaii.gov/pvl

(Check box only if applying for:) **Temporary Military Spouse License**

Complete the on-line fillable form or print legibly in **black ink**.
 READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Legal Name (First, Middle)		(Last)
Other Names Used (Include Maiden Name)		Social Security Number
Residence Address (Include Apt. No., City, State & Zip Code)		
Business (Employer) Name & Complete Address (If not employed, state "Not Employed". Report this information within 30 days of effective date of license)		
Mailing Address (If different from residence)		Date of Birth:
		Phone No. (days)

FOR OFFICE USE	Approval: <input type="checkbox"/>	Initial/Date:
	CHECKLIST:	
	<input type="checkbox"/> Business add or "NOT EMPLOYED"	<input type="checkbox"/> NBCOT Verification
	Effective Date:	License No. OT -

Check your answers. If response is "YES" to questions 4 to 6, refer to the instructions for additional documents that must be submitted with this application.

1. Are you at least 18 years of age? Yes No
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? Yes No
- 3a. Do you hold or have you ever held an OCCUPATIONAL THERAPIST license/certificate/registration in Hawaii and/or in another jurisdiction? Yes No
- b. Give name of jurisdiction and dates: _____
4. Has any license/certificate/registration ever been suspended, revoked or otherwise subject to disciplinary action? Yes No
5. Are there any disciplinary actions pending against you? Yes No
6. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No

Affidavit of applicant:
 I hereby certify that the statements, answers and representations made in this application and on the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, and section 436B-19, Hawaii Revised Statutes). I further certify that I have read, understand and will obey the laws and rules concerning occupational therapy in the State of Hawaii.

 Signature of Applicant _____ Date

Release of Information to Third party:
 To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:
 Print Name of Individual who is assisting you: _____
 Name of Organization: _____

 Signature of Applicant _____ Date

This material can be made available for individuals with special needs.
 Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Appl.....	720.....	\$50	1/2 Ren.....	727.....	\$43
Lic.....	723.....	\$86	CRF.....	729.....	\$50/\$100
			Service Charge.....	BCF.....	\$25