

INFORMATION/REQUIREMENTS AND INSTRUCTIONS FOR FILING - OCCUPATIONAL THERAPY ASSISTANT LICENSE

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**Information/Requirements**

**WHO MUST OBTAIN A LICENSE**

"Occupational therapy assistant" means a person who engages in the practice of occupational therapy under the supervision of and in partnership with an occupational therapist.

Any person who engages in the practice of occupational therapy as an occupational therapy assistant, or represents, advertises, or announces oneself, either publicly or privately, as an occupational therapy assistant, or uses in connection with the person's name or place of business the words "occupational therapy assistant", "occupational therapy assistant licensed", "licensed occupational therapy assistant", the letters "OTA/L" or "COTA/L", or any other words, letters, abbreviations, or insignia indicating or implying that the person is an occupational therapy assistant.

**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](http://www.nbcot.org)  
Email: [info@nbcot.org](mailto: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 Program  
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

## Instructions for "YES" Answers to Questions (4) through (6) of the Application for License (OC-04)

- 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.ehawaii.gov](http://ecrim.ehawaii.gov) to request a "Criminal History Record Check" form;
    - iv. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders.

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

Every occupational therapy assistant 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 will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements 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](http://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 THERAPY ASSISTANT

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

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

Legal Name (First, Middle)		(Last)	<b>FOR OFFICE USE</b>	Approval: <input type="checkbox"/>	Initial/Date:	
Other Names Used (Include Maiden Name)				CHECKLIST:		
Business (Employer) Name & Complete Address (If not employed, state "Not Employed". Report this information within 30 days of effective date of license)				<input type="checkbox"/> Business add or "NOT EMPLOYED"		<input type="checkbox"/> NBCOT Verification
				Effective Date:	License No. <b>OTA -</b>	
Residence Address (Include Apt. No., City, State & Zip Code)		Social Security Number				
Mailing Address (If different from residence)		Date of Birth:				
		Phone No. (days)				
		Email Address:				

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 THERAPY ASSISTANT 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