

# Application for Registration of Occupational Therapy Doctoral Capstone Experience



Department of Health  
Occupational Therapy  
4052 Bald Cypress Way, Bin C-05  
Tallahassee, FL 32399-3255  
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Board of Occupational Therapy  
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To qualify for the exemption provided in section (s.) 468.225(1)(e), Florida Statutes, an individual intending to fulfill a doctoral capstone experience must be registered with the Department of Health prior to beginning the capstone experience. Registration expires at the conclusion of the capstone experience or one year from the date of issuance, whichever is sooner. If for any reason the experience is to be repeated, a new registration will be required. Applications should be received **at least 60 days prior** to the capstone experience start date.

## 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (The address where mail and your registration should be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone

### EQUAL OPPORTUNITY DATA:

We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part, 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for registration.

Gender: Male Race: Native Hawaiian or Pacific Islander Hispanic or Latino White  
Female American Indian or Alaska Native Black or African American Asian  
Two or More Races

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Name: \_\_\_\_\_

## 2. CAPSTONE EXPERIENCE INFORMATION

Complete the following information regarding your planned capstone experience.

|  |                           |                         |
|--|---------------------------|-------------------------|
| <b>Sponsoring Institution:</b>           |                           |                         |
| <b>Address:</b>                          |                           |                         |
| <b>Name of Capstone Experience Site:</b> |                           |                         |
| <b>Site Address:</b>                     |                           |                         |
| <b>Secondary Site Address:</b>           |                           |                         |
| <b>Capstone Coordinator:</b>             | <b>Telephone:</b>         |                         |
|  | <b>*Email Address:</b>    |                         |
| <b>Site Mentor:</b>                      | <b>Telephone:</b>         |                         |
|  | <b>*Email Address:</b>    |                         |
| <b>Faculty Mentor:</b>                   | <b>Telephone:</b>         |                         |
|  | <b>*Email Address:</b>    |                         |
| <b>Focus Area(s):</b>                    |                           |                         |
| <b>Experience Dates</b>                  | <b>From (MM/DD/YYYY):</b> | <b>To (MM/DD/YYYY):</b> |

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## 3. APPLICANT SIGNATURE

I, the undersigned, state that I am the person identified in this application for registration in the state of Florida.

I recognize that providing false information may result in disciplinary action against my registration or criminal penalties pursuant to s. 456.067, Florida Statutes.

Florida law requires me to immediately inform the department of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the registration and to supplement the information on this application as needed.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY