

Complete verifications must be mailed directly from the licensing agency to:

Board of Occupational Therapy
4052 Bald Cypress Way Bin C-05
Tallahassee, FL 32399-3255



Board of Occupational Therapy License Verification Request

Part I: To be completed by applicant (Florida requires verification of all your current and previously held licenses.)

Name: _____

Address: _____

Name original license was issued under: _____

License Number: _____ State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Occupational Therapy.

Applicant Signature: _____ Date: _____
MM/DD/YYYY

Part II: To be completed by state licensing agency

All verifications must be in English and include the following criteria:

- * Typed on an official state form or letterhead
- * Include an official board seal
- * Signature and title of state board official

The following information must be included in all verifications:

- * Licensee name
- * Licensure status
- * Date of issuance and expiration
- * Licensure method (examination, grandfathering, reciprocity/endorsement) If exam, provide exam name, exam level, exam date, and score achieved.
- * Has this license ever been encumbered (denied, revoked, suspended, surrendered, limited, placed on probation)?
- * If this license has ever been encumbered, please provide certified copies of documentation regarding the action with the completed license verification.
- * License number
- * Is license in good standing?
- * State or jurisdiction of licensure

