

# **Professional Credential Services, Inc.**

P.O. Box 198689 - Nashville, TN 37219-8689  
[www.pcshq.com](http://www.pcshq.com)

## **Licensure Application for Occupational Therapy Assistants For the Massachusetts Board of Allied Health Professionals**

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**If you have ever held a Massachusetts license as an Occupational Therapy Assistant, please contact the Allied Health Board office at [alliedhealth@state.ma.us](mailto:alliedhealth@state.ma.us) for information about, and an application for reinstatement of your original license.**

The Massachusetts Board of Allied Health Professionals has authorized Professional Credential Services (PCS) to process all of its applications for licensure for occupational therapy. **Applicants for a license in occupational therapy must submit all of their information, as indicated in these instructions, directly to PCS.** The Massachusetts Board of Allied Health Professions is the final authority with respect to issuance of the license.

## INSTRUCTIONS

The application must be typewritten or printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on the application **must** be answered.

## REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email.

Toll-free: (877) 887-9727

Email: [otlicense@pcshq.com](mailto:otlicense@pcshq.com)

PCS Staff is available Monday through Friday, 8 a.m. to 4:30 p.m., Central Standard Time. *Please allow two weeks for processing of application.*

## LICENSURE INFORMATION

Applicants for OTA licensure must show proof of passing the NBCOT certification examination or proof of intent to take the examination. Official transcripts with degree conferral and documentation of all academic and fieldwork requirements must also be submitted before a temporary or permanent license will be issued. If a transcript is not available, the CERTIFICATION OF COMPLETION OF EDUCATIONAL REQUIREMENTS form must be submitted with the application.

ALL APPLICANTS ARE ALLOWED TO PRACTICE **ONLY AFTER** A TEMPORARY OR PERMANENT LICENSE HAS BEEN ISSUED.

Applicants who currently hold a license to practice occupational therapy in another state and wish to apply for licensure in Massachusetts, as well as those already certified by NBCOT, are NOT eligible for a temporary license to practice in Massachusetts.

To obtain more information on-line about OTA licensure requirements, visit:

[www.mass.gov/dpl/boards/ah](http://www.mass.gov/dpl/boards/ah) or [www.nbcot.org](http://www.nbcot.org)

## TEMPORARY LICENSE INFORMATION

Temporary licenses are issued to applicants who meet the requirements for licensure with the understanding that the applicant is deemed eligible by NBCOT to schedule their examination. Applicants must request that NBCOT submit directly to PCS on their behalf a "Confirmation of Examination Registration" prior to a temporary license being issued. Temporary licensure is granted **ONLY** when NBCOT Confirmation of Examination Registration is received by PCS on behalf of the applicant.

Applicants who have already received a passing score on the NBCOT examination are NOT eligible for temporary licenses. If an applicant does not take the next scheduled examination or fails the examination, he/she may petition the Board to issue another temporary license. However, it will be considered a second temporary license, and the applicant must take the NEXT scheduled examination. If the applicant does not take the examination or fails the examination, he/she may request a third temporary license from the Board. First and second temporary licenses are required to practice under supervision. A third temporary license is the FINAL temporary license. Temporary licensees working under their third temporary license must practice under DIRECT SUPERVISION.

*(continued on next page)*

## TEMPORARY LICENSE INFORMATION (continued)

If you have already taken the NBCOT examination and failed prior to filing an application with PCS, a temporary license may be issued. However, it will be considered a SECOND temporary license even though the applicant never applied for a first temporary license. With two failures on the examination, a temporary license may be issued. However, it will be considered a THIRD and FINAL temporary license.

## FEES

Application fee for an OTA license for the state of Massachusetts is **\$237.00 (includes \$28.00 fee for temporary license)**. For those applicants who currently hold a license in another jurisdiction (endorsement applicants) AND who are NBCOT certified, the current fee is **\$265.00**. Payment can be made with a certified check (no personal check) or money order made payable to Professional Credential Services or with a Visa or MasterCard. **FEES SUBMITTED ARE NON-REFUNDABLE.**

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### MATERIALS TO BE SUBMITTED

#### ***If you are applying for INITIAL LICENSURE:***

1. Completed licensure application;
2. Official transcripts or Certification of Completion form only if transcripts have not been conferred (submitted in a school-sealed envelope);
3. Verification of NBCOT Certification **OR** Confirmation of NBCOT Examination Registration;
4. Criminal Offender Record Information (CORI) Form; and
5. Certified Check (no personal check) or money order for **\$237.00** made payable to PCS. *(Pay only \$209 if you DO NOT want a temporary license issued to you.)*

#### ***If you are applying for LICENSURE BY ENDORSEMENT:***

1. Completed licensure application;
2. Official transcripts or a completed Certificate of Completion;
3. Official verification of licensure status in all states in which you have ever been registered or licensed;
4. A report of your score on the OTR or COTA examination (to be submitted directly from NBCOT) **OR** official NBCOT Verification of Certification;
5. Criminal Offender Record Information (CORI) Form; and
6. Certified Check (no personal check) or money order for **\$265.00** made payable to PCS.

#### **MAIL COMPLETED APPLICATION MATERIALS TO:**

**Professional Credential Services, Inc.  
Attn: OT/OTA Coordinator  
P.O. Box 198689  
Nashville, TN 37219-8689**

## Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689 (877) 887-9727

### Application for a Massachusetts OTA License

**Type of License:** Occupational Therapy Assistant

**Type of Applicant:**

☐ Licensure by Examination without temporary license - **\$209.00**  
☐ Licensure by Examination with temporary license - **\$237.00**  
☐ Licensure by Reciprocity/Endorsement - **\$265.00**

#### A. Biographical Information.

Provide your full name and mailing address. It is very important that this section be completed in full.

First Name Middle Initial Last Name Other (Maiden)

Print your name, as it should appear on your license

#### Mailing Address and Contact Information

Street or PO Box

City

State

Zip Code

Telephone Number with Area Code

Fax Number

Email address

#### B. Education.

Provide undergraduate and graduate college/university information, major, degree, and date of graduation. Be sure to include your OTA College. *Transcripts must be included in school-sealed envelopes.*

College/University	Location	Major	Degree & Date of Graduation

**C. NBCOT Certification.** If you have taken the certification examination, a verification letter from NBCOT is required.

Have you taken the NBCOT Certification Examination? ☐ Yes ☐ No

If yes, when and where did you take the examination? \_\_\_\_\_

Please provide examination score: \_\_\_\_\_ NBCOT Certification Number: \_\_\_\_\_

Is your NBCOT Certification current? ☐ Yes ☐ No

*If your certification is not current, you must attach a detailed explanation.*

If you have not yet taken the examination, have you applied with NBCOT to take the examination? ☐ Yes ☐ No

Have you received notification from NBCOT that you are eligible to schedule your examination? ☐ Yes ☐ No

If yes, when are you scheduled to take the examination? \_\_\_\_\_

**D. Temporary Licensure.** Eligible examination candidates are allowed to practice under supervision upon receipt of a temporary license. Once PCS receives final passing scores directly from NBCOT, a permanent license will be issued. The privilege of practicing with a temporary license may be used up to three times.

How many times have you previously taken the examination? \_\_\_\_\_

Are you applying for OTA temporary licensure to practice under supervision?  
☐ Yes ☐ No

How many temporary licenses to practice in the Commonwealth of Massachusetts have been previously issued to you? \_\_\_\_\_

*Candidates applying for temporary licensure must request from NBCOT that Examination Registration Confirmation Notice be issued directly to PCS on the candidate's behalf. Request forms are available on-line at [http://www.nbcot.org/exam\\_related.htm](http://www.nbcot.org/exam_related.htm).*

**E. Licensure by Endorsement.**

This section is applicable to persons holding a current or lapsed license as an Occupational Therapist or Assistant issued by another state and/or is certified by NBCOT.

List all states in which you hold or held a license, including Massachusetts. If additional space is needed, please attach a separate sheet.

\*Please note: If you are applying by reciprocity and are lapsed in any jurisdiction and National Certification you must either:

- (a) become current in one of the jurisdictions
- (b) or reinstate your National Certification

State	License Number	Date Licensed	Current	Lapsed	Revoked/Suspended	Probation

If you have ever been licensed to practice as an OTA in another state, you must make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state. *A copy of your license is NOT acceptable as verification.* The verification must have the official state seal.

**F. Questions.** Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has any disciplinary action been taken against you by a licensing or certification board located in the United States or any country or foreign jurisdiction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you the subject of pending disciplinary action by any licensing or certification board located in the United States or any country or foreign jurisdiction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you voluntarily surrendered or resigned a professional license to a licensing or certification board in the United States or foreign jurisdiction?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever applied for and been denied a professional license in the United States or foreign jurisdiction?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? If yes, please attach a detailed explanation. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you presently practicing / working as an Occupational Therapist/ Occupational Therapy Assistant? If yes, please state where you are working, including city and state; when you started; and what your duties include.<br><br>_____<br>_____       | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you ever been named in a malpractice suit? If yes, please explain.<br><br>_____<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |

**"To protect the health, safety, and well-being of the public"** – this is the goal of the licensure boards. Licensure is only one means by which this goal is implemented. Complaint investigation; interaction with other governmental agencies, professional associations and other states; interpretations of the law and its regulations; promoting continuing education and competence; these are some means by which licensure boards serve the public.

Name \_\_\_\_\_

**G.General Questions – Chapter 66.7. ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION.** The following questions are a sample of the information contained in Massachusetts General Laws, Chapter 112, Sections 23A-23Q and the Rules and Regulations of the Board. The purpose of these questions is to heighten your awareness of the laws and regulations in which you are required to practice.

1. How many support personnel is an occupational therapist allowed to supervise?
  - a. As many as his employer directs him to supervise
  - b. Not more than four (4) at one time
  - c. One (1) COTA and two (2) aides
  - d. As many as the OT determines he can safely supervise to ensure the quality and safety of the care provided.
2. When must a COTA have his/her documentation co-signed by an OT?
  - a. If the COTA is working on a third temporary license
  - b. When the COTA has made a change in the treatment plan
  - c. When the COTAT has documented a change in the patient's condition
  - d. COTAs with a temporary license must have their documentation co-signed
3. An OT or COTA who does not renew his/her license by the expiration date can legally continue to practice
  - a. If he/she did not receive a renewal application from the Board
  - b. As long as he/she works under the supervision of a fully licensed therapist
  - c. If he/she intends to renew it as soon as they get an opportunity
  - d. None of the above. It is never legal to practice in MA without a current license
4. How many CEUs must OTs and COTAs in MA have for each license renewal cycle?
  - a. OTs must have twenty CEUs and COTAs must have 15 CEUs for every two year license renewal
  - b. OTs and COTAs in MA are not required to have CEUs for license renewal
  - c. Both must have 15 CEUs as well as to be certified in CPR
  - d. NO CEUs are required, but in order to renew a license an OT or COTA must be employed as an OT or COTA
5. Under what circumstances may a COTA perform an initial evaluation and develop a plan of care and treatment goals?
  - a. When the OT supervisor delegates this activity to him/her
  - b. If the OT supervisor is not available to do the evaluation and plan development
  - c. When he/she does not have an OT supervisor
  - d. Initial evaluations and development of plans of care are within the scope of OT practice only. A COTA may not do them.

H. **OT/OTA Questions.** To be completed by all applicants for OTA licensure.

6. When supervising an OT and COTA student as part of the student's clinical affiliation, the OT/COTA must
  - a. Be on the premises and available to provide aid, direction and instruction
  - b. Be available by telephone or beeper
  - c. Meet with the student on a regular basis to discuss student performance
  - d. Be sure the student performs only those duties which may be performed by aides
7. An OT or COTA working under a temporary license
  - a. Must cease working immediately upon receipt of notification they have failed the NBCOT certification examination
  - b. May be eligible to apply for up to three (3) temporary licenses
  - c. Must have all documentation signed by a fully licensed therapist
  - d. All of the above
8. An OT who delegates selected forms of treatment to a COTA or aide
  - a. Must receive a written report from the COTA regarding the patient/client response to the treatment
  - b. Retains primary responsibility for the care of the patient/client rendered by the COTA
  - c. Is responsible for documenting the that treatment was given
  - d. Should always be present when the treatment is carried out
9. Occupational Therapy service
  - a. Can be provided to individuals or groups
  - b. May be provided in an industrial or educational setting
  - c. Includes developing perceptual motor skills
  - d. All of the above
10. A COTA working under the supervision of an OT
  - a. Must refer inquiries about patient/client prognosis to the supervising OT
  - b. May not answer any questions about a patient/client's status
  - c. May not supervise rehabilitation aides who provide occupational therapy services
  - d. Should not permit an aide to apply superficial heat or cold treatments

**I. Affidavit.** By signing this application, the applicant attests that this section has been read and fully understood. The application must be signed by the applicant and in the presence of a Notary Public in order to be processed.

Please be sure to write your date of birth and Social Security Number in numbers 1 and 2.

By my signature below, I certify, under the pains and penalties of perjury, that:

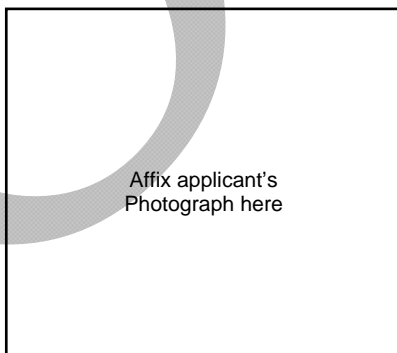
1. I am the applicant named in this application and by date of birth is \_\_\_\_\_MM \_\_\_\_\_DD \_\_\_\_\_YY
2. My Social Security Number issued by the US Social Security Administration \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\*
3. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Allied Health Professionals to deny, suspend, or revoke a license to practice as an Occupational Therapist or Assistant in accordance with Massachusetts law.
4. I shall abide by the rules and regulations of the Board of Allied Health Professionals, as contained in Chapter 259 of the Code of Massachusetts Regulations.
5. Pursuant to M.G.L.c. 119, s. 51A, and M.G.L.c. 112, s. 1A, I understand my obligation to report the abuse or neglect of children.
6. Pursuant to M.G.L.c. 62C, s. 49A, I have filed all Massachusetts State income tax returns and paid all taxes required by law.
7. The Massachusetts Board of Registration of Allied Health Professions, Division of Professional Licensure, has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for OT/OTA license, I acknowledge a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure.
8. I understand that this application is abandoned if requirements for licensure are not met within one (1) year from the date of Board receipt of the application.
9. I understand that all fees are non-refundable and non-transferable.
10. I understand that if I submitted a Certification of Completion in lieu of an official transcript, I must ensure that the Board of Allied Health Professionals receives an official transcript within seven (7) business days of degree conferral. I further acknowledge that failure to do so will cause a delay in renewing my license and/or effectuate disciplinary action.
11. I am aware that under Massachusetts law, occupational therapists and occupational therapist assistants can only work in licensed or licensed exempt facilities.

**J. Applicant Signature.** Applicant MUST sign in the presence of a Notary Public and list date of birth.

**Applicant's Signature (signed in the presence of a Notary Public) & Date of Birth (MM/DD/YYYY)**

\*Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth. Accordingly, no application will be PROCESSED without the inclusion of YOUR valid Social Security Number.

**K. Applicant Photo.** Applicant must attach a 2"x2" passport size photograph to the application. Photocopies or computer generated photographs **are not** acceptable.



On \_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Print Name of Notary Public

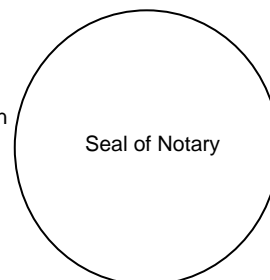
\_\_\_\_\_  
Signature of Notary Public

My Commission expires on \_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (Applicant's name), proved to me through satisfactory government issued evidence of identification, which was \_\_\_\_\_ (type of identification presented), to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of (his) (her) knowledge and belief.

\_\_\_\_\_  
(Official signature)

\_\_\_\_\_  
(Name Notary)



# Professional Credential Services, Inc.

P.O. Box 198689 ~ Nashville, TN 37219-8689 (877) 887-9727

## Certification of Completion of Educational Requirements

Licensure applicants for the Commonwealth of Massachusetts who are currently enrolled in an academic program, and whose degree in occupational therapy has not yet been conferred, must have the school registrar complete this to be submitted to PCS.

**NOTICE TO REGISTRAR:** This form is not to be signed, dated or submitted **prior to** completion of academic and clinical requirements by the candidate. Further, the Registrar certifies that the institution will forward an official transcript within seven (7) business days of degree conferral to the Mass. Board of Allied Health Professionals c/o **PCS, OT/OTA Coordinator, P.O. Box 198689, Nashville, TN 37219**

### TO BE COMPLETED BY REGISTRAR ONLY

Applicant Name

Student ID Number

Name of Educational Institution

Degree & Date of Degree Conferral

Street Address

City, State

ZIP Code

Date of Completion of Academic Requirements

Date of Completion of Clinical Requirements

I certify, under penalty of perjury, that the applicant named above has **completed all requirements** and there are no impediments to confer the degree stated above. Upon payment of required fees and permission from the applicant, I certify that an official transcript will be forwarded to the Mass. Board of Allied Health Professionals c/o **PCS, OT/OTA Coordinator, P.O. Box 198689, Nashville, TN 37219** within seven (7) business days of degree conferral.

Signature of Registrar

Print Name

**School Seal  
(Embossed)**

Date

Telephone Number

Send this completed form in sealed envelope to **PCS, OT/OTA Coordinator, P.O. Box 198689, Nashville, TN 37219**  
Send official transcript in sealed envelope to **PCS, OT/OTA Coordinator, P.O. Box 198689, Nashville, TN 37219**



**COMMONWEALTH OF MASSACHUSETTS  
BOARD OF REGISTRATION IN ALLIED HEALTH PROFESSIONS  
1000 Washington St. Suite 710  
Boston, MA 02118  
[www.mass.gov/dpl/boards/ah](http://www.mass.gov/dpl/boards/ah)**

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please provide the name of the board of registration and license type for which you are applying or currently hold:*

\_\_\_\_\_  
Board of Registration

\_\_\_\_\_  
License Type

**NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name                      \*First Name                      Middle Name                      Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth                      Place of Birth

\_\_\_\_\_  
\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.      Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

\_\_\_\_\_  
Street Number & Name                      City/Town                      State                      Zip

**IDENTITY VERIFICATION SECTION: Prior to submission to the Board's application vendor, this Section must be completed.**

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>1</sup>

☒ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On

## Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below:

- ☐ Certified Check
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one: ☐ Visa or ☐ MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form.**

*Note: This document will be shredded after it has been processed.*