



## **REINSTATEMENT OF TEMPORARY LICENSURE**

On behalf of the Massachusetts Board of Allied Health Professionals, PCS processes all applications for Occupational Therapist/Occupational Therapy Assistant licensure. Temporary licensure is available for candidates who are currently registered to take the national certification examination.

If you have failed the national certification examination and need to reinstate your temporary license, you must do the following:

1. Complete the enclosed PCS Reinstatement Application Form;
2. Submit payment form with \$28.00 fee to PCS;
3. Request from NBCOT that confirmation of your examination Registration be sent to PCS.

PCS will reinstate your temporary license once NBCOT confirms your registration for the NEXT scheduled examination period.

### **Reinstatement Application & Fee are mailed to:**

Professional Credential Services (PCS)

Attn: OT/OTA Coordinator

P.O. Box 198689

Nashville, TN 37219-8689

*For more information, email [otlicense@pcshq.com](mailto:otlicense@pcshq.com) or call 877-887-9727.*

## APPLICATION for REINSTATEMENT of OT/OTA TEMPORARY LICENSE

*An applicant who has failed the NBCOT examination and whose temporary license has expired must complete this form to PCS along with payment of \$28.00 for reinstatement of temporary license.*

**Type of License** (please check one):      **OT** ☐      **OTA** ☐

**A. Biographical**

**Information.** Provide your full name, date of birth, social security number, and mailing address. It is very important that this section be completed in full.

**\*Social Security Number** must be disclosed per state and federal law. No license will be issued without a social security number. Pursuant to M.G.L. c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue, where the information will be used to ascertain that you are in compliance with the tax laws of the Commonwealth.

**B. Examination Information.** You must request that Confirmation of NBCOT examination registration be sent to PCS on your behalf.

**C. Temporary Licensure.**

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

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records and other Federal and professional records may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

**E. 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 by PCS.

First Name      Middle Initial      Last Name      Other (Maiden)

Date of Birth      Place of Birth      Social Security Number\*

Print your name, as it should appear on your license

**Contact Information** ☐ (Check here if address has changed since your first application was filed with PCS)

Street or PO Box

City      State      Zip Code

Telephone Number with Area Code      Fax Number      Email address

How many times have you previously taken the NBCOT examination? \_\_\_\_\_  
Please indicate date and score of previous NBCOT examination(s):

Have you ever been issued a temporary license number to practice as an Athletic Trainer in the Commonwealth of Massachusetts?      Yes ☐      No ☐

If yes, please provide date of issuance \_\_\_\_\_

How many OT/OTA temporary licenses have been issued to you? \_\_\_\_\_

**Since you last applied for examination and licensure:**

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has any disciplinary action been taken against you by a licensing board, third party insurance carrier, professional association or organization, credentialing board or employer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you the subject of pending disciplinary action by any licensing board in any jurisdiction?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you voluntarily surrendered a professional license?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of a criminal offense other than a misdemeanor?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever applied for and been denied a professional licensure in any state or country?  | <input type="checkbox"/> | <input type="checkbox"/> |

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. I agree to abide by the rules and regulations of the Board of Allied Health Professionals and attest that all statements made herein are truthful and are made under the pains and penalties of perjury. Pursuant to M.G.L., c. 119, s.51A, and M.G.L., c.122, s.1A, I certify that I will fulfill my obligation to report the abuse or neglect of children.

Applicant Signature

Date

Submit this form and the enclosed payment form with the \$23.00 fee to PCS:  
Massachusetts OT/OTA Coordinator  
Professional Credential Services, Inc.  
P.O. Box 198689  
Nashville, TN 37219-8689

Visit us on-line at [www.pcshq.com](http://www.pcshq.com)



## 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 (*Please record your Social Security Number on the check*)
- ☐ Money Order
- ☐ Credit Card

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

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

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

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

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