

RECORD OF LICENSURE EXAMINATION OR NBCOT CERTIFICATION:

Complete the requested information below on the NBCOT Examination or Certification as it applies to you. NBCOT Examination Scores or Certification need to be sent to the Board office directly from NBCOT.

Date you plan to take the NBCOT Examination: _____ or

Date you successfully took the NBCOT Examination: _____

NBCOT Examination Identification Number: _____

NBCOT Score: _____ (Board staff will enter)

Endorsement Applicants:

NBCOT Certification Identification Number: _____

NBCOT Certification Expiration Date: _____

PROFESSIONAL INFORMATION:

List all licenses, certifications, or registrations for **any** type of profession or occupation you have been licensed, certified or registered for. You will need to contact the State Board(s) you are currently or have previously been licensed in as an OT or OTA and have a License Verification mailed directly to our office from each state. Attach additional sheet if necessary.

State	License Number	Date of Original License	Method of Licensure Exam, Endorsement, etc.	Status of License Current, lapsed, disciplined, etc

WORK EXPERIENCE:

List in chronological order all related employment for the past five (5) years or the past three (3) places of employment (Whichever is greater); beginning with the present, if applicable. Attach additional sheet if necessary.

Company Name	Company Address (Street, City, State, Zip)	Job Title
Type of Employment/ Hours Worked Per Week	Dates of Employment (MM/YYYY – MM/YYYY)	Reason for Leaving
Abbreviated Job Duties		
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Abbreviated Job Duties		

PERSONAL HISTORY:

Answer all the questions below; you are required to include a written statement with your application for any questions marked “Yes”. If you answer “Yes” to an arrest or conviction; you will need to have the court mail to our office the disposition and you will need to have a Statewide Background check mailed in directly from the law enforcement agency.

- 1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? **YES NO**
- 2. Have you ever been refused or denied the privilege of taking an examination required for any professional license? **YES NO**
- 3. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, court, or association? **YES NO**
- 4. Have your privileges ever been restricted or terminated by any association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association or facility to avoid imposition of such measures? **YES NO**
- 5. To your knowledge, are there any unresolved complaints against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? **YES NO**
- 6. Have you ever been convicted (including a nolo contendere plea or guilty plea) in any state or federal court of any of the following: violating any federal, state or local law relating to occupational therapy, a felony of any kind, or a non felony crime involving drugs, alcohol or moral turpitude? Disclose any convictions even if the conviction is on appeal and regardless of whether sentence was imposed or suspended. **YES NO**
- 7. Do you currently have any physical, mental or emotional condition or disease that might interfere with your ability to competently and safely perform the essential functions of practice? If yes, give full written explanation. **YES NO**

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

CERTIFYING STATEMENT:

State of _____, **County of** _____

I, _____, am the person named in all documents presented in support of this application and have answered them completely, without reservations of any kind and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act may constitute cause for denial or revocation of my license to practice in South Carolina.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Signature: _____

Print name: _____

Notary for the State of: _____

My Commission expires: _____

(Notary Seal)

**Tape a recent 2 x 2
Passport Photo
(less than 6 months old)
Photos that do not meet
passport requirements
are not acceptable**



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)