

**S. C. BOARD OF OCCUPATIONAL THERAPY
P.O. BOX 11329
COLUMBIA, SC 29211-1329**

VERIFICATION OF OCCUPATIONAL THERAPY LICENSURE

TO BE COMPLETED BY APPLICANT:

Name _____

Address _____

Certificate or License Number _____

TO BE COMPLETED BY STATE BOARD WHERE APPLICANT IS CURRENTLY LICENSED:

The above applicant has requested licensure with the South Carolina Board by endorsement from your state. In order to meet the requirements of our State Occupational Therapy Law, please complete this form and return to the Board at the above address as soon as possible.

NAME OF LICENSEE _____

LICENSE ISSUED: OT _____ License No. _____ Date _____

OTA _____ License No. _____ Date _____

LICENSED BY: Endorsement _____ Name of State _____

Exam _____ Other _____

LICENSE IS: Current _____ Lapsed _____ Inactive _____

Expiration Date _____

Has licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? If yes, please give full details on reverse side. Yes ___ No ___

Signed _____

Title _____

State Board _____

Address _____

SEAL

Date _____