



Occupational Therapy Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Other License, Certification, or Registration Verification

The individual below is applying for license as an Occupational Therapy or Occupational Therapy Assistant in Washington State. To assist the Occupational Therapy Credentialing in their review, please complete the following information and return directly to the address located above.

Thank you for your cooperation.

Name of licensee \_\_\_\_\_

License number \_\_\_\_\_ Issue date \_\_\_\_\_ Expiration date \_\_\_\_\_

Issued on the basis of:     State examination             Reciprocity/ Endorsement  
    NBCOT                                     Other

Has licensee's license ever been suspended, revoked or subject to other disciplinary action?

Yes     No

If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



Signature of verifier \_\_\_\_\_

Title \_\_\_\_\_

State board \_\_\_\_\_

Date \_\_\_\_\_