



Washington State Department of

Health

Occupational Therapy Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

## Limited Permit Sponsor Information Form

The following must be completed by your sponsoring occupational therapist if you wish to work as an occupational therapist/assistant until release of your examination scores. A limited permit cannot be issued without this information.

NBCOT's Authorization to Test (ATT) letter is valid for 90 days and the applicant must test within that time frame. Please send the original to the Department of Health. Photocopies and faxes will not be accepted.

### Applicant Demographics:

First Name	Middle	Last Name
Credential # (If available)	Date of Birth	

### Sponsor's Information:

Sponsor's Name (Must hold a current Occupational Therapy License)	Sponsor's License Number	
Employer Name	Phone	
Employer Address		
City	State	Zip Code

### Supervisor's Statement:

I have read [Chapter RCW 18.59](#) and [WAC 246-847](#) and agree to sponsor the above named applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_