

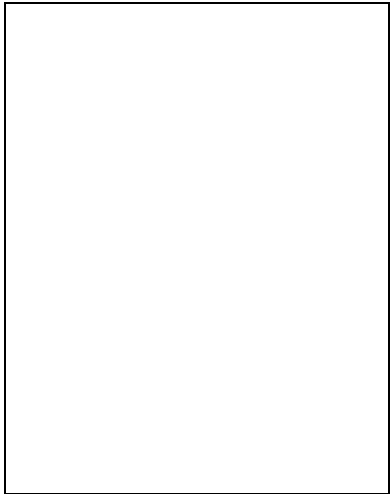


THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**Board of Physical Therapy and Occupational Therapy**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2580 ★ Fax: (907) 465-2974  
Email: license@alaska.gov  
Website: <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx>



**OCCUPATIONAL THERAPIST AND OCCUPATIONAL THERAPY ASSISTANT LICENSE REINSTATEMENT APPLICATION**

Occupational Therapist

Occupational Therapy Assistant

Fees due will depend on when your license lapsed. Contact the division before submitting this form to determine the amount due. The amount due is the licensing fee for each licensing period the license has been lapsed. Make checks or money order payable to the State of Alaska.

A licensee whose license is lapsed for any reason is prohibited from practicing occupational therapy until the license is reinstated by the board.

A license that has been lapsed for two but less than five years will, in the board's discretion, be reinstated, if the applicant submits:

- (1) an application for reinstatement on a form provided by the department;
- (2) the fees required by 12 AAC 02.320 for the entire period the license has been lapsed (contact the Division for fee amount);
- (3) evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed;
- (4) verification of all occupational therapy licenses held in other jurisdictions for the entire period the Alaska license has been lapsed and a signed statement from a licensing official in each of those jurisdictions verifying that no restrictions have been placed on the license or disciplinary sanctions have been taken against the licensee.

An applicant for a new occupational therapy/ occupational therapy assistant license whose original Alaska license was lapsed for five years or more and who has not been actively practicing occupational therapy in another state during that time shall satisfactorily complete an internship approved by the board. Do not use this application if your license has been lapsed for five years or more.

This application must be completed in full. If a section does not apply, write N/A in the space provided. **Please print or type.**

**SECTION I: PERSONAL IDENTIFICATION INFORMATION**

<b>Full Legal Name:</b>	Last	First	Middle
<b>Mailing Address:</b>	Mailing Address		
	City	State	Zip Code
<b>Telephone:</b>	Work:	Home:	Cell:
<b>E-Mail:</b>			
<b>Date of Birth:</b>	Mo ___ Day ___ Year ____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>APPLICANT: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure.</b>			Social Security Number
<b>Alaska OT/OTA License Number:</b>		<b>Expiration Date of Alaska OT/OTA License:</b>	
<b>Name Lapsed License was Issued Under:</b>			

**SECTION II: OCCUPATIONAL DATA PRACTICE HISTORY**

Provide a chronological listing of all PT/PTA/OT/OTA practice related activities, beginning with current position and back for the last ten years.

Do not attach a resume; we require the use of this form. If you are a traveler, do not put “various locations”, you must report every location/city and state in which you have practiced.

Please explain any gap in time from practice of more than 120 days’ duration. If practice began prior to permanent licensure, provide permit number and date issued.

(If needed, you may make additional copies of this page.)

<b>Employer and Institution at location of practice</b>	Name				
	Location (City, State, or Other Country)				
<b>Dates of Practice (mm/yyyy)</b>	From: To:	<b>Original Date License or Permit was Issued:</b>		<b>License or Permit from the State of:</b>	
<b>Additional Comments</b>					

<b>Employer and Institution at location of practice</b>	Name				
	Location (City, State, or Other Country)				
<b>Dates of Practice (mm/yyyy)</b>	From: To:	<b>Original Date License or Permit was Issued:</b>		<b>License or Permit from the State of:</b>	
<b>Additional Comments</b>					

<b>Employer and Institution at location of practice</b>	Name				
	Location (City, State, or Other Country)				
<b>Dates of Practice (mm/yyyy)</b>	From: To:	<b>Original Date License or Permit was Issued:</b>		<b>License or Permit from the State of:</b>	
<b>Additional Comments</b>					

<b>Employer and Institution at location of practice</b>	Name				
	Location (City, State, or Other Country)				
<b>Dates of Practice (mm/yyyy)</b>	From: To:	<b>Original Date License or Permit was Issued:</b>		<b>License or Permit from the State of:</b>	
<b>Additional Comments</b>					

<b>Employer and Institution at location of practice</b>	Name				
	Location (City, State, or Other Country)				
<b>Dates of Practice (mm/yyyy)</b>	From: To:	<b>Original Date License or Permit was Issued:</b>		<b>License or Permit from the State of:</b>	
<b>Additional Comments</b>					

<b>Applicant Name:</b>	<b>Date:</b>
------------------------	--------------

**SECTION III: PROFESSIONAL CREDENTIALS**

List every state or jurisdiction in which you have held an active license or permit to practice occupational therapy during the time your Alaska license has been lapsed. You must request verification of all licenses held in other jurisdictions for the entire period the Alaska license has been lapsed.

State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	
State:		License No.:		Original Date of Issue: (mm/dd/yyyy)		Expiration Date:	

**SECTION IV: PROFESSIONAL FITNESS**

If you answer “yes” to any question, please explain in full on a separate signed and dated statement and enclose applicable legal documentation. (All charging documents, final court documents and safe to practice statements.)

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have you ever been disciplined by any state board or Occupational Therapy Association concerning violation of the Occupational Therapy Practice Act or unethical conduct?.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied the privilege of taking an examination before any state Occupational Therapy Board? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. .... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a violation of any federal or state narcotic laws? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever had any malpractice settlements or judgments paid on your behalf? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now or have you been in the last five years addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now or have you been in the last five years treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a physical disability which could affect your ability to practice physical therapy? .....   | <input type="checkbox"/> | <input type="checkbox"/> |

**CONTINUING EDUCATION AND COMPETENCY REQUIREMENTS**

You must submit evidence of completion of all continuing professional practice requirements and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed.

Acceptable evidence of continuing education includes copies of certificates documenting dates of attendance, hours earned, course description, and who sponsored course. Refer to 12 AAC 54.715.

Proof of continuing professional practice requirements must be provided in the form of work experience verification forms, or proof of compliance with alternative continuing competency requirements, as appropriate. Refer to 12 AAC 54.705.

Please be aware that all information provided with this application will be available to the public unless required to be kept confidential by state or federal law.

I hereby certify that the information in this application is true and correct to the best of my knowledge. I understand that any false information may result in failure to obtain reinstatement of my license in Alaska, or subsequent revocation of my license.

SIGN HERE 

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGN HERE 

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



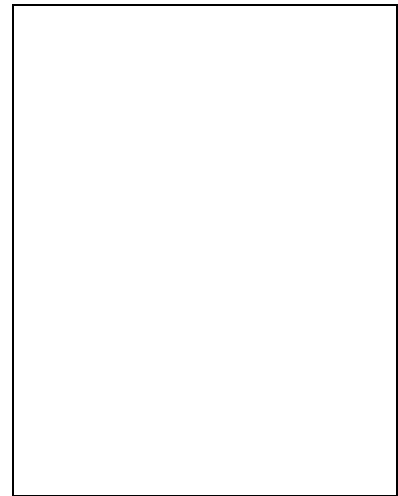


THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Physical Therapy and Occupational Therapy

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2580 \* Fax: (907) 465-2974
Email: license@alaska.gov
Website: http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx



VERIFICATION OF LICENSURE

APPLICANT: COMPLETE TOP HALF OF THIS FORM AND FORWARD IT TO THE LICENSING BOARD(S) IN EVERY JURISDICTION WHERE YOU ARE OR HAVE BEEN LICENSED. Some states require a fee for completion of license verification. We recommend you check with the state board prior to submitting this form to them for completion.

I am applying to the State of Alaska for a license to practice Occupational Therapy. The Board requires verification of my license in each jurisdiction in which I hold or have held licenses.

Form fields for personal information: Last Name, First Name, Middle, Mailing Address, License Number, City, State, ZIP Code, E-mail Address, Daytime Phone Number.

I hereby request and authorize the State of \_\_\_\_\_ to provide any and all pertinent information requested in this form to the Alaska State Physical Therapy and Occupational Therapy Board to complete an application filed with that agency.

Applicant Signature and Date fields.

TO STATE BOARD Please complete and certify this form and return it directly to the Alaska State Physical Therapy and Occupational Therapy Board at the address listed on the top of this form. You may use your state verification of license certificate if it includes the following information.

Form fields for licensing details: Licensing Jurisdiction, Name of Licensee, Licensed By (reciprocity, examination, etc.), If licensed by examination, what examination did the licensee pass?, License Number, Original Issue Date, Expiration Date, Periods of Lapse.

Has the license ever been revoked, suspended, placed on probation, or restricted in any way? [ ] Yes [ ] No
If yes, please enclose an explanation or documentation.
Is the licensee the subject of a pending disciplinary proceeding? [ ] Yes [ ] No

Has the licensee ever been the subject of an unresolved complaint, review procedure, or disciplinary action?.....  Yes  No  
If yes, please enclose an explanation or documentation.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Physical Therapy and Occupational Therapy

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2580 \* Fax: (907) 465-2974
Email: license@alaska.gov
Website: http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx



VERIFICATION OF WORKING EXPERIENCE

Dear \_\_\_\_\_:

I am applying for reinstatement of my license to practice occupational therapy in the State of Alaska. I am required to provide proof of having provided occupational therapy services that would have been required to maintain a current license for the entire period the license has been lapsed. Please complete the below reference. Return this form to me so I can submit it with my reinstatement application to the State of Alaska.

Thank you for your assistance.

Applicant Signature: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_
Street/PO Box City State Zip Code

The below information must be completed in full by the applicant's employer, supervisor, or the Human Resource Manager at the place of employment.

I, \_\_\_\_\_, attest that \_\_\_\_\_
(Name of Employer or Supervisor) (Name of Applicant)

is/was employed at \_\_\_\_\_
(Name of Institution/Professional Clinic, etc.)

and provided (check one): [ ] occupational therapy services or [ ] occupational therapy assistant services

during the period from \_\_\_\_\_ to \_\_\_\_\_.
month/day/year month/day/year

Check service hours which apply during the above dates of service: [ ] 60 hours [ ] 120 hours [ ] 180+ hours

Signature Date

Printed Name License Number (if applicable)

Institution/Clinic Where Employed Title

Address

Business Telephone



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Physical Therapy and Occupational Therapy

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2580 \* Fax: (907) 465-2974
Email: license@alaska.gov
Website: http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx



AUTHORIZATION FOR RELEASE OF RECORDS

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, employment, education records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis, or treatment.

I request that upon presentation of this release, or a Certified True Copy, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska. This authorization is given expressly in connection with my application for a license or permit to practice as a physical therapist, physical therapy assistant, occupational therapy, or occupational therapy assistant in Alaska.

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

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

Date: \_\_\_\_\_



**SELECTED PERTINENT REGULATIONS**  
**OCCUPATIONAL THERAPY LICENSE REINSTATEMENT AND CONTINUING COMPETENCY REQUIREMENTS**

**12 AAC 54.950. REINSTATEMENT OF A LAPSED LICENSE.** (a) A licensee whose license is lapsed for any reason is prohibited from practicing physical therapy or occupational therapy until the license is reinstated by the board.

(b) A license which has been lapsed for less than two years will be reinstated by the board upon submission of

(1) the fees required by 12 AAC 02.105 and 12 AAC 02.320; and

(2) documentation that all continuing competency and continuing education requirements of 12 AAC 54 have been met.

(c) A license that has been lapsed for two but less than five years will, in the board's discretion, be reinstated, if the applicant submits

(1) an application for reinstatement on a form provided by the department;

(2) the fees required by 12 AAC 02.105 and 12 AAC 02.320 for the entire period the license has been lapsed;

(3) evidence of completion of all continuing competency and continuing education requirements in 12 AAC 54 that would have been required to maintain a current license for the entire period the license has been lapsed;

(4) verification of all physical therapy and occupational therapy licenses held in other jurisdictions for the entire period the Alaska license has been lapsed and a signed statement from a licensing official in each of those jurisdictions verifying that no restrictions have been placed on the license or disciplinary sanctions have been taken against the licensee.

(d) In accordance with AS 08.01.100(d), a license that has been lapsed for five years or more is considered permanently lapsed and the former licensee will be required to apply for a new license under AS 08.84.030 or 08.84.060 and regulations adopted under them.

(e) An applicant for a new license whose original license in this state was lapsed for five years or more and who has not been actively practicing in another state during that time shall satisfactorily complete an internship approved by the board consisting of 150 hours of training.

**12 AAC 54.700. OCCUPATIONAL THERAPY LICENSE RENEWAL REQUIREMENTS.** An applicant for renewal of an occupational therapist license or an occupational therapy assistant license shall submit

(1) a complete renewal application on a form prescribed by the board;

(2) the license renewal fee established in 12 AAC 02.320;

(3) proof of continuing competency by submitting documentation verifying that the applicant has completed

(A) the continuing occupational therapy professional practice requirements or an alternative under 12 AAC 54.705; and

(B) the continuing education contact hours required under 12 AAC 54.710; and

(4) a completed jurisprudence questionnaire prepared by the board covering the provisions of AS 08.84 and this chapter.

**12 AAC 54.705. REQUIRED CONTINUING OCCUPATIONAL THERAPY PROFESSIONAL PRACTICE AND ALTERNATIVES.** (a) An applicant for renewal of an occupational therapist or occupational therapy assistant license shall document

(1) having provided occupational therapy services for at least 60 hours during the concluding licensing period; or

(2) successful completion during the concluding licensing period of one of the following:

(A) the applicable of the following certification examinations sponsored by the National Board for Certification in Occupational Therapy:

(i) for an occupational therapist, the Certification Examination for Occupational Therapist, Registered; or

(ii) for an occupational therapy assistant, the Certification Examination for Certified Occupational Therapy Assistant;

(B) in addition to the contact hours of continuing education required under 12 AAC 54.710, 40 contact hours of continuing education that is consistent with the requirements of 12 AAC 54.710 - 12 AAC 54.720;

(C) a review course sponsored by a school of occupational therapy approved by the American Occupational Therapy Association; or

(D) an occupational therapy internship of 150 hours approved by the board.

(b) If an applicant for renewal is uncertain whether the applicant's work or volunteer experience will constitute occupational therapy services under this section, the applicant may request board approval before submitting the application for license renewal.

(c) In this section, "occupational therapy services" includes work and volunteer service under a position title other than occupational therapist or occupational therapy assistant if the applicant documents that the position required the use of occupational therapy skills recognized by the board.

**Editor's note:** Information on certification examinations in occupational therapy may be obtained from the National Board for Certification in Occupational Therapy, 12 South Summit Avenue, Suite 100, Gaithersburg, MD 20877-4150. Information on approved schools of occupational therapy may be obtained from the American Occupational Therapy Association, P. O. Box 31220, Bethesda, MD 20824.

**12 AAC 54.710. OCCUPATIONAL THERAPY CONTINUING EDUCATION REQUIREMENTS.** (a) Except as provided in 12 AAC 54.725, an applicant for renewal of an occupational therapist or an occupational therapy assistant license who has been licensed for 12 months or more of the concluding licensing period shall have completed, during that period, 24 contact hours of continuing education. An applicant for renewal of an occupational therapist or an occupational therapy assistant license who has been licensed for less than 12 months of the concluding licensing period shall have

(1) completed, during that period, 12 contact hours of continuing education; or

(2) passed the national occupational therapy examination during the 12 months immediately before the date that the applicant's license is due to lapse.

(b) An applicant shall complete at least one-half of the required contact hours in courses or programs offered by an accredited academic institution or a professional organization approved by the board under 12 AAC 54.715(a).

(c) For the purposes of this section,

(1) one "contact hour" equals a minimum of 50 minutes of instruction;

(2) one continuing education unit awarded by a professional health care association equals 10 contact hours;

(3) one academic semester credit hour equals 15 contact hours; and

(4) one academic quarter credit hour equals 10 contact hours.

(d) *Repealed 5/21/97.*

(e) An applicant for renewal is responsible for maintaining adequate and detailed records of all continuing education contact hours claimed and shall make the records available to the board upon request under 12 AAC 54.720. Records must be retained for three years from the date the contact hours were obtained.

(f) The following activities will not be accepted for continuing education contact hours under this section:

(1) routine staff meetings attended by the applicant;

(2) rounds conducted by the applicant;

(3) routine courses required for employment, including courses on cardiopulmonary resuscitation, first aid, and training related to Occupational Safety and Health Administration requirements.

**12 AAC 54.715. APPROVED OCCUPATIONAL THERAPY COURSES AND ACTIVITIES.** (a) The following continuing education activities are approved for continuing education credit if they meet the requirements of (c) of this section:

(1) courses recognized by

(A) the Alaska Occupational Therapy Association;

(B) the American Occupational Therapy Association;

(C) the World Federation of Occupational Therapy;

(D) the National Board for Certification in Occupational Therapy (NBCOT);

(E) other state occupational therapy associations; or

(F) other state occupational therapy licensing boards;

(2) continuing education activities sponsored by a professional organization or university approved by the Alaska Occupational Therapy Association or the American Occupational Therapy Association.

(b) If an applicant for renewal is uncertain whether a particular continuing education opportunity will meet the standards of this section, the applicant may request board approval before claiming those contact hours.

(c) To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of an occupational therapist or occupational therapy assistant and must be directly related to the skills and knowledge required to implement the principles and methods of occupational therapy.

**12 AAC 54.720. AUDIT OF OCCUPATIONAL THERAPY CONTINUING COMPETENCY REQUIREMENTS.** (a) After each renewal period the board will, in its discretion, audit renewal applications to monitor compliance with the continuing competency requirements of 12 AAC 54.700 - 12 AAC 54.720.

(b) A licensee selected for audit shall, within 30 days after the date of notification, submit documentation that verifies completion of the contact hours claimed under 12 AAC 54.710 and occupational therapy service hours or an alternative required under 12 AAC 54.705.

(c) Refusal to cooperate with an audit will be considered an admission of an attempt to obtain a license by material misrepresentation under AS 08.84.120(a)(1).

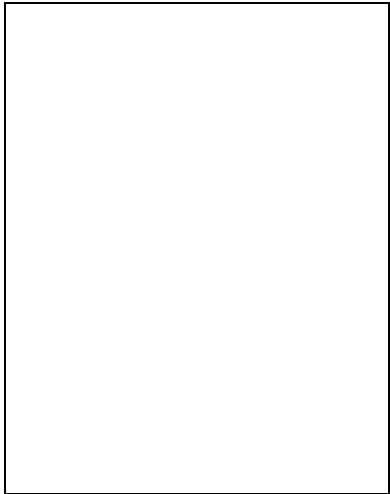


THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Physical Therapy and Occupational Therapy

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2580 \* Fax: (907) 465-2974
Email: license@alaska.gov
Website: http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx



JURISPRUDENCE QUESTIONNAIRE FOR OCCUPATIONAL THERAPY APPLICANTS

Applicant Name: \_\_\_\_\_

All applicants for licensure must complete the following questionnaire prepared by the Board of Physical Therapy and Occupational Therapy. The questions cover the provisions of AS 08.84 and 12 AAC 54 (the board's specific statutes and regulations). Centralized Statute 08.01 is also referenced. The answers to the questions will be found by reviewing the statute and regulation booklets published by the board (you can view and download the booklets from the board's website at http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/PhysicalTherapyOccupationalTherapy.aspx. Use the statutes and regulations to determine the correct answer for each question. Circle your multiple choice answers and cite the statute or regulation where the answer was found. The questionnaire will not be graded. If you fail to circle an answer or cite the law, your application for licensure will be considered incomplete and the questionnaire will be returned to you for completion.

Circle the letter of the best answer for all items

AND

Cite the statute or regulations from which you obtained your answer

- 1. The board may take the following actions singularly or in combination
a. Refuse renewal
a. Revoke
b. Suspend
c. All of the above -> Cite Statute AS 08.84.
2. According to the Centralized Statutes 08.01.075 disciplinary powers of the board may include
a. Impose a civil fine not to exceed \$1,000
b. Impose a civil fine not to exceed \$3,000
c. Impose a civil fine not to exceed \$5,000
d. Impose a civil fine not to exceed \$10,000 -> Cite Statute 08.01.075.
3. The board may refuse to license an applicant, may refuse to renew the license of a person, and may suspend or revoke the license of a person who has
a. has attempted to obtain a license by material misrepresentation
b. has continued to practice occupational therapy after becoming unfit due to physical or mental disability
c. has failed to refer a patient to another qualified professional when the patient's condition is beyond the training or ability of the person
d. uses drugs or alcohol in any manner that affects the person's ability to practice occupational therapy safely
e. all of the above -> Cite Statute AS 08.84.

Name: \_\_\_\_\_

4. An individual who practices without the appropriate license or whose license is suspended or revoked or whose license is lapsed is guilty of a
- a. class A misdemeanor
  - b. class B misdemeanor
  - c. class C misdemeanor
  - d. felony
- Cite Statute AS 08.84. \_\_\_\_\_
5. The scope of authorized practice for an occupational therapist or occupational therapy assistant includes the practice of medicine, osteopathy, chiropractic, or other methods of healing.
- a. False
  - b. True
- Cite Statute AS 08.84. \_\_\_\_\_
6. Records of continuing education must be retained from the date of completion for
- a. 2 years
  - b. 3 years
  - c. 5 years
  - d. 7 years
- Cite Regulation 12 AAC 4. \_\_\_\_\_
7. It is the responsibility of the \_\_\_\_\_ to notify the Division of Corporations, Business and Professional Licensing when a change in address occurs for a licensee.
- a. direct supervisor
  - b. employer
  - c. licensee
  - d. all of the above
- Cite Regulation 12 AAC 54. \_\_\_\_\_
8. A licensee selected for audit of continuing competency requirements shall submit substantiating documentation within \_\_\_\_\_ after the date of notification by the division.
- a. 30 days
  - b. 60 days
  - c. 90 days
  - d. 120 days
- Cite Regulation 12 AAC 54. \_\_\_\_\_
9. The license or permit or a copy of the license or permit must be
- a. kept in the personnel file of the licensee or permit holder
  - b. kept with the practicing therapist at all times
  - c. posted in a conspicuous location in the licensee's primary place of business
  - d. posted somewhere in the place of business
- Cite Regulation 12 AAC 54. \_\_\_\_\_
10. An occupational therapist or occupational therapy assistant licensee applicant for renewal, who has been licensed 12 months or more, shall have completed \_\_\_\_\_ contact hours of continuing education during the previous licensing period.
- a. 12
  - b. 20
  - c. 24
  - d. 30
- Cite Regulation 12 AAC 54. \_\_\_\_\_

Name: \_\_\_\_\_

11. An occupational therapy assistant shall be supervised by an occupational therapist. The minimum times per month the supervising therapist must be physically present while the assistant implements a treatment plan with a patient is
- a. once per month
  - b. two times per month
  - c. three times per month
  - d. four times per month
- Cite Regulation 12 AAC 54. \_\_\_\_\_
12. To maintain current licensure in this state, licensees shall document having provided occupational therapy services for at least \_\_\_\_\_ hours during the concluding licensing period.
- a. 30
  - b. 60
  - c. 120
  - d. 150
- Cite Regulation 12 AAC 54. \_\_\_\_\_
13. An applicant for occupational therapy and occupational therapy assistant license renewal must complete \_\_\_\_\_ of the required contact hours in courses or programs offered by an accredited academic institution or a professional organization approved by the board.
- a. All
  - b. Five
  - c. One-half
  - d. Some
- Cite Regulation 12 AAC 54. \_\_\_\_\_
14. To be accepted by the board, a continuing education course or activity must contribute directly to the professional competency of an occupational therapist or occupational therapy assistant and must be directly related to the skills and knowledge required to implement the principles and methods of occupational therapy.
- a. False
  - b. True
- Cite Regulation 12 AAC 54. \_\_\_\_\_
15. Occupational therapists and occupational therapist assistants must adhere to the occupational therapy standards including the code of ethics.
- a. False
  - b. True
- Cite Regulation 12 AAC 54. \_\_\_\_\_
16. Continual onsite supervision means that the occupational therapist or occupational therapy assistant \_\_\_\_\_
- a. is immediately available
  - b. is present in the department or facility where services are being provided
  - c. maintains continual oversight of patient-related duties
  - d. all of the above
- Cite Regulation 12 AAC 54. \_\_\_\_\_
17. Refusal to cooperate with a continuing education audit will be considered an admission of an attempt to obtain a license by material misrepresentation.
- a. False
  - b. True
- Cite Regulation 12 AAC 54. \_\_\_\_\_

Name: \_\_\_\_\_

18. In order for an occupational therapist or occupational therapy assistant to obtain licensure, they must provide proof of initial certification with:
- a. AOTA
  - b. AKOTA
  - c. NBCOT
  - d. WFOT
- Cite Regulation 12 AAC 54. \_\_\_\_\_
19. An occupational therapist applicant who has been issued a temporary permit prior to taking the national examination may continue to practice under that temporary permit even if the occupational therapist applicant fails to take the examination.
- a. False
  - b. True
- Cite Statute 08.84. \_\_\_\_\_
20. Documentation to verify completion of continuing competency must include a valid copy of a certificate or similar verification of satisfactory completion; which must include
- a. Description of the continuing competency activity and the dates of actual participation or successful completion
  - b. Name, mailing address, and signature of the instructor, sponsor or other verifier
  - c. Name of the licensee and the amount of continuing competency credit awarded
  - d. All of the above
- Cite Centralized Regulation 12 AAC 02. \_\_\_\_\_

**Did you print your name on each page of the exam?**

**DID YOU REMEMBER TO CIRCLE EACH ANSWER AND  
CITE THE STATUTE OR REGULATION?**

If you fail to circle any of the multiple choice answers or fail to cite the statute or regulation to back your answers, your application for licensure will be considered incomplete and the questionnaire will be returned to you for completion.