

# Occupational Therapist License Verification Form

*This form may be used by licensing agencies, employers, or healthcare institutions to verify the license status of an occupational therapist.*

## Applicant Information

Full Name	
Date of Birth	
Social Security Number (Last 4 Digits)	
Address	
Phone Number	
Email Address	

## License Information

License Number	
Issuing State / Jurisdiction	
Date Issued	
Expiration Date	
License Status (Active, Inactive, Lapsed)	
Any Restrictions or Conditions?	
Disciplinary Actions (if any)	

## Verification

I hereby certify that the above information has been reviewed and verified for accuracy. This occupational therapist is licensed and in good standing, unless otherwise noted.

Verifier Name	
Verifier Title/Position	
Organization	
Contact Information	
Signature	
Date	

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**Instructions:** Please complete all fields. Attach additional documentation as needed. Return the completed form to the requesting party or licensing authority.