

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	

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