



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

1740 West Adams Street, Suite 3407

Phoenix, Arizona 85007

(602) 589-8352

Fax: (602) 589-8354

ot.info@otboard.az.gov

ARIZONA VERIFICATION OF LICENSE

INSTRUCTIONS FOR USE:

1. Complete the applicant portion of the form.
2. Send to the address above for processing or email to ot.info@otboard.az.gov.

LICENSEE TO COMPLETE THIS SECTION

NAME:	Last			First			MI							
										OTR				COTA
Address		Street			City			State			Zip code			
Social Security Number								License Number						
NBCOT Number								Date Granted						

Signature _____ Date _____

SEND VERIFICATION TO:

NAME OF ORGANIZATION:						
Address		Street		City	State	Zip code

THE FOLLOWING INFORMATION WILL BE COMPLETED BY THE ARIZONA BOARD OF OCCUPATIONAL THERAPY:

License Number		Date Issued		Expiration	
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Licensed as: OTR COTA

Has disciplinary action been taken against licensee? YES NO

Is there any disciplinary action pending? YES NO

Completed by	
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Signature		Title	
Telephone Number	()	Date	

