



**GENERAL INFORMATION OCCUPATIONAL THERAPIST (OT) AND
OCCUPATIONAL THERAPY ASSISTANT (OTA)**

Thank you for your interest in reinstating your Kansas license. Please read the following information carefully. This information is vital to the successful completion of your application and often, questions you may have, are covered. For all information governing the practice of Occupational Therapy in Kansas, please visit the [Statute and Regulation Handbook](#).

The application and all forms are fillable PDFs and can be submitted electronically by emailing KSBHA_Licensing@ks.gov. If a seal or notary is required, it must be clearly visible to be accepted by email. **Pages 1-3 of the application will not be accepted handwritten.** KSBHA highly recommends that you make and keep copies of all the items you submit to the Board. As a reminder, **please do not make a commitment to work dates, prior to being licensed.**

Applications are processed in order of date received. Please allow **at least 2 to 4 weeks** for the processing of your application. After an application is processed if something is identified as missing, a missing requirement letter (“MRL”) is sent to the preferred email address. Board staff will make every effort to process your application as quickly as possible. Incomplete applications and/or failure to submit the required information will delay the processing of your application. For updates, login to the online portal. When the license is reinstated a notification with the wallet card is sent to the preferred email address.

If your license is reinstated before January 1, you will be required to renew during that year’s renewal period. If your license is reinstated after January 1, you will not be required to renew until the following calendar year. Renewal starts February 15; late renewal starts April 1. All OT/OTA licenses cancel May 1, if not renewed.

Fees:

Application: \$80

NPDB: \$3

ALL FEES ARE NON-REFUNDABLE

If you:	Then complete the:
Never held a Kansas Occupational Therapy license	Initial Application
Previously held a Kansas Occupational Therapy license that is now cancelled	Reinstatement Application

OT/OTA Application Check List:

<input type="checkbox"/>	Complete application with all questions answered.
<input type="checkbox"/>	Request verification of other licenses, permits or certifications, if applicable.
<input type="checkbox"/>	Provide proof of professional liability insurance.
<input type="checkbox"/>	Provide proof of continuing education, if applicable.
<input type="checkbox"/>	Provide documentation for any “YES” answers to the Attestation Questions.
<input type="checkbox"/>	Provide documentation of name change, if applicable.
<input type="checkbox"/>	Notarize and sign the Affidavit and Authorization.
<input type="checkbox"/>	Complete Expedited Licensure Questionnaire
<input type="checkbox"/>	Complete and sign the Third-Party Release, if applicable.



APPLICATION INSTRUCTIONS – OCCUPATIONAL THERAPIST (OT) AND OCCUPATIONAL THERAPY ASSISTANT (OTA)

Application Fees: Application fees must be submitted with the application. These *fees are non-refundable* and will be processed upon receipt. The Kansas OT/OTA application fee is **\$80**. Also, a National Practitioner Data Bank (“NPDB”) report fee of **\$3** must accompany the application. This totals **\$83**. Board staff directly runs an NPDB report for all applicants. **Please do not submit an NPDB self-query.** To pay by debit or credit card, complete the Credit Card/Debit Card Authorization Form. Please make all checks payable to KSBHA. Checks returned for any reason by the payer’s financial institution must be replaced by a money order, certified check, or credit card.

Name: Provide your full legal name. If the name on the application differs from the name on any of your supporting documentation, you must submit a copy of a marriage license, divorce decree, or a court order explaining the change of name. Documentation is not required if it has been previously submitted.

Identification: Federal Law, at 42 U.S.C.S. § 666(a)(13), mandates that this agency record social security number on your application. K.S.A. 74-148(a) provides that every application by an individual for a professional license shall request the applicant's social security number. K.S.A. 74-139 requires this agency to disclose your social security number upon request to the Kansas director of taxation. Your social security number may be provided for child support enforcement actions, to the Kansas director of taxation, or for reporting disciplinary actions to the National Practitioner Data Bank-Health Integrity and Protection Data Bank (NPDB-HIPDB) as required by 45 C.F.R. §§ 61.1 *et seq.* Disclosure by this agency of your social security number is voluntary to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation. Your social security number will not be released for any other purpose not permitted by law.

Addresses: Addresses **cannot** be a Post Office Box, except qualified participants under the Safe at Home Act, K.S.A. 75-451 *et seq.* Your home address will not be available to the public. The business address is public and will be posted on the Board’s website. The Board will contact you at the preferred mailing and email address. If your address or contact information changes, you must notify the Board within 30 days by completing the [Change of Address Form](#) or in the [Online Portal](#).

National Provider Identifier (NPI): The [NPI](#) is a unique 10-digit numeric identifier for health care professionals available from the Centers for Medicare and Medicaid Services. Provide your NPI number or if you do not have an NPI number check the corresponding box.

Employment/Professional History: In chronological order, list all healthcare employment/professional history since the cancellation of your Kansas license. Account for all months and explain all gaps. Attach additional page if necessary. Include the actual work address, not corporate headquarters.

Other Licenses/Permits/Certifications: List all state or jurisdictions in which you currently, or have ever held, a healthcare related license, permit, or certification, permanent or temporary. The Board will verify your credentials for any state or jurisdiction that provides free and current verifications on their official state website and includes the following information: issue date, expiration date, and any pending or past disciplinary action. If the Board is unable to verify your credentials, you may complete the Verification Form and forward to all licensing agencies. Please check with the licensing agency to see if a fee is required for this information prior to sending the form. The Board accepts electronic verifications directly from the licensing agency or their official third-party vendor. Send electronic verifications to KSBHA_Licensing@ks.gov. If you have never held a healthcare related license, permit, or certification in another state or jurisdiction check the corresponding box.

Professional Liability Insurance: [K.A.R. 100-54-13](#) requires OTs licensed in Kansas to maintain professional liability insurance. Individual coverage of not less than \$100,000 per claim, and not less than \$300,000 for all claims made during the period of coverage; or coverage through the individual’s employer under an additional insured policy of not less than \$1,000,000 per claim, and not less than \$3,000,000 for all claims made during the period of coverage.

Submit one of the following as proof of coverage (proof must include the insurance company's information, applicants name, coverage amounts, and coverage dates):

Kansas State Board of Healing Arts
800 SW Jackson – Lower Level, Suite A., Topeka, KS 66612
Phone: (785) 296-7413; Fax: (785) 296-0852; Email: KSBHA_Licensing@ks.gov
www.ksbha.org

2/21/2023



- Certificate of Insurance
- Letter of intent from the liability insurance company or employer

When the license is ready for approval:

- If the professional liability insurance is effective upon licensure approval or has a past effective date the license will be issued that day.
- If the professional liability insurance has a future effective date the license will be approved but will not be issued or become effective until the date the professional liability insurance goes into effect. Furthermore, the license effective date cannot be more than 90 days from the date the license is ready for approval. If at the time the license is ready for approval the professional liability insurance effective date is more than 90 days out, the license will not be approved, and you will be contacted to provide a policy with an updated effective date.

Continuing Education: Proof of continuing education may be required. Please see [K.A.R. 100-54-8](#) in the Occupational Therapy Handbook and submit proof if applicable.

Attestation Questions: The mission of the Board is to protect the public which it does so in part, through effective licensure and enforcement. The public is safeguarded by issuing licenses to qualified, competent, and ethical applicants. In the application, you will be asked a series of attestation questions. A “yes” answer to an attestation question is not an automatic disqualification for licensure – each applicant is considered on an individual basis. **All “yes” answers MUST be thoroughly explained in detail on a separate signed page.** You are required to furnish complete details including date, place, reason, and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. You may be requested to submit additional information or documents. It is your continued duty to update the Board on any changes once the application has been submitted. Please keep in mind, **failure to fully disclose may constitute grounds for denial of your application.**

Affidavit and Authorization for Release of Information: In the presence of a notary public, sign, and date this form. Photo must be 2 x 3-inches, in color, of the head and shoulder area only, and taken within the last 90 days. Black and white photographs, proof photographs, negatives, photographs cut from books or newspaper articles, or poor-quality photographs are **NOT** accepted.

Expedited Licensure Questionnaire: To determine if you are eligible for expedited licensure pursuant to K.S.A. 48-3406, complete the questionnaire and submit with your application.

Third Party Release: Complete this form if you would like Board staff to talk with third parties about your application.

How to Check the Status of Your Application: Once your application is received and processed, you will be notified via email of any missing items and how to check the status of your application online.



OCCUPATIONAL THERAPIST (OT) AND OCCUPATIONAL THERAPY ASSISTANT (OTA) REINSTATEMENT APPLICATION

Completed application and forms can be emailed to KSBHA_Licensing@ks.gov or mailed to the Kansas State Board of Healing Arts. If a seal or notary is required, it must be clearly visible to be accepted by email. **Pages 1-3 of the application will not be accepted handwritten.** As a reminder, **please do not make a commitment to work dates, prior to being licensed.**

IDENTIFYING INFORMATION

Provide your full legal name. If the name on the application differs from the name on any of your supporting documentation, you must submit a copy of a marriage license, divorce decree, or a court order explaining the change of name. Documentation is not required if it has been previously submitted.

First Name:	Middle Name:	Last Name:	Suffix:
List all other names used, including maiden name:			
Social Security Number:		Date of Birth: (MM/DD/YYYY)	
Place of Birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>

ADDRESSES

Addresses cannot be a Post Office Box, except qualified participants under the Safe at Home Act, K.S.A. 75-451 *et seq.* Your home address will not be available to the public. The business address is public and will be posted on the Board's website. You may consider listing the postgraduate program as the business address. The Board will contact you at the preferred address.

Home Address	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	
Business Address	Street Address:		
	City:	State:	Zip:
	Phone:	Email:	
Preferred Address: (mailed and emailed correspondence will be sent to the selected address)			Home <input type="checkbox"/> Business <input type="checkbox"/>

LEGAL AUTHORITY TO WORK IN THE U.S.

Are you a US Citizen?	___ Yes ___ No	If you answered NO, are you (check one):
<input type="checkbox"/>	<input type="checkbox"/>	A qualified alien (as defined in 8 U.S.C.A § 1641.
<input type="checkbox"/>	<input type="checkbox"/>	A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A § 1101 <i>et seq.</i>)
<input type="checkbox"/>	<input type="checkbox"/>	An alien who is paroled into the United States under 8 U.S.C.A § 1182(d)(5) for less than one year.
<input type="checkbox"/>	<input type="checkbox"/>	A foreign national, not physically present in the United States.
<input type="checkbox"/>	<input type="checkbox"/>	Other:

NATIONAL PROVIDER IDENTIFIER (NPI)

The NPI is a unique 10-digit numeric identifier for health care professionals available from the Centers for Medicare and Medicaid Services ("CMS"). Provide your NPI number or if you do not have an NPI number check the corresponding box.

I do not have an NPI Number <input type="checkbox"/>	NPI number:
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U.S. ARMED FORCES SERVICE

U.S. Armed Forces Service: ___ Yes ___ No	Branch:
Start Date:	End Date: Type of Discharge:



EMPLOYMENT/PROFESSIONAL HISTORY

In chronological order, list all healthcare employment/professional history since the cancellation of your Kansas license. Account for all months and explain all gaps. Attach additional page if necessary. Include the actual work address, not corporate headquarters.

Employer	Job Description/Title	Address	Start Date	End Date

OTHER LICENSES/PERMITS/CERTIFICATIONS

List all state or jurisdictions in which you currently, or have ever held, a **healthcare related license, permit or certification, permanent or temporary**. If you have never held a healthcare related license, permit or certification in another state or jurisdiction check the corresponding box. The Board will attempt to verify your credentials. If the Board is unable to verify your credentials you will be notified.

I have never held a healthcare related license, permit or certification in another state or jurisdiction ___			
State	Issue Date	License Type	License Number

PROFESSIONAL LIABILITY INSURANCE

[K.A.R. 100-54-13](#) requires OTs licensed in Kansas to maintain professional liability insurance. Individual coverage of not less than \$100,000 per claim, and not less than \$300,000 for all claims made during the period of coverage; or coverage through the individual’s employer under an additional insured policy of not less than \$1,000,000 per claim, and not less than \$3,000,000 for all claims made during the period of coverage.

Submit one of the following as proof of coverage (proof must include the insurance company's information, applicants name, coverage amounts, and coverage dates):

- Certificate of Insurance
- Letter of intent from the liability insurance company or employer

I certify that I have read and understand the professional liability insurance requirements and will maintain compliance while holding an active license in Kansas.	___
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CONTINUING EDUCATION

Proof of continuing education may be required. Please see [K.A.R. 100-54-8](#) in the Occupational Therapy Handbook and submit proof if applicable.