

Professional Practice History Form

Have you ever practiced as an occupational therapist in the U.S. and/or other countries? Yes No

Have you ever held a license or registration to practice as an occupational therapist in the U.S. and/or other countries? Yes No

If you answered yes to one of the questions above, then you must verify your license/registration and/or complete this form in its entirety, as applicable.

If you answered no to both of the questions above, please sign the bottom of this form and send it to NBCOT. (You may also upload the completed form in the "Ask Question" section of your online OTED application.)

Date Graduated from Entry-Level OT Program: ___ / ___ / ____ (mm/dd/yyyy)

Provide your **complete** occupational therapy practice history, beginning with your first and ending with your most recent position. If you worked at multiple work sites and/or had multiple work assignments under one employer, please list each work site/assignment separately. If you completed your clinical fieldwork after graduation, please identify it as such (and not as practice history). If additional space is needed to provide information, please use a separate sheet(s) of paper and attach to this document.

Name of Employer	Work Site Location	Dates Employed
1.	City: State/Province/Territory: Country:	From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/>
2.	City: State/Province/Territory: Country:	From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/>
3.	City: State/Province/Territory: Country:	From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/>
4.	City: State/Province/Territory: Country:	From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/>

Gaps: Beginning with your date of graduation, explain any gaps of more than 30 days in your occupational therapy practice.

Dates of Gap	Reason for Gap
From (mm/yyyy): To (mm/yyyy):	
From (mm/yyyy): To (mm/yyyy):	
From (mm/yyyy): To (mm/yyyy):	

I declare and certify that the information I have provided on this document and in any subsequent documentation is true, correct, and accurate to the best of my knowledge.

I understand that if at any point the information I submit is found to be unauthorized, unofficial, or incorrect, my OTED application may be denied.

Name (printed): _____

Signature: _____

Date: _____