

***New Jersey Office of the Attorney General***  
DIVISION OF CONSUMER AFFAIRS  
OCCUPATIONAL THERAPY ADVISORY COUNCIL  
INSTRUCTIONS FOR REINSTATING

In accordance with the Uniform Enforcement Act, a professional or occupational license or certificate of registration may be reinstated, provided that the applicant otherwise qualifies for licensure, registration, certification and complies with the provisions of N.J.S.A.45: 1-7.2(a),(b),(c) and (d). The necessary application and materials for applying for reinstatement are enclosed.

**1. Complete:** The application for reinstatement; The fee schedule for your license type; and, The Certification and Authorization Form for a Criminal History Background Check (read the instructions on the fee schedule first).

**2. Submit the following documentation and fees accordingly to your category:**

- \* Biennial Renewal Period (2007-2009) : Occupational Therapist \$ 160.00 - Occupational Therapy Assistant \$ 100.00.
- \* Payment of a reinstatement fee; \* (The reinstatement fee is \$80.00 for both an Occupational Therapist and Occupational Therapy Assistant)
- \* An affidavit of employment listing each job held during the lapsed licensure or certification period. This affidavit of employment must include the names, addresses and telephone numbers of each employer;

“A notarized statement indicating if you **were or were not** engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was lapsed. If you were practicing your profession or occupation during this lapsed license period, you must include a description of the type of work or projects that you were involved with” and

- \* Completion of Criminal History Background Check. *See enclosed instructions.*

**3) Submit to:**  
State Of New Jersey  
Occupational Therapy Advisory Council  
PO Box 45037  
Newark, NJ 07101

**Upon review and approval of your reinstatement application, a license or certificate will be issued.**

**New Jersey Office of the Attorney General**  
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**OCCUPATIONAL THERAPY ADVISORY COUNCIL**

**APPLICATION FOR REINSTATEMENT OF NEW JERSEY LICENSE OR CERTIFICATE**

**YOU MAY NOT PRACTICE IN THE STATE OF NEW JERSEY UNTIL YOUR  
LICENSE OR CERTIFICATE IS REINSTATED.**

The Council maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which one of these addresses will be considered your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.** The application must be notarized and accompanied by the enclosures noted on the instruction sheet and the total fee noted on the enclosed invoice.

**Personal Information:**

Mr.

Mrs.

Ms.

Name \_\_\_\_\_

Address Information

Home \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Include area code

E-mail address \_\_\_\_\_

(Indicate NA if you do not have an e-mail address.)

Business \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

Include area code

E-mail address \_\_\_\_\_

(Indicate NA if you do not have an e-mail address.)

Mailing \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Type of License/Certificate \_\_\_\_\_ NJ License/Certificate  
Number \_\_\_\_\_

Initial License/Certificate Date \_\_\_\_\_ Date of Last  
Renewal \_\_\_\_\_

**Answer all questions from the time period that you were last licensed or certified in New Jersey.**

1. Have you been arrested, charged or convicted of any crime or offense **that you have not already reported to your board/committee?** (Minor traffic offenses, such as speeding or parking need not be provided but Motor Vehicle offenses such as driving while impaired or intoxicated must be disclosed.)  Yes  No
  
2. Has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any other licensing authority **that you have not already reported to your board/committee?**  Yes  No

### AFFIDAVIT OF APPLICANT

I, \_\_\_\_\_, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

\_\_\_\_\_  
Applicant's Full Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary's Full Signature

\_\_\_\_\_  
Date

Notary's Commission Expires On: \_\_\_\_\_

# INVOICE FOR REINSTATEMENT OF OCCUPATIONAL THERAPY ASSISTANTS

(complete and submit this page with your reinstatement application and check/money order)

1. You may use this reinstatement application to re-active your license **ONLY** if you recently received a notice of "Termination" or "Administrative Suspension" in the mail. If your license was administratively suspended or terminated prior to 2007, you must contact the Board to reinstate your license
2. **If you have completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs since 2003**, you must submit a fee of \$28.25 with your completed Certification and Authorization for a Criminal History Background Check form. **If you have not been fingerprinted since 2003**, do not submit the \$28.25 fee; you will receive a separate mailing from the Division regarding the criminal history background process.
3. **If you have already completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs since 2003**, your total fee is \$208.25. **If you have not been fingerprinted since 2003**, do not submit the additional \$28.25 fee; your total fee will be \$180.00 and you will receive a separate mailing from the Division regarding the criminal history background process.
4. Add the fees, write the total in the box next to "Total Fee Due" and submit the total fee due with your completed reinstatement application and Certification and Authorization for a Criminal History Background Check form to -

**State Of New Jersey  
Occupational Therapy Advisory Council  
PO Box 45037  
Newark, NJ 07101**

Renewal Cycle	Fees
✓ 2007-2009 (\$100.00)	\$100.00
✓ Reinstatement fee (\$80.00)	\$80.00
— Background Check fee (\$ 28.25)	\$ _____

Total Fee Due

\$

**Official Use Only**

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

Occupational Therapy Advisory Council

P.O. Box 45037

Newark, New Jersey 07101

(973) 504-6570

**Official Use Only**

Resubmit

Board or Committee

**CERTIFICATION AND AUTHORIZATION FORM  
FOR A CRIMINAL HISTORY BACKGROUND CHECK**

**Directions:** Answer all of the questions on this form.

1. Name  Mr. \_\_\_\_\_ ( \_\_\_\_\_ )  
 Mrs. \_\_\_\_\_ Last First Middle Maiden Name  
 Ms.

2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code

3. Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  Male  Female  
Month Day Year

4. Social Security number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003?  Yes  No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.

If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_ Board or committee requiring the fingerprinting \_\_\_\_\_ Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs**, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. The fee for this background check will be \$25.30. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)  Yes  No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

## CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date