

**NEW JERSEY OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
OCCUPATIONAL THERAPY ADVISORY COUNCIL**

INSTRUCTIONS FOR REINSTATING/RE-ACTIVATION

In accordance with the Uniform Enforcement Act, a professional or occupational license may be reinstated, provided that the applicant otherwise qualifies for licensure, 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 and /or re-activation are enclosed.

1. Complete: The enclosed application for reinstatement. attached to the documentation/fees listed below.

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

- * Biennial Renewal Fee:
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 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 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 and form to be completed .

3) Submit to: New Jersey Office of the Attorney General
Division of Consumer Affairs
Occupational Therapy Advisory Council
PO Box 45037
Newark, NJ 07101

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

New Jersey Office of the Attorney General
DIVISION OF CONSUMER AFFAIRS
OCCUPATIONAL THERAPY ADVISORY COUNCIL

APPLICATION FOR REINSTATEMENT/REACTIVATION OF NEW JERSEY LICENSE

**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" subject to public disclosure. 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.

NOTE: The Division is precluded by law from disclosing to the public the place of residence of its licensees without their consent. If you provide your place of residence as your public address of record, we assume you have consented to its disclosure. If you wish to use a different address as your address of record, please notify the Council of the preferred address. Note further that the Council will address correspondence to your mailing address. You are reminded, therefore, to keep the Council apprised of your current mailing address at all times. This will assure that future renewal materials and other important correspondence from the Council regarding professional practice will reach you in a timely manner.

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 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: _____

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 record background check process. No payment is necessary as of 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** (a background check conducted for the Department of Education, another state agency or another state does not apply) 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 service is \$19.37.** 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.

Signature of applicant

Date