



# **NORTH CAROLINA BOARD *of* OCCUPATIONAL THERAPY**

Mailing Address: NCBOT, P.O. Box 2280, Raleigh, NC 27602

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## **APPLICATION REQUEST FORM**

*For Licensure as an Occupational Therapist  
or Occupational Therapy Assistant in the State of North Carolina*

**INSTRUCTIONS:** Print out this form, and send it to the NC Board of Occupational Therapy with a **\$10.00 Application Fee**. **This fee shall be in the form of a money order or certified (bank) check. No personal checks, cash or credit cards will be accepted.**

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NAME

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MAILING ADDRESS

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CITY

STATE

ZIP CODE

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HOME PHONE

CELL PHONE

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E-MAIL ADDRESS (Mandatory for online license renewal)

Designation: (Check One)  Occupational Therapist

Occupational Therapy Assistant

Have you ever been licensed in NC before? (Circle One)    YES            NO

If so, previous license number: \_\_\_\_\_

**MAIL TO:**            **North Carolina Board of Occupational Therapy**  
**PO Box 2280 ♦ Raleigh, NC 27602**