

PHOTOGRAPH:



NOTARIZATION

On this _____ day of _____ of 20 ____,
 _____ (applicant's name)

personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

SIGNATURE OF APPLICANT

Sworn to before me this _____ day of _____ of 20 ____.

SIGNATURE OF NOTARY PUBLIC My commission expires _____

TO BE COMPLETED BY SUPERVISING OCCUPATIONAL THERAPIST

***PLEASE NOTE: This temporary permit is NOT renewable. Individuals who do not successfully complete the examination, or who do not attend the examination, cannot be issued a new temporary permit.**

This is to certify that _____ (name) having been found eligible for examination for licensure, is issued a Temporary Permit, pursuant to Section 20-74(d), to practice Occupational Therapy/Occupational Therapy Assistant under the direct supervision of a licensed occupational therapist in Connecticut.

Name: _____

Office Address: _____

Telephone: _____ License Number: _____

I certify that I am employed in the facility where the temporary permittee will be employed. I understand that direct supervision requires my immediate physical presence at all times that the temporary permittee engages in occupational therapy services. I further understand that the permittee cannot work beyond the expiration date.

 Signature of Supervising Occupational Therapist

 Date

Please return this application and fee for \$50.00; \$50.00, if applicable, in the form of a certified check or money order made payable to, "Treasurer, State of Connecticut" to: Department of Public Health, OT/OTA Licensure, 410 Capitol Ave., MS #12APP, P.O. Box 340308, Hartford, CT 06134-0308, (860) 509-7603, www.dph.state.ct.us

The \$50.00;\$50.00 temporary permit application fee must be SEPARATE from the licensure application fee.