



Verification of Education for Licensure in Occupational Therapy

Instruction to Applicant: Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college or university where you obtained your degree in Occupational Therapy. **Please Note: The college or university is required to mail this form back to MSDH.**

Name (Last, First, Middle Initial)	Maiden Name or Given Surname
Address (Street, City, State and Zip Code)	Phone Number Home Work
Social Security Number	Date of Graduation
License Applying For (Check One): <input type="checkbox"/> Occupational Therapist (OT) <input type="checkbox"/> Occupational Therapy Assistant (OTA)	

Waiver for the Release of Information:
I am applying for licensure as a OT/OTA in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Department of Health, Professional Licensure – Occupational Therapy, should this information be requested at any time.

Subscribed and sworn to before me this day of _____ 20 ____.
My commission expires _____ 20 ____.

Notary Signed

Seal

Date Signed

Instructions to Educational Information:

Upon completion of this form please attach a certified transcript and send directly to:

Mississippi State Department of Health
Professional Licensure - Occupational Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

Name of Institution	Location of Institution (City & State)
Dates of Attendance (Month/Year) From: _____ To: _____	Has applicant successfully completed all academic requirements and field work requirements? No Yes, date _____
Date Degree Conferred	Degree Conferred
Program Name & Curriculum Description	Practicum/Internship From: Month ____ Day ____ Year ____ To: Month ____ Day ____ Year ____ Total Number of Weeks: _____
Occupational Therapist/Occupational Therapy Assistant Program Accreditation (on date degree conferred) OT Program Accredited by AOTA No Yes OT Program Accredited by WFOT No Yes OTA Program Accredited by AOTA No Yes OTA Program Accredited by WFOT No Yes	

Seal of the College or University

Signatur

Title

Telephone Number