Minutes

The Occupational Therapy Advisory Committee of the Board of Medical Licensure and Supervision met on September 15, 2026, in accordance with the Oklahoma Open Meeting Act. Advance notice of this amended meeting was transmitted to the Oklahoma Secretary of State on August 19, 2026. The notice and agenda were posted on the Board's website on September 2, 2026, at 3:02 p.m. pursuant to 25 O.S. § 311(A)(9).

Members Present:
Mary White, OT, Chair
Jeanne Gallien Gorman, OT
Kari Garza, OT
Jennifer Wallace, OTA
Ms. Lucia Frohling

Members Absent:
N/A

Others Present:
Renee Banks, JD, Deputy Director
Barbara Smith, Executive Secretary
Valeska Barr, Internal Licensing Director
Mady Martin, AAG, Committee Legal Advisor

Having noted a quorum, Ms. White called the meeting to order at 9:00 a.m. Ms. Smith then called roll to establish a quorum for purposes of the record.

Ms. Banks advised that Ms. Harrison was out of state attending a seminar and there were no specific director comments. Ms. Smith advised that the AV upgrade in the boardroom was complete and this meeting is the first official meeting to use the new equipment.

Following Committee review, Ms. Garza moved to accept the minutes of the August 4, 2026, special meeting as written. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative with Ms. Wallace ABSTAINING.

JEANNA LONG appeared virtually in support of her application for Occupational Therapy Assistant licensure. She last practiced in January of 2025, but holds active licenses in Florida and Colorado. Her application is complete. Following review and discussion, Ms. Wallace moved to recommend approving the application. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

Next, the Committee reviewed applications for licensure as shown below:

1. **OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS – SUBMITTED.** Ms. Garza moved to recommend approval of these application(s) for licensure pending completion of the file(s) as listed on *Amended Attachment #1* hereto. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

2. **OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS - IN REVIEW.** Ms. Gorman moved to recommend approval of these application(s) for licensure

pending completion of the file(s) as listed on *Amended Attachment #1* hereto. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

3. **OCCUPATIONAL THERAPY ASSISTANT REINSTATEMENT APPLICATION - IN REVIEW.** Ms. Garza moved to recommend approval of these application(s) for licensure pending completion of the file(s) as listed on *Amended Attachment #1* hereto. Ms. Frohling seconded the motion and the vote was unanimous in the affirmative.

4. **OCCUPATIONAL THERAPY ASSISTANT APPLICATION - REVIEW COMPLETE.** Ms. Garza moved to recommend approval of these application(s) for licensure as listed on *Amended Attachment #1* hereto. Ms. Wallace seconded the motion and the vote was unanimous in the affirmative.

5. **OCCUPATIONAL THERAPIST APPLICATION – SUBMITTED.** Ms. Gorman moved to recommend approval of these application(s) for licensure pending completion of the file(s) as listed on *Amended Attachment #1* hereto. Ms. Frohling seconded the motion and the vote was unanimous in the affirmative.

6. **OCCUPATIONAL THERAPIST APPLICATIONS – IN REVIEW.** Ms. Garza moved to recommend approval of these application(s) for licensure pending completion of the file(s) as listed on *Amended Attachment #1* hereto. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

7. **OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATION – IN REVIEW.** Ms. Gorman moved to recommend approval of these application(s) for licensure pending completion of the file(s) as listed on *Amended Attachment #1* hereto. Ms. Frohling seconded the motion and the vote was unanimous in the affirmative.

8. **OCCUPATIONAL THERAPIST APPLICATIONS – REVIEW COMPLETE.** Ms. Gorman moved to recommend approval of these application(s) for licensure as listed on *Amended Attachment #1* hereto. Ms. Wallace seconded the motion and the vote was unanimous in the affirmative.

Next, Barbara Smith provided a status update regarding the proposed amendments to **Okla. Admin. Rules 435:30 Occupational Therapists and Assistants**. The proposed rule amendments open today for public comment and a public comment hearing is scheduled for October 20, 2026, at 9:00 a.m.

There being no further business, Ms. White moved to adjourn the meeting. The time was 9:43 a.m.

OCCUPATIONAL THERAPY ADVISORY COMMITTEE MEETING
SEPTEMBER 15, 2026

OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS - SUBMITTED

Application ID	First Name	Last Name	Application Status
IA-0000082702	Cynthia	Montalbo	Submitted
IA-0000083431	Bridgett	Perrin	Submitted

OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS - IN REVIEW

Application ID	First Name	Last Name	Application Status
IA-0000080472	BRYANNE	MAPES	In Review
IA-0000080571	ALYSSA	ALBERS	In Review
IA-0000080864	JESSICA	PEARSON	In Review
IA-0000080870	STACY	YOUNGBLOOD	In Review
IA-0000081057	EMMA	SEAY	In Review
IA-0000081078	JASON	WILLOUGHBY	In Review
IA-0000081280	RILYN	ROBISON	In Review
IA-0000081582	Julianne	Berg	In Review
IA-0000081886	Rachel	Tarzoho	In Review
IA-0000082092	Courtney	Hinton	In Review
IA-0000082278	Samantha	Dodson	In Review
IA-0000082999	Alicia	Stasyszen	In Review
IA-0000083346	madalynn	Johnson	In Review
IA-0000084318	Danielle	Martin	In Review
IA-0000084361	ALEXANDER	OGUNSEYE	In Review
IA-0000084389	Harlee	Benkley	In Review
IA-0000084615	Zoe	Smith	In Review
IA-0000084986	benjamin	talbot	In Review
IA-0000085085	Whitney	Vann	In Review

OCCUPATIONAL THERAPY ASSISTANT REINSTATEMENT APPLICATION - IN REVIEW

Application ID	First Name	Last Name	Application Status
IA-0000082115	KAYLA	JONES	In Review

OCCUPATIONAL THERAPY ASSISTANT APPLICATION - REVIEW COMPLETE

Application ID	First Name	Last Name	Application Status
IA-0000083226	Brooke	McReynolds	Review Complete

OCCUPATIONAL THERAPIST APPLICATION – SUBMITTED

Application ID	First Name	Last Name	Application Status
IA-0000085138	Kiana	Schumacher	Submitted

OCCUPATIONAL THERAPY ADVISORY COMMITTEE MEETING
SEPTEMBER 15, 2026

OCCUPATIONAL THERAPIST APPLICATIONS – IN REVIEW

Application ID	First Name	Last Name	Application Status
IA-0000050194	Sarah	Tapley	In Review
IA-0000056826	BROOKE	MATTISON	In Review
IA-0000061141	CAITLYN	GREGG	In Review
IA-0000065810	LOIS	GARNER	In Review
IA-0000070171	MALLORY	DONNELLY	In Review
IA-0000080468	AYANNA	WILLIAMS	In Review
IA-0000080836	KELSEY	CARTER	In Review
IA-0000080966	ADELE	WILSON	In Review
IA-0000081005	SHELLY	ZOHAR	In Review
IA-0000081024	MIKAYLA	HUDEK	In Review
IA-0000081075	BEKAH	HARNISH	In Review
IA-0000081347	JESSIE	TODD	In Review
IA-0000081398	LAUREN	HIRSHOUER	In Review
IA-0000081417	Haley	Fisher	In Review
IA-0000081482	Karleen	Fearis	In Review
IA-0000081636	Charnay	Smith	In Review
IA-0000081649	Haylee	Fowler	In Review
IA-0000082211	Andrew	Hill	In Review
IA-0000082887	JAYLA	GOLD	In Review
IA-0000083026	Dalton	Krencik	In Review
IA-0000083153	SADE	BARNSWELL	In Review
IA-0000083208	Bonnie	Freiman	In Review
IA-0000083490	Angela	Nier	In Review
IA-0000083660	Shijia	Li	In Review
IA-0000083885	Jennifer	Clark	In Review
IA-0000083903	Madalyn	Hicks	In Review
IA-0000083937	Kylie	Broshous	In Review
IA-0000084049	Haley	Pryor	In Review
IA-0000084157	Fernanda	Sanchez	In Review
IA-0000084190	Kelly	Massucci	In Review
IA-0000084317	Jordyn	Blackburn	In Review
IA-0000084504	Mikayla	Scott	In Review
IA-0000084827	Brandon	Holcomb	In Review
IA-0000084928	Kaitlin	Brumley	In Review
IA-0000085176	Kennedy	Wambolt	In Review
IA-0000085393	Miranda	Wolf	In Review
IA-0000086276	Marissa	Yahil	In Review

OCCUPATIONAL THERAPY ADVISORY COMMITTEE MEETING
SEPTEMBER 15, 2026

OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATION – IN REVIEW

Application ID	First Name	Last Name	Application Status
IA-0000070171	MALLORY	DONNELLY	In Review

OCCUPATIONAL THERAPIST APPLICATIONS – REVIEW COMPLETE

Application ID	First Name	Last Name	Application Status
IA-0000025685	AMY	E BERRYMAN	Review Complete
IA-0000081070	Hannah	Bockelman	Review Complete

Oklahoma State Medical Board of Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

Email to: [redacted]

November 9, 2026

Anna Newton, Occupational Therapist Applicant IA-0000086859
[redacted]

NOTICE OF COMMITTEE APPEARANCE

Your application for ***Re-Entry of your Occupational Therapist*** licensure has been received. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **December 1, 2026, at 9:00 a.m. You may appear at the offices of the Oklahoma Board of Medical Licensure and Supervision office located at 101 NE 51st Street, Oklahoma City, OK 73105 or you may appear via Zoom.** (See: *Okla. Admin. Code 435:30-1-5(d) (*provided below).

The information provided in your application:

a) Your Oklahoma license expired on ***10/31/2026***; and
b) Your NBCOT certification was issued on ***7/30/2007***; and
c) Your NBCOT certification expired/expires on ***3/31/2028***; and
d) You are ***not licensed*** to practice as an Occupational Therapist in ***any other state***.
    i. California license expired ***10/31/2025***

Oklahoma Administrative Code § 435:30-1-5(d)
(d) **Re-entry guidelines.** Therapists with licenses ***lapsed more than twelve months*** wishing to re-enter the practice of Occupational Therapy will be required to file an application on forms provided by the Board. Therapists may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.
(2) At least 2 Continuing Education Units for each month license was lapsed.
(3) Practice under the direct supervision of a licensed Occupational Therapist for one month (at least 22 days) for each year license was lapsed up to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure.
(4) NBCOT certification examination.

(e) **Personal appearance requirement.** Therapists with licenses ***lapsed more than sixty months*** wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

Valeska Barr
Director of Licensing

Committee Application Packet

Generated On: 11/10/2026 11:46 AM

Anna Newton

General Information

Application	Occupational Therapist	**Application Type**	Reinstatement
Application Number	IA-0000086859	**Applicant Name**	Anna Newton
Application Status	Review Complete	**Applied Date**	08/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
COLORADO STATE UNIVERSITY			United States	Master's Degree	08/01/2004	05/30/2006	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
NONE	CLINICALS & STUDYING	NEED LOCATION		United States	05/01/2006	09/01/2007	false	false	
ST FRANCIS HOSPITAL	OT	GREENVILLE	South Carolina	United States	09/01/2007	10/31/2008	false	false	
HUNT REGIONAL HEALTHCARE	OT - TRAVEL	GREENVILLE	Texas	United States	11/01/2008	03/01/2009	false	false	
MEMORIAL HEALTH	OT - TRAVEL	SAVANNAH	Georgia	United States	03/01/2009	07/01/2009	false	false	
RUTLAND REGIONAL MEDICAL CENTER	OT - TRAVEL	RUTLAND	Vermont	United States	07/01/2009	10/01/2009	false	false	
ASSISTED CARE HOME HEALTH	OT - TRAVEL	WILMINGTON	North Carolina	United States	10/01/2009	01/01/2010	false	false	
SAN JOAQUIN VALLEY REHAB	OT - TRAVEL	FRESNO	California	United States	02/01/2010	06/01/2010	false	false	
ST ELIAS SPECIALTY HOSPITAL	OT - TRAVEL	ANCHORAGE	Alaska	United States	06/01/2010	10/01/2010	false	false	
COMANCHE COUNTY MEMORIAL HOSPITAL	OT - TRAVEL	LAWTON	Oklahoma	United States	10/01/2010	01/01/2011	false	false	
REHAB CARE CORPORATION	OT - TRAVEL	ADA	Oklahoma	United States	01/01/2011	03/01/2011	false	false	
REGENT CARE CENTER	OT - TRAVEL	RENO	Nevada	United States	03/01/2011	07/01/2011	false	false	
CAROLINA EAST MEDICAL CENTER	OT - TRAVEL	NEW BERN	North Carolina	United States	07/01/2011	10/01/2011	false	false	
AMEDYSIS HOME HEALTHCARE	OT - TRAVEL	MYRTLE BEACH	South Carolina	United States	10/01/2011	02/01/2012	false	false	
THE WESTON GROUP	OT - TRAVEL	MYRTLE BEACH	South Carolina	United States	03/01/2012	06/01/2012	false	false	
PARKLAND HEALTH AND HOSPITAL	OT - TRAVEL	DALLAS	Texas	United States	06/01/2012	09/01/2012	false	false	

SYSTEM									
GLENWOOD CARE CENTER	OT - TRAVEL	OXNARD	California	United States	09/01/2012	12/01/2012	false	false	
COMPASS HEALTH	OT - TRAVEL	TEMPLETON	California	United States	12/01/2012	11/01/2013	false	false	
NONE	VACATION TIME	PAULS VALLEY	Oklahoma	United States	11/01/2013	01/01/2014	false	false	
VISITING NURSE AND HOSPICE CARE	OT - TRAVEL	SANTA BARBARA	California	United States	01/01/2014	05/01/2014	false	false	
NONE	VACATION TIME AND RELOCATION	MURRIETA	California	United States	05/01/2014	09/01/2014	false	false	
SAN YSIDRO ADULT DAY HEALTH CENTER	OT - TRAVEL	SAN YSIDRO	California	United States	09/01/2014	12/01/2014	false	false	
Core Medical	OT	Salem	New Hampshire	United States	12/01/2014	02/01/2015	false	false	
VISITING NURSES OF CALIFORNIA	OT - TRAVEL	HEMET	California	United States	02/01/2015	08/01/2015	false	false	
NONE	TIME OFF TO CARE FOR FATHER	HOUSTON	Texas	United States	08/01/2015	10/01/2016	false	false	
INLAND VALLEY MEDICAL CENTER	OT	Wildomar	California	United States	10/01/2016	02/01/2019	false	false	
NONE	TIME OFF TO CARE FOR FATHER	MURRIETA	California	United States	02/01/2019	05/01/2022	false	false	
Loma Linda Medical Center	OT	Murrieta	California	United States	05/09/2022	06/30/2025	false	false	
NONE	UNEMPLOYED AND MOVED TO OK	PAULS VALLEY	Oklahoma	United States	06/01/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
South Carolina	Occupational Therapy	Inactive	08/31/2007	03/15/2015	11/03/2026	
Texas	Occupational Therapy	Inactive	10/30/2008	10/31/2016	11/03/2026	
Georgia	Occupational Therapy	Inactive	02/23/2009	03/31/2012	11/03/2026	
Vermont	Occupational Therapy	Inactive	06/18/2009	05/31/2010	11/03/2026	
North Carolina	Occupational Therapy	Inactive	10/08/2009	06/30/2012	11/03/2026	
California	Occupational Therapy	Inactive	04/15/2010	10/31/2025	11/03/2026	
Alaska	OT	Inactive	06/04/2010	06/30/2016	11/03/2026	
Alaska	Occupational Therapy	Inactive	07/14/2010	06/30/2016	11/03/2026	
Oklahoma	Occupational Therapy	Inactive	11/04/2010	10/31/2016	11/03/2026	
Nevada	Occupational Therapy	Inactive	03/14/2011	06/30/2016	11/03/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
Education Verification	Not Applicable
Other Licenses	Verified
Extended Background Check	Verified

National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Accepted

Oklahoma State Medical Board of Licensure and Supervision
101 NE 51st Street
Oklahoma City, OK 73105

Email : [redacted]

November 10, 2026

Victoria Corcoran, Occupational Therapy Assistant Application IA-0000091011
[redacted]

NOTICE OF COMMITTEE APPEARANCE

Your application for ***Occupational Therapy Assistant Licensure*** has been received. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **46357, at 9:00 a.m. You may appear at the office of the Oklahoma Board of Medical Licensure and Supervision, 101 NE 51st Street, Oklahoma City, OK 73105 or via Zoom.** (See: *Okla. Admin. Code 435:30-1-4* provided below)

The information provided in your application:

(a) Your ***last practice*** as an Occupational Therapy Assistant occurred in ***2024, per phone call***; and
(b) Your NBCOT certification was issued on ***4/14/2006***; and
(c) Your NBCOT certification expired/expires on ***3/31/2027***; and
(d) You are ***licensed*** to practice as an Occupational Therapy Assistant in:
    a. ***Massachusetts is ACTIVE and expires on 11/16/2027.***

Oklahoma Administrative Code § 435:30-1-4. Licensure by endorsement
Requirements for licensure by endorsement for Occupational Therapists or Occupational Therapy Assistants are as follows:
(1) Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.
(2) Any person who is currently licensed by examination as an occupational therapist or occupational therapy assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and grade standard were that of the National Board for Certification in Occupational Therapy or any other group approved by the Board. Submission of proof of having passed the licensure examination shall be required. ***If the applicant has not been employed as an occupational therapist or occupational therapy assistant during the year prior to application, such applicant may be requested to present himself/herself for a personal interview with the members of the Advisory Committee or the Board.***
(3) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:
    (A) Continuing education consisting of up to two hours for each month out of practice, obtained with the last two years and approved by the Committee;
    (B) Practice under the direct supervision of a licensed Occupational Therapist for one to three months. The supervising Therapist will provide to the Committee a report on the applicant's performance prior to licensure;
    (C) Retake the approved licensure examination.
(4) The completed application form must be submitted to the Board office accompanied by fees as set by the Board.

Please confirm your attendance at this meeting either in person or virtually.

Sincerely,

Valeska Barr
Director of Licensing

Victoria Corcoran

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000091011	**Applicant Name**	Victoria Corcoran
Application Status	In Review	**Applied Date**	10/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
US Army Medical Department Center and School	Fort Sam Houston	Texas	United States	Associate Degree	04/18/2005	12/20/2005	
University of Maryland Global Campus	Aldephi	Maryland	United States	Bachelor's Degree	01/20/2009	05/30/2024	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
US Army	Occupational Therapy / Medical Instructor	Ft Devens	Massachusetts	United States	08/23/2003	08/30/2024	false	false	
People First Rehab Care/ Kindred	Certified Occupational Therapy Assistant	Westborough	Massachusetts	United States	06/01/2006	04/01/2014	false	false	
Therapy Resources Management	Certified Occupational Therapy Assistant	Framingham	Massachusetts	United States	12/01/2007	06/01/2014	false	false	
Dept of War US Army	Program Specialist	Natick	Massachusetts	United States	04/07/2024		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	National Registry of Emergency Medical Technicians		03/31/2004			
Texas	Department of Defense Sexual Assault Advocate Certification Program		06/04/2019			
Massachusetts	Occupational Therapy Assistant Licensure	Active	11/14/2025	11/16/2027	11/04/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Additional Information Received
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Anna Dean

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000094484	**Applicant Name**	Anna Dean
Application Status	In Review	**Applied Date**	10/30/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Shenandoah University	Winchester	Virginia	United States	Master's Degree	08/15/2017	12/19/2019	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Wayne County Public Schools	Occupational Therapist	Goldsboro	North Carolina		03/02/2020	04/17/2020	false	false	
Advantage Therapy and Rehabilitation	Occupational Therapist	Goldsboro	North Carolina	United States	04/20/2020	10/01/2022	false	false	
Wayne County Public Schools	Occupational Therapist	Goldsboro	North Carolina	United States	10/04/2022		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
North Carolina	Occupational Therapy	Active	02/13/2020	06/30/2027	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Additional Information Required
Time Deficiencies	Not Applicable

Blair Carsone

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089377	**Applicant Name**	Blair Carsone
Application Status	In Review	**Applied Date**	09/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Nova Southeastern University	Fort Lauderdale	Florida	United States	Master's Degree	05/05/2011	11/29/2013	
Concordia University	River Forest	Illinois	United States	Doctoral Degree	05/05/2017	05/29/2021	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Portage County Educational Service Center	Occupational Therapist	Ravenna	Ohio	United States	02/03/2014	04/01/2014	false	false	
Vista Care of Board	Occupational Therapist	Youngstown	Ohio	United States	04/04/2014	10/29/2014	false	false	
Un-Employed		Fort Lauderdale	Florida	United States	10/30/2014	12/05/2014	false	false	Moved from Ohio to Florida
PAL	Occupational Therapist	Weston	Florida	United States	12/15/2014	05/04/2015	false	false	
Kids SPOT	Occupational Therapist	Hollywood	Florida	United States	04/09/2015		true	false	
Continuing Healthcare of Boardman	Occupational Therapist	Youngstown	Ohio	United States	01/02/2019	11/29/2019	false	false	
Gannon University	Associate Professor	Ruskin	Florida	United States	08/19/2021		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Ohio	Occupational Therapy	Active	01/31/2014	06/30/2027	11/06/2026	
Florida	Occupational Therapy	Active	06/27/2014	02/28/2027	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Brecka Erdmann

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089297	**Applicant Name**	Brecka Erdmann
Application Status	In Review	**Applied Date**	09/16/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Grand Canyon University	Phoenix	Arizona	United States	Bachelor's Degree	08/10/2020	05/05/2022	
Duke University	Durham	North Carolina	United States	Doctoral Degree	08/08/2022	05/03/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Therapedia LLC	Occupational Therapist	Keller	Texas	United States	08/07/2025	01/16/2026	false	false	
Un-Employed		Fort Worth	Texas	United States	01/17/2026	02/22/2026	false	false	Searching for a new position with new employer.
KidsCare Home Health	Occupational Therapist	Fort Worth	Texas	United States	02/23/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapist	Active	08/07/2025	02/29/2028	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Brian Kho

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000092414	**Applicant Name**	Brian Kho
Application Status	In Review	**Applied Date**	10/16/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
UCLA	Los Angeles	California	United States	Bachelor's Degree	09/11/2006	09/11/2026	
University of St. Augustine for Health Sciences, San Marcos	San Marcos	California	United States	Doctoral Degree	08/26/2019	04/23/2022	
University of California, San Francisco	San Francisco	California	United States	Master's Degree	08/19/2024	08/26/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Encompass Health Rehabilitation Hospital of Round Rock	Occupational Therapist	Round Rock	Texas	United States	10/31/2022	03/30/2026	false	false	
U.S. Department of Veterans' Affairs	Occupational Therapist	Temple	Texas	United States	01/27/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy	Active	09/29/2022	10/31/2028	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Brianna miller-kelley

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000087430	**Applicant Name**	Brianna miller-kelley
Application Status	In Review	**Applied Date**	08/27/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
alabama A& M University	normal	Alabama	United States	Bachelor's Degree	08/18/2014	07/27/2018	
Faulkner University	montgomery	Alabama	United States	Doctoral Degree	08/19/2022	04/18/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
TMC	Occupational therapist	montgomery	Alabama	United States	11/11/2025	07/09/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Alabama	OT	Inactive	10/24/2025	10/31/2026	11/05/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Elise Ramberg

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089278	**Applicant Name**	Elise Ramberg
Application Status	In Review	**Applied Date**	09/16/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of North Dakota	Grand Forks	North Dakota	United States	Bachelor's Degree	08/17/2020	05/11/2024	
University of North Dakota	Grand Forks	North Dakota	United States	Doctoral Degree	08/21/2023	05/11/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
North Dakota Health and Human Services	Quality Service Provider	Grand Forks	North Dakota	United States	01/01/2025	09/16/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
North Dakota	Certified Nursing Assistant	Inactive	07/11/2019	11/15/2020	11/06/2026	
North Dakota	Occupational Therapy	Active	08/07/2026	06/30/2028	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Gretchen Jones

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000094856	**Applicant Name**	Gretchen Jones
Application Status	In Review	**Applied Date**	11/02/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Central MO	Warrensburg	Missouri	United States	No Degree	08/01/1986	05/31/1988	
University of Missouri	Columbia	Missouri	United States	Bachelor's Degree	08/18/1986	05/10/1991	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Healthtech Rehabilitation	Staff OT	Dallas	Texas	United States	09/02/1991	09/30/1993	false	false	
MedWay Rehabilitation	Director of Rehabilitation	Dallas	Texas	United States	10/01/1993	04/03/2006	false	false	
Nexion Health	Staff Occupational Therapist	Flower Mound	Texas	United States	05/01/2008	07/30/2008	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy	Inactive	09/18/1991	05/31/2012	11/06/2026	
Tennessee	Occupational Therapy	Active	10/02/2008	05/31/2016	11/06/2026	
Iowa	Occupational Therapy		05/10/2016			

Application Checklist

Question	Value
Personal Information	Additional Information Required
Employment	Accepted
Other Licenses	Additional Information Required
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Evidence of Status	Accepted
Time Deficiencies	Additional Information Required

Jade Shine

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000086087	**Applicant Name**	Jade Shine
Application Status	In Review	**Applied Date**	08/06/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Houston	Houston	Texas	United States	No Degree	08/19/1991	05/31/1994	
University of Texas Medical Branch	Galveston	Texas	United States	Bachelor's Degree	06/01/1994	08/16/1996	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Ben Taub General Hospital	Pediatric OT Coordinator	Houston	Texas	United States	08/19/1996	04/06/2001	false	false	
NONE	STAY AT HOME PARENT	HOUSTON	Texas	United States	04/01/2001	11/01/2001	false	false	
Texas Children's Hospital	Pediatric/ NICU Occupational Therapist	Houston	Texas	United States	11/01/2001	05/02/2003	false	false	
NONE	STAY AT HOME PARENT	HOUSTON	Texas	United States	05/01/2003	07/01/2006	false	false	
Ben Taub General Hospital	Pediatric/ NICU Occupational Therapist	Houston	Texas	United States	08/01/2006	03/09/2007	false	false	
NONE	STAY AT HOME PARENT/SCHOOL/CHURCH VOLUNTEER	HOUSTON	Texas	United States	03/01/2007	01/01/2011	false	false	
EPIC HOME HEALTH	OT	HOUSTON	Texas	United States	01/01/2011	10/01/2011	false	false	
NONE	STAY AT HOME PARENT/SCHOOL/CHURCH VOLUNTEER	HOUSTON	Texas	United States	10/01/2011	04/01/2018	false	false	
Women's Hospital of Texas	NICU Occupational Therapist	Houston	Texas	United States	04/02/2018	09/20/2019	false	false	
NONE	STAY AT HOME PARENT/SCHOOL/CHURCH VOLUNTEER	HOUSTON	Texas	United States	09/01/2019	08/01/2024	false	false	
Center of Developmental Pediatrics	Pediatric Occupational Therapist	Houston	Texas	United States	08/12/2024	01/17/2025	false	false	
Cranial Technologies	Occupational Therapist/ Clinician	Houston	Texas	United States	01/20/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	TEMP OT	Inactive	07/29/1996	10/31/1996	11/04/2026	
Texas	Occupational Therapist	Active	10/07/1996	03/31/2027	11/04/2026	
Utah	Occupational Therapist	Active	12/01/2025	05/31/2027	11/05/2026	

Kentucky	Occupational Therapist	Active	12/22/2025	12/31/2026	11/05/2026	
Connecticut	Occupational Therapist		12/24/2025			
Colorado	Occupational Therapist		01/14/2026			
Nevada	Occupational Therapist		02/09/2026			
Arizona	Occupational Therapist		04/16/2026			
Indiana	Occupational Therapist		04/22/2026			
Missouri	Occupational Therapist	Active	06/02/2026	06/30/2027	11/05/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Additional Information Required
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Accepted

JONATHAN PETTY

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000086517	**Applicant Name**	JONATHAN PETTY
Application Status	In Review	**Applied Date**	08/13/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	TULSA	Oklahoma	Unknown		08/01/1992	05/01/1996	
Other	NORMAN	Oklahoma	Unknown		08/01/1996	05/01/1999	
Other	TAHLEQUAH	Oklahoma	Unknown		08/01/2000	05/01/2003	
Other	OKLAHOMA CITY	Oklahoma	Unknown		08/01/2011	12/01/2013	
TULSA COMMUNITY COLLEGE	TULSA	Oklahoma	Unknown	Associate Degree	06/01/2014	05/01/2017	
Belmont University	Nashville	Tennessee	United States	Master's Degree	08/12/2024	08/07/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Stein Ancillary Services	Certified Occupational Therapy Assistant	Fort Smith	Arkansas	United States	03/07/2022		true	false	
Emerald Care Center Tulsa	Certified Occupational Therapy Assistant	Tulsa	Oklahoma	United States	07/27/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Occupational Therapy Assistant	Active	07/10/2017	10/31/2027	11/05/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Additional Information Received
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Accepted

JUSTYCE CARTER

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089715	**Applicant Name**	JUSTYCE CARTER
Application Status	In Review	**Applied Date**	09/22/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
WYNNEWOOD HIGH SCHOOL	WYNNEWOOD	Oklahoma	Unknown	High School Diploma	08/01/2010	05/01/2014	
MURRAY STATE COLLEGE	TISHOMINGO	Oklahoma	Unknown		01/01/2014	05/01/2014	
UNIVERSITY OF CENTRAL OKLAHOMA	EDMOND	Oklahoma	Unknown	Bachelor's Degree	08/01/2014	05/01/2019	
OKLAHOMA CITY COMMUNITY COLLEGE	OKLAHOMA CITY COMMUNITY COLLEGE	Oklahoma	Unknown		08/01/2020	05/01/2022	
University Louisiana Monroe	Monroe	Louisiana	United States	Master's Degree	08/26/2024	08/12/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
SSM Health	COTA	Oklahoma City	Oklahoma	United States	08/12/2026	09/16/2026	false	false	
Un-Employed		Oklahoma City	Oklahoma	United States	09/17/2026	09/23/2026	false	true	In between jobs.

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Occupational Therapy Assistant	Active	01/23/2023	10/31/2027	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Verified
Other Licenses	Pending
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

KYZER PIZARRO

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000084440	**Applicant Name**	KYZER PIZARRO
Application Status	In Review	**Applied Date**	07/15/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Other	TULSA	Oklahoma	Unknown		08/01/2006	05/01/2007	
Bixby High School	BIXBY	Oklahoma	United States	High School Diploma	08/01/2007	05/01/2010	
Tulsa Community College	TULSA	Oklahoma	United States	Associate Degree	08/01/2014	08/01/2016	
Belmont University	Nashville	Tennessee	United States	Master's Degree	08/21/2024	08/07/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Saint Francis Hosptial	Physical Therapist Assistant	Tulsa	Oklahoma		08/17/2016		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Physical Therapist Assistant	Inactive	08/11/2016	01/31/2026	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Ledonna Husband

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000087331	**Applicant Name**	Ledonna Husband
Application Status	In Review	**Applied Date**	08/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Saginaw Valley State University	Saginaw	Michigan	United States	Bachelor's Degree	09/01/2020	05/11/2024	
Saginaw Valley State University	Saginaw	Michigan	United States	Master's Degree	09/01/2020	12/13/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Medical Solutions	Trvael Occupational Therapist	Alpena	Michigan	United States	04/27/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Michigan	Occupational Therapy	Active	03/20/2026	03/20/2028	11/05/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Lindsey Drass

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000087428	**Applicant Name**	Lindsey Drass
Application Status	In Review	**Applied Date**	08/27/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Texas Woman's University	Denton	Texas	United States	Bachelor's Degree	08/05/2013	07/31/2017	
University of St. Augustine for Health Scienced	Austin	Texas	United States	Master's Degree	09/01/2017	05/24/2021	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Un-Employed		Fort Worth	Texas	United States	06/01/2021	07/29/2022	false	false	Studying for board and helping take care of my mother following an acquired brain injury
San Angelo State Supported Living Center	Occupational therapist	Carlsbad	Texas	United States	08/01/2022	06/30/2023	false	false	
Encompass Health	Occupational therapist	Fort Worth	Texas	United States	06/30/2023	12/29/2023	false	false	
Select Rehabilitation at Discovery Village	Occupational Therapist	Southlake	Texas	United States	12/04/2023	12/27/2024	false	false	
Ballinger Memorial Hospital and Outpatient Clinic	Travel Occupational Therapist	Ballinger	Texas	United States	05/06/2024	07/31/2024	false	false	
Cantex/Pivot Rehab	Occupational Therapist	Southlake, Flower Mound, and Keller locations	Texas	United States	08/05/2024		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapist	Active	07/29/2022	07/31/2028	11/05/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Madelyn Gardner

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000093295	**Applicant Name**	Madelyn Gardner
Application Status	In Review	**Applied Date**	10/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
oklahoma state university	stillwater	Oklahoma	United States	Bachelor's Degree	08/26/2019	12/16/2022	
Rockhurst University	Kanas City	Missouri	United States	Doctoral Degree	06/05/2023	12/12/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Woodside Post Acute	Occupational Therapist	Mollala	Oregon	United States	05/11/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oregon	Occupational Therapy	Active	04/15/2026	05/31/2028	11/06/2026	
Missouri	Occupational Therapy	Active	10/14/2026	06/30/2027	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

Mercedes F Burke

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000086249	**Applicant Name**	Mercedes F Burke
Application Status	In Review	**Applied Date**	08/10/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Mercy College	Dobbs Ferry	New York	United States	Master's Degree	08/31/1997	12/31/1999	

Employment

No employment records.

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
New York	Occupational Therapy		02/20/2020			
Tennessee	Occupational Therapy	Active	10/26/2022	02/28/2027	10/01/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Additional Information Required
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Stells Stuck

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089535	**Applicant Name**	Stells Stuck
Application Status	In Review	**Applied Date**	09/19/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Tulsa Community	Tulsa	Oklahoma	United States	Associate Degree	08/19/2009	05/19/2011	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Encompass	Occupational therapy assistant	Broken Arrow	Oklahoma	United States	09/19/2025	09/19/2026	true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Pending
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Pending

Wendy Youngberg

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000088565	**Applicant Name**	Wendy Youngberg
Application Status	In Review	**Applied Date**	09/06/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Emporia State University	Emporia	Kansas	United States	No Degree	08/25/1986	12/14/1988	
The University of Kansas	Kansas City	Kansas	United States	Bachelor's Degree	01/04/1988	07/27/1992	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Pro-Rehab (employer no longer exists)	Occupational Therapist	Springfield	Missouri	United States	08/01/1992	02/26/1995	false	false	
Beverly Health and Rehabilitation (No longer exists)	Director of Rehabilitation and Occuptional therapist	Pittsburg	Kansas	United States	03/06/1995	04/30/1997	false	false	
Private out-patient clinic no longer exists.	Occupational therapist	Joplin	Missouri	United States	04/30/1997	07/28/1997	false	false	
Freeman Health Systems/Ozark Center	Occupational therapist	Joplin	Kansas	United States	07/28/1997	05/28/2010	false	false	
Genesis Healthcare	PRN Occupational Therapist	Galena	Kansas	United States	11/05/2009	07/29/2011	false	false	
Landmark Hospital of Joplin	Occupational therapist / Rehabilitation Manager	Joplin	Missouri	United States	05/04/2010	10/14/2024	false	false	
Mercy Hospital of Joplin	Occupational Therapist	Joplin	Missouri	United States	02/11/2019	10/28/2021	false	false	
Reliant	PRN Occupational therapist	Butler	Missouri	United States	04/23/2024	06/01/2026	false	false	
Un-Employed		Joplin	Missouri	United States	06/01/2026	09/06/2026	false	true	Unable to continue working due to caregiver needs for my mother and, then, my husband.

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Missouri	Occupational Therapist	Active	11/30/1992	06/30/2027	11/06/2026	
Kansas	Occupational Therapist		08/12/1995			

Application Checklist

Question	Value

Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Zemelda Carr

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000088463	**Applicant Name**	Zemelda Carr
Application Status	In Review	**Applied Date**	09/04/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Mississippi Medical Center	Jackson	Mississippi	United States	Master's Degree	08/22/2005	05/26/2008	
University of St Augustine of Health Science	St. Augustine	Florida	United States	Doctoral Degree	05/11/2026		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Riley Hospital	OT Manager	Merdian	Mississippi	United States	06/16/2008	09/30/2008	false	false	
Methodist Rehabilitation Center	Supervising OT	Jackson	Mississippi	United States	01/05/2009	07/22/2011	false	false	
St. Dominic Inpatient Hospital	Supervising OT	Jackson	Mississippi	United States	01/05/2009	07/30/2010	false	false	
TriStar Rehab | Brandon Court Nursing Home	Supervising OT	Brandon	Mississippi	United States	06/01/2009	11/30/2009	false	false	
Regency Hospital Company	Supervising OT	Brandon	Mississippi	United States	07/06/2010	07/08/2011	false	false	
Summit Health & Rehabilitation	Supervising OT	Raymond	Mississippi	United States	08/02/2010	07/29/2011	false	false	
Innovative Senior Care	Supervising OT	Fort Worth	Texas	United States	07/04/2011	03/11/2013	false	false	
Innovative Therapy Resources	Supervising OT	Arlington	Texas	United States	03/02/2012	09/12/2014	false	false	
Rehab Care Isle of Watercrest	Supervising OT	Mansfield	Texas	United States	03/12/2012	02/25/2013	false	false	
Reliant Care	Supervising OT	Dallas	Texas	United States	02/04/2013	09/01/2014	false	false	
Senior Rehab Solutions	Supervising OT	Arlington	Texas	United States	02/04/2013	08/31/2013	false	false	
Dwell Home Health	Supervising OT	Frisco	Texas	United States	08/05/2013	09/08/2014	false	false	
Destination Life LLC	Owner	Arlington	Texas	United States	09/09/2014	09/04/2026	true	false	
Joint Therapy Solutions	Supervising OT	Grapevine	Texas	United States	03/20/2023		true	false	
Eagle Creek Home Health	Supervising OT	Argyle	Texas	United States	03/20/2023		true	false	
One Point Home Health	Supervising OT	Richardson	Texas	United States	03/11/2024		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Mississippi	Occupational Therapy		06/02/2008			

Texas	Occupational Therapy	Active	05/09/2011	08/31/2027	11/05/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Additional Information Required
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Hannah Cowley

General Information

Application	Occupational Therapist	**Application Type**	Reinstatement
Application Number	IA-0000088100	**Applicant Name**	Hannah Cowley
Application Status	In Review	**Applied Date**	09/01/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of St. Augustine	St. Augustine	Florida	United States	Master's Degree	09/04/2017	08/23/2019	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
SENSATIONAL KIDS INC	NEED CLARIFICATION	Oklahoma City	Oklahoma	United States	08/01/2020	09/01/2021	false	false	
BayCare	Occupational Therapist	Tampa	Florida	United States	07/05/2021	01/17/2022	false	false	
NEXT Physical Therapy Solutions	Occupational Therapist	Temple Terrace	Florida	United States	07/19/2021	03/25/2022	false	false	
BayCare	Occupational Therapist	Lutz	Florida	United States	01/10/2022	02/17/2023	false	false	
LHC Group	Occupational Therapist	Tampa	Florida	United States	10/10/2022	05/16/2024	false	false	
Vanderbilt Home Care Services	Occupational Therapist	Nashville	Tennessee	United States	10/14/2024	04/17/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	OT	Inactive	01/07/2020	06/30/2022	11/03/2026	
Florida	Occupational Therapist	Inactive	02/11/2021	02/28/2025	11/03/2026	
Tennessee	Occupational Therapist	Active	08/23/2024	06/30/2027	11/03/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
Education Verification	Not Applicable
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Waived
Evidence of Status	Verified
Time Deficiencies	Additional Information Received

TANYA FIELDS

General Information

Application	Occupational Therapist	**Application Type**	Reinstatement
Application Number	IA-0000092438	**Applicant Name**	TANYA FIELDS
Application Status	In Review	**Applied Date**	10/15/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Texas Woman's University	Denton	Texas	United States	Bachelor's Degree	08/16/1998	05/16/2002	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
NONE	STUDYING FOR NBCOT & CLINICAL ROT	NEED LOCATION		United States	02/01/2002	03/01/2003	false	false	
WICHITA VALLEY REHAB	INPATIENT/OUTPATIENT REHAB	WICHITA FALLS	Texas	United States	03/01/2003	04/01/2006	false	false	
NORTH TEXAS REHAB	PEDIATRIC AND OUTPATIENT THERAPY	WICHITA FALLS	Texas	United States	04/01/2006	04/01/2007	false	false	
UNIVERSITY PARK NURSING AND REHAB	SKILLED NURSING THERAPY	WICHITA FALLS	Texas	United States	04/01/2007	04/01/2009	false	false	
FIRST TEXAS HOME HEALTH	HOME HEALTH THERAPY	WICHITA FALLS	Texas	United States	08/01/2009	04/01/2011	false	false	
AEGIS THERAPIES WINDMILL REHAB	SKILLED NURSING/INPATIENT/OUTPATIENT REHAB			United States	08/01/2011		false	false	
University Park Nursing and Rehab	Occupational Therapist	Wichita Falls	Texas	United States	04/16/2013	10/16/2015	false	false	
Promise Hospital and Rehab	Occupational Therapist	Wichita Falls	Texas	United States	04/16/2015	10/16/2018	false	false	
Rolling Meadows	Occupational Therapist	Wichita Falls	Texas	United States	04/16/2019	04/16/2021	false	false	
Four Square	Occupational Therapist	Wichita Falls	Texas	United States	04/16/2022	10/16/2026	true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Additional Information Received
Employment	Not Applicable
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified

Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Briana Elson

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000090722	**Applicant Name**	Briana Elson
Application Status	Review Complete	**Applied Date**	10/02/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Thomas Jefferson University	Philadelphia	Pennsylvania	United States	Master's Degree	05/10/2013	08/14/2015	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Unemployed	Studying for State Board exam	Edison	New Jersey	United States	08/15/2015	10/15/2015	false	false	
Kindred Rehab Hospital	OT	Arlington	Texas	United States	01/15/2016	12/15/2016	false	false	
UTSW Medical Center	Occupational Therapist	Dallas	Texas	United States	06/06/2016	06/22/2018	false	false	
UTSW	OT	Dallas	Texas	United States	06/15/2016	06/15/2018	false	false	
Brooks Rehabilitation	Occupational Therapist	Jacksonville	Florida	United States	07/09/2018		true	false	
Mayo Clinic	Occupational Therapist	Jacksonville	Florida	United States	03/09/2020	03/06/2023	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy	Active	12/08/2015	01/31/2027	11/06/2026	
Florida	Occupational Therapy	Active	11/28/2017	02/28/2027	11/09/2026	
Ohio	Occupational Therapy	Active	09/10/2025	06/30/2027	11/09/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Accepted

Bridget Raymond

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000088650	**Applicant Name**	Bridget Raymond
Application Status	Review Complete	**Applied Date**	09/08/2026
Temp License Issued	11/04/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Texas Tech U HSC	Lubbock	Texas	United States	Bachelor's Degree	08/08/1989	05/08/1995	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
HARRIS HEALTH CARE SYSTEM	OT	FT WORTH	Texas	United States	02/01/1995	02/01/1999	false	false	
WNJ HOSPITAL	OT	SHERMAN	Texas	United States	02/01/1999	02/01/2006	false	false	
REHAB PRO	OT	ALLEN	Texas	United States	02/01/2006	02/01/2008	false	false	
LEGACY AND RELIANT	OT	SHERMAN	Texas	United States	02/01/2008	02/01/2010	false	false	
SENIOR CARE CONSULTANTS	OT	WHITESBORO	Texas	United States	02/01/2010	02/01/2016	false	false	
SUMMIT/GOOD SAMARITAN HH	OT	DENTON	Texas	United States	02/01/2016	12/01/2017	false	false	
ENCOMPASS HH	OT	ALLEN	Texas	United States	01/01/2017	10/01/2021	false	false	
DENTON CHIROPRACTIC	OT	DENTON	Texas	United States	11/01/2021	08/01/2022	false	false	
HEALTH PRO	OT	MCKINNEY	Texas	United States	09/01/2022	08/01/2024	false	false	
Ballinger Memorial Hospital critical care	OT Staff	Ballinger	Texas	United States	09/25/2024	09/01/2025	false	false	
Fusion	Occupational Therapy	Dallas	Texas	United States	09/01/2025	09/08/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	TEMPORARY OCCUPATIONAL THERAPIST	Inactive	01/20/1995	04/30/1995	10/30/2026	
Texas	Occupational Therapist	Active	05/12/1995	08/28/2027	10/30/2026	
Arizona	Occupational Therapy	Active	08/13/2025	08/12/2027	10/30/2026	
Montana	Occupational Therapy	Inactive	01/15/2026	05/01/2026	10/30/2026	

Application Checklist

Question	Value
Personal Information	Accepted

Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Accepted

Brittany Bishop

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000094436	**Applicant Name**	Brittany Bishop
Application Status	Review Complete	**Applied Date**	10/30/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Texas at Austin	Austin	Texas	United States	Bachelor's Degree	08/26/2013	05/15/2017	
University of St. Augustine for Health Sciences	Austin	Texas	United States	Master's Degree	01/14/2019	12/16/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
KidTherapy	Occupational Therapist	Austin	Texas	United States	03/17/2021	09/17/2021	false	false	
Ensign Group	Occupational Therapist	Austin	Texas	United States	09/20/2021	12/05/2025	false	false	
Electrostim Medical Services, INC	Territory Manager	Austin	Texas	United States	12/08/2025	08/20/2026	false	false	
Kandu	Clinical Training Specialist	Austin	Texas	United States	08/31/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy	Active	02/12/2021	03/31/2027	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Hannah Carvel

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089948	**Applicant Name**	Hannah Carvel
Application Status	Review Complete	**Applied Date**	09/25/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Tennessee at Chattanooga	Chattanooga	Tennessee	United States	Doctoral Degree	08/16/2021	05/03/2024	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Excel Rehab and Sports - Seneca	Occupational Therapist	Seneca	South Carolina	United States	07/15/2024	03/27/2026	false	false	
Converdia Health Staffing	Occupational Therapist	Fargo	North Dakota	United States	03/27/2026	09/25/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
South Carolina	Occupational Therapy	Active	07/05/2024	03/15/2027	11/06/2026	
Oregon	Occupational Therapy	Active	03/11/2026	05/31/2028	11/06/2026	
Kansas	Occupational Therapy	Active	07/28/2026	03/31/2027	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Heather Falconer

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000087433	**Applicant Name**	Heather Falconer
Application Status	Review Complete	**Applied Date**	08/27/2026
Temp License Issued	11/09/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Marist University	Poughkeepsie	New York	United States	Bachelor's Degree	08/30/2019	05/30/2022	
Columbia University	New York	New York	United States	Master's Degree	08/30/2024	05/29/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Kaitlyn Armstrong

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089506	**Applicant Name**	Kaitlyn Armstrong
Application Status	Review Complete	**Applied Date**	09/19/2026
Temp License Issued	11/09/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Stephen F. Austin	Nacogdoches	Texas	United States	Bachelor's Degree	08/20/2018	05/08/2021	
Texas Woman's University	Houston	Texas	United States	Doctoral Degree	06/05/2023	05/03/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
NONE	UNEMPLOYED	ALVIN	Texas	United States	05/01/2026		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapist	Active	08/20/2026	01/31/2029	11/04/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Accepted

Keyla Rivera

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000092518	**Applicant Name**	Keyla Rivera
Application Status	Review Complete	**Applied Date**	10/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Illinois Chicago	Chicago	Illinois	United States	Master's Degree	08/01/2018	10/16/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Aya Healthcare	Travel Occupational Therapist	San Diego	California	United States	01/17/2021	10/19/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Illinois	Occupational Therapist	Active	01/15/2021	12/31/2027	11/06/2026	
Texas	Occupational Therapist	Active	10/25/2023	01/31/2028	11/06/2026	
New York	Occupational Therapist	Active	09/06/2024	08/31/2027	11/06/2026	
California	occupational therapist	Active	10/25/2024	01/31/2028	11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Lilian Jones

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000090572	**Applicant Name**	Lilian Jones
Application Status	Review Complete	**Applied Date**	10/01/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
The University of Texas at Austin	Austin	Texas	United States	Bachelor's Degree	08/26/2019	05/06/2023	
The University of Texas Medical Branch	Galveston	Texas	United States	Doctoral Degree	08/28/2023	08/21/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Accepted
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Mackenzie Lowe

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000088802	**Applicant Name**	Mackenzie Lowe
Application Status	Review Complete	**Applied Date**	09/09/2026
Temp License Issued	11/02/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of St. Augustine for Health Sciences	Dallas	Texas	United States	Master's Degree	09/09/2024	08/20/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Not Applicable
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Olivia Urwiller

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000089352	**Applicant Name**	Olivia Urwiller
Application Status	Review Complete	**Applied Date**	09/16/2026
Temp License Issued	11/05/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Concordia University Wisconsin	Mequon	Wisconsin	United States	Bachelor's Degree	08/26/2019	12/16/2022	
Concordia University Wisconsin	Mequon	Wisconsin	United States	Master's Degree	05/31/2021	11/17/2023	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
H2 HEALTH	OT	TYLER	Texas	United States	01/01/2024	03/01/2025	false	false	
CompHealth Allied	Occupational Therapist	7259 S. Bingham Junction Blvd., Midvale, UT 84047	Utah	United States	03/17/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy	Active	01/24/2024	12/31/2026	11/05/2026	
Wisconsin	TEMPORARY OCCUPATIONAL THERAPIST	Inactive	03/14/2025	03/18/2025	11/05/2026	
Wisconsin	Occupational Therapy	Active	03/18/2025	05/31/2027	11/05/2026	
Arizona	Occupational Therapy	Active	03/31/2026	03/30/2028	11/05/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Verified

Stephanie Nevarez

General Information

Application	Occupational Therapist	**Application Type**	Initial
Application Number	IA-0000092133	**Applicant Name**	Stephanie Nevarez
Application Status	Review Complete	**Applied Date**	10/13/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
The University of Texas at El Paso	El Paso	Texas	United States	Bachelor's Degree	08/20/2012	12/12/2015	
The Univeristy of Texas at El Paso	El Paso	Texas	United States	Master's Degree	05/13/2019	12/11/2021	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Unemployed	Studying for NBCOT	El Paso	Texas	United States	12/15/2021	06/15/2022	false	false	
Las Palmas Medical Center	Occupational Therapist	El Paso	Texas	United States	06/20/2022	08/30/2025	false	false	
AMN Healthcare Travel Agency	Occupational Therapist	Dallas	Texas	United States	10/06/2025	03/27/2026	false	false	
Health Trust Travel Agency	Occupational Therapist	El Paso	Texas	United States	04/06/2026	07/24/2026	false	false	
Providence Hospital Sierra Campus	Occupational Therapist	El Paso	Texas	United States	08/03/2026	10/13/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy - NBCOT	Active	03/30/2022	09/30/2028	11/06/2026	
Texas	Occupational Therapy - Texas License		03/30/2022		11/06/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Evidence of Status	Accepted
Time Deficiencies	Accepted

Alexis LaGuardia

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093712	**Applicant Name**	Alexis LaGuardia
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	01/17/2024		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Angela Himmelman

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000091936	**Applicant Name**	Angela Himmelman
Application Status	In Review	**Applied Date**	10/12/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Denver institute of technology	Westminster	Colorado	United States	Associate Degree	10/12/1984	05/25/1995	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
REHABCARE group	COTA	St. Louis	Missouri	United States	05/01/1995	02/17/2017	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Received
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Additional Information Received

CALLI THOMPSON

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000092543	**Applicant Name**	CALLI THOMPSON
Application Status	In Review	**Applied Date**	10/18/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Southwestern Oklahoma State University	Weatherford	Oklahoma	United States	No Degree	08/01/2019	05/01/2020	
Northeastern State University	Tahlequah	Oklahoma	United States	Bachelor's Degree	08/01/2020	05/10/2024	
Connors State College	Warner	Oklahoma	United States	Associate Degree	08/01/2024	08/01/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Amazon	Warehouse Worker	Oklahoma City	Oklahoma	United States	06/01/2020	08/01/2020	false	false	
Lowe's	Head Cashier	Tahlequah	Oklahoma	United States	09/01/2020	02/09/2024	false	false	
Onward and Upward Pediatric Therapy	Classroom Aid	Tahlequah	Oklahoma		08/01/2023	05/01/2024	false	false	
Stigler Public Schools	Substitute Teacher	Stigler	Oklahoma		10/27/2025	12/31/2025	false	false	
United Parcel Service	United Parcel Service Seasonal Driver Helper	Bixby	Oklahoma		12/01/2025	12/31/2025	false	false	
Indian Healthcare Resource Center	Fitness Representative	Tulsa	Oklahoma	United States	01/01/2026		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Delaney Hazard

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000092515	**Applicant Name**	Delaney Hazard
Application Status	In Review	**Applied Date**	10/16/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Weatherford College	Weatherford	Texas	United States	Associate Degree	08/21/2023	05/22/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Santa Fe Nursing and Rehabilitation	COTA	Weatherford	Texas	United States	06/16/2025	12/28/2026	false	false	
Holland Lake Rehabilitation and Care Center	COTA	Weatherford	Texas	United States	12/30/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy Assistant	Active	06/24/2025	11/30/2027	11/04/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Edana Ford

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000094462	**Applicant Name**	Edana Ford
Application Status	In Review	**Applied Date**	10/30/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Connors State College	Warner	Oklahoma	United States	Associate Degree	08/14/2023	05/09/2025	
Connors State College	Muskogee	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Central Public Schools	Paraprofessional	Sallisaw	Oklahoma	United States	08/16/2021	06/30/2023	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Received
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Ellianna Lewis

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000090053	**Applicant Name**	Ellianna Lewis
Application Status	In Review	**Applied Date**	09/27/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Murray State College	Tishomingo	Oklahoma	United States	Associate Degree	08/01/2024	01/01/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Accepted
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Additional Information Required

Evan Perez

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093716	**Applicant Name**	Evan Perez
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	01/15/2024		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Additional Information Required
Time Deficiencies	Not Applicable

Gabrielle Israel

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093720	**Applicant Name**	Gabrielle Israel
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community	Oklahoma City	Oklahoma	United States	Associate Degree	05/13/2024		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Received
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Gracyn Soehlman

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000091786	**Applicant Name**	Gracyn Soehlman
Application Status	In Review	**Applied Date**	10/11/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Carl Albert State College	Poteau	Oklahoma	United States	Associate Degree	07/27/2022	05/10/2025	
Indian Capital Technology Center	Muskogee	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

No employment records.

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Oklahoma	Pharmacy Technician	Active	08/23/2024	01/31/2027	11/09/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Hannah Cariker

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000091816	**Applicant Name**	Hannah Cariker
Application Status	In Review	**Applied Date**	10/11/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Connors State College	Muskogee	Oklahoma	United States	Associate Degree	01/05/2024		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Falls creek	Program Staff/Missions point	Davis	Oklahoma	United States	05/25/2025	08/02/2025	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Jennifer Garibay

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093316	**Applicant Name**	Jennifer Garibay
Application Status	In Review	**Applied Date**	10/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
University of Arkansas - Cossatot Community College	De Queen	Arkansas	United States	Associate Degree	08/21/2017	12/04/2021	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Studying for NBCOT	Studying for NBCOT		Texas	United States	12/15/2021	01/15/2024	false	false	
Progressive Therapy Kids	Certified Occupational Therapy Assistant	Mena	Arkansas	United States	01/08/2024	12/18/2025	false	false	
Maternity Leave	Maternity Leave		Texas	United States	12/15/2025	11/15/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Arkansas	Certified Occupational Therapy Assistant	Active	12/21/2023	03/31/2027	11/04/2026	
Texas	Certified Occupational Therapy Assistant	Active	04/19/2024	03/31/2027	11/04/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Evidence of Status	Accepted
Time Deficiencies	Accepted

Jenny Reine-Baskett

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000091245	**Applicant Name**	Jenny Reine-Baskett
Application Status	In Review	**Applied Date**	10/06/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
St. Catherine's University	St Paul	Minnesota	United States	Associate Degree	08/01/2018	10/31/2020	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Functional Pathways	COTA	South Hill	Virginia	United States	08/16/2021	05/20/2024	false	false	
Select Rehabilitation	COTA	Jackson	North Carolina	United States	03/14/2022	05/22/2023	false	false	
VCU Health	COTA	South Hill	Virginia	United States	05/22/2023	04/25/2025	false	false	
Adoration Home Health	COTA	Emporia	Virginia	United States	04/28/2025		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Virginia	COTA	Active	06/30/2021	05/31/2028	11/04/2026	
North Carolina	COTA	Inactive	07/30/2021	06/30/2023	11/04/2026	

Application Checklist

Question	Value
Personal Information	Additional Information Required
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Evidence of Status	Verified
Time Deficiencies	Additional Information Required

Jessica Mullens

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000086472	**Applicant Name**	Jessica Mullens
Application Status	In Review	**Applied Date**	08/12/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Navarro College	Corsicana	Texas	United States	Associate Degree	08/12/2012	08/12/2016	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Legacy Healthcare Services	Occupational Therapy Assistant	Lewisville	Texas	United States	10/12/2016	10/01/2021	false	false	
Homestead of Denison	Occupational Therapy Assistant	Denison	Texas	United States	12/01/2021	03/03/2023	false	false	
Legacy Healthcare Services	Occupational Therapy Assistant/Director of Rehabilitation	McKinney	Texas	United States	03/06/2023	11/25/2024	false	false	
Creative Solutions in Healthcare	Occupational Therapy Assistant	Bonham	Texas	United States	12/02/2024		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy Assistant	Active	09/21/2016	06/30/2027	11/03/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Jillian Smith

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093713	**Applicant Name**	Jillian Smith
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
OKLAHOMA CITY Community college	Oklahoma City	Oklahoma	United States	Associate Degree	01/15/2024		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Bethany Children's Health Center	Activities of Daily Living Specialist	Bethany	Oklahoma	United States	09/30/2022	09/30/2024	false	false	
Un-Employed		Oklahoma City	Oklahoma	United States	10/01/2024	10/26/2026	false	true	Primary caretaker of child and to focus on completing OTA program.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

John Poppell

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000086492	**Applicant Name**	John Poppell
Application Status	In Review	**Applied Date**	08/13/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Kaplan Career Institute; Pittsburgh, PA	Pittsburgh	Pennsylvania	United States	Associate Degree	09/01/2005	05/20/2007	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Angelo Home Care	Administrator	San Angelo	Texas	United States	12/20/2021	07/15/2026	true	false	
Enhabit Home Health	Staff COTA	San Angelo	Texas	United States	02/22/2022	08/13/2026	true	false	
Reliant Therapy	PRN COTA	San Angelo	Texas	United States	05/01/2026	08/13/2026	true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy	Active	03/21/2011	11/30/2027	11/03/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Not Applicable
Evidence of Status	Accepted
Time Deficiencies	Additional Information Required

Kaide Hines

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000085991	**Applicant Name**	Kaide Hines
Application Status	In Review	**Applied Date**	08/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Caddo Kiowa Technology Center	Fort Cobb	Oklahoma	United States	Associate Degree	08/11/2025		
Southwestern Oklahoma State University			United States	Associate Degree	08/11/2025	07/23/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Additional Information Required
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Kenzie Proctor

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000088386	**Applicant Name**	Kenzie Proctor
Application Status	In Review	**Applied Date**	09/03/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Murray State College	Tishomingo	Oklahoma	United States	Associate Degree	07/20/2020	12/18/2021	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Kenzie Proctor	Occupational Therapy Tech	Paris	Texas	United States	05/01/2023	06/01/2026	false	false	
Kenzie Proctor	Occupational Therapy Assistance	Cooper	Texas	United States	01/06/2025	05/05/2026	false	false	
Kenzie Proctor	Certified Occupational Therapy Assistance	Sulfur Springs	Texas	United States	05/20/2026	08/31/2026	false	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Certified Occupational Therapy Assistance	Active	11/15/2024	01/31/2027	11/04/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Additional Information Required

Kylan Eden

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000086097	**Applicant Name**	Kylan Eden
Application Status	In Review	**Applied Date**	08/06/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Caddo Kiowa Technology Center	Fort Cobb	Oklahoma	United States	Associate Degree	08/11/2025		
Southwestern Oklahoma State University	MUSKOGEE		United States	Associate Degree	08/11/2025	07/23/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
Education Verification	Accepted
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Lauren Bunch

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000092210	**Applicant Name**	Lauren Bunch
Application Status	In Review	**Applied Date**	10/14/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
ICTC Muskogee & Connors State College	Muskogee	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Layla Weekley

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000087538	**Applicant Name**	Layla Weekley
Application Status	In Review	**Applied Date**	08/29/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Crowder College	Webb City	Missouri	United States	Associate Degree	02/02/2022	12/13/2024	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Additional Information Required
Evidence of Status	Accepted
Time Deficiencies	Additional Information Required

Lindsay Fletcher

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000089368	**Applicant Name**	Lindsay Fletcher
Application Status	In Review	**Applied Date**	09/17/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
SWOSU/CKTC	Fort Cobb	Oklahoma	United States	Associate Degree	08/12/2025	04/26/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Great plains regional medical center	Receptionists	Elk city	Oklahoma	United States	04/15/2022	04/04/2023	false	false	
SWOSU/CKTC	Field work II A	Fort Cobb	Oklahoma	United States	04/15/2026	06/15/2026	false	false	
SWOSU/CKTC	Field work II B	Fort Cobb	Oklahoma	United States	06/15/2026	08/15/2026	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Accepted

Mackenzie Cantrell

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000094157	**Applicant Name**	Mackenzie Cantrell
Application Status	In Review	**Applied Date**	10/28/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Connors State College/Indian Capital Technology Center	Muskogee	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Madelyn Smith

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093715	**Applicant Name**	Madelyn Smith
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	01/17/2024		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Madison Fisher

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000092851	**Applicant Name**	Madison Fisher
Application Status	In Review	**Applied Date**	10/22/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Indian Capitol Technology Center	Muskogee	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Pending

Maurice Arledge

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093344	**Applicant Name**	Maurice Arledge
Application Status	In Review	**Applied Date**	10/23/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Tulsa Community College	Tulsa	Oklahoma	United States	Associate Degree	01/20/2020	05/17/2024	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Tulsa County	Recreation Aide	Tulsa	Oklahoma	United States	08/18/2025	09/17/2026	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Additional Information Required
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Additional Information Required

Miah Summerfield

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093729	**Applicant Name**	Miah Summerfield
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Connors State College/ Indian Capital Technology Center	Muskogee	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Additional Information Required
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

RAYNA ROCK

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000092402	**Applicant Name**	RAYNA ROCK
Application Status	In Review	**Applied Date**	10/15/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Hilldale High School	MUSKOGEE	Oklahoma	Unknown	High School Diploma	08/01/2017	05/01/2021	
Rogers State University	CLAREMORE	Oklahoma	Unknown		08/01/2021	05/01/2022	
Murray State College	TISHOMINGO	Oklahoma	Unknown	Associate Degree	08/01/2022	06/01/2023	
NorthEastern State University	TAHLEQUAH	Oklahoma	Unknown		08/01/2023	12/01/2023	
Murray State College	TISHOMINGO	Oklahoma	Unknown		01/01/2024	05/01/2024	
Connors State College	MUSKOGEE	Oklahoma	Unknown	Associate Degree	08/01/2024	07/01/2025	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Harmony House	Waitress	Muskogee	Oklahoma	United States	02/19/2024	10/20/2026	true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Samantha Lancaster

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093714	**Applicant Name**	Samantha Lancaster
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	01/17/2024		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Starbucks	Barista	Oklahoma City	Oklahoma	United States	07/15/2021	08/15/2026	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Sarah Kelley

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000094516	**Applicant Name**	Sarah Kelley
Application Status	In Review	**Applied Date**	10/30/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Connors State College	Muskogee	Oklahoma	United States	Associate Degree	01/05/2026		

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Serenity Leverett

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000087341	**Applicant Name**	Serenity Leverett
Application Status	In Review	**Applied Date**	08/26/2026
Temp License Issued	11/04/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Southwestern Oklahoma State University	Weatherford	Oklahoma	United States	Associate Degree	08/14/2023	08/07/2026	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Braum's Dairy and Ice Cream	crew member	Weatherford	Oklahoma	United States	08/05/2023	08/07/2024	false	false	
ASAP General Store 104	Cashier	Weatherford	Oklahoma	United States	07/11/2024	09/10/2025	false	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Accepted
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Sophie Vandendriessche

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000085992	**Applicant Name**	Sophie Vandendriessche
Application Status	In Review	**Applied Date**	08/05/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Caddo Kiowa Technology Center	Ft. Cobb	Oklahoma	United States	Associate Degree	08/11/2025	07/23/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Not Applicable
Education Verification	Accepted
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Additional Information Required
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Stephanie Harris

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000089272	**Applicant Name**	Stephanie Harris
Application Status	In Review	**Applied Date**	09/16/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Georgia Northwestern Technical College	Rock Springs	Georgia	United States	Associate Degree	08/06/2007	05/29/2009	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Redmond Hospital	COTA/L (prn)	Rome	Georgia	United States	10/12/2009	09/28/2018	false	false	
Rome City Schools	COTA/L	Rome	Georgia	United States	10/01/2012		true	false	
SoundEd Educational Therapy	COTA/L (part-time)	Tulsa	Oklahoma	United States	07/03/2023		true	false	

Other Licenses

State	Profession	Status	Date Issued	Expiration Date	Verification Date	Comments
Texas	Occupational Therapy Assistant	Active	01/06/2025	02/28/2027	11/04/2026	
South Carolina	Occupational Therapy Assistant	Active	06/27/2025	03/15/2027	11/04/2026	
Arizona	Occupational Therapy Assistant	Active	09/08/2025	09/07/2027	11/04/2026	
West Virginia	Occupational Therapy Assistant	Active	03/30/2026	06/30/2027	11/04/2026	
Georgia	Occupational Therapy Assistant	Active	04/01/2026	03/31/2028	11/04/2026	
Michigan	Occupational Therapy Assistant	Active	05/01/2026	05/01/2028	11/04/2026	

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Other Licenses	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Additional Information Received

Tianna Parson

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000088796	**Applicant Name**	Tianna Parson
Application Status	In Review	**Applied Date**	09/09/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
ATU- Ozark	Ozark	Arkansas	United States	Associate Degree	08/11/2014	12/12/2018	

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
Outreach Pediatric Therapy	OTA	Clarksville	Arkansas	United States	03/25/2019	08/08/2022	false	false	
Arkansas Pediatric Therapy	OTA	Van Buren	Arkansas	United States	08/23/2022	05/27/2024	false	false	
Hope Therapy Center	OTA	van buren	Arkansas	United States	05/22/2023	08/05/2024	false	false	
Sprouts Therapy Center	OTA	fort smith	Arkansas	United States	08/12/2024	09/09/2026	true	false	
Mercy Rehab	OTA-PRN	Barling	Arkansas	United States	09/16/2024		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Extended Background Check	Pending
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Yesenia Pinon

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000093717	**Applicant Name**	Yesenia Pinon
Application Status	In Review	**Applied Date**	10/26/2026
Temp License Issued		**Temp License Expires**	

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Oklahoma City Community College	Oklahoma City	Oklahoma	United States	Associate Degree	01/17/2024		

Employment

Employer	Position	City	State	Country	Start Date	End Date	Current Employer	Currently Unemployed	Reason
AutoZone	Part Sales Manager	Oklahoma City	Oklahoma	United States	11/11/2008		true	false	

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Pending
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Pending
Supervisor/Supervisee Relationship Record	Pending
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

Brogan Winston

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000087347	**Applicant Name**	Brogan Winston
Application Status	Review Complete	**Applied Date**	08/26/2026
Temp License Issued	10/13/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Northwestern Oklahoma State University	Alva	Oklahoma	United States	Bachelor's Degree	08/10/2020	05/11/2024	
Northwestern Oklahoma State University	Alva	Oklahoma	United States	Master's Degree	07/08/2024	05/03/2025	
Southwestern Oklahoma State University	Weathorford	Oklahoma	United States	Associate Degree	08/11/2025	07/23/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Accepted
Evidence of Status	Verified
Time Deficiencies	Not Applicable

Rachel Gwartney

General Information

Application	Occupational Therapy Assistant	**Application Type**	Initial
Application Number	IA-0000085499	**Applicant Name**	Rachel Gwartney
Application Status	Review Complete	**Applied Date**	08/01/2026
Temp License Issued	11/04/2026	**Temp License Expires**	01/29/2027

Education

School Name	City	State	Country	Degree	Start Date	Completion Date	Comments
Pratt Community College	Pratt	Kansas	United States	No Degree	08/12/2023	06/16/2025	
Southwestern Oklahoma State University	Weatherford	Oklahoma	United States	Associate Degree	08/05/2025	07/23/2026	

Employment

No employment records.

Other Licenses

No other license records.

Application Checklist

Question	Value
Personal Information	Accepted
Employment	Accepted
Education Verification	Verified
Extended Background Check	Verified
National Board for Certification in Occupational Therapy (NBCOT)	Verified
Supervisor/Supervisee Relationship Record	Verified
Evidence of Status	Accepted
Time Deficiencies	Not Applicable

CHAPTER 30. OCCUPATIONAL THERAPISTS AND ASSISTANTS

435:30-1-2. Definitions

The following words and terms, when used in this Chapter, shall have the following meaning, unless the context clearly indictates otherwise:

"Alternate supervisor" means an Oklahoma licensed ~~Occupational Therapist~~occupational therapist who has signed a Form #~~5~~5, Verification of Supervision, agreeing to provide supervision to the ~~Occupational Therapy Assistant~~occupational therapy assistant or applicant for licensure in the absence of the supervising ~~Occupational Therapist~~occupational therapist. The alternate supervisor assumes all duties and responsibilities of the primary supervisor during that absence.

"Consultation" means periodic meetings to review and to provide recommendations and resource information regarding methods of implementation of the occupational therapy programs.

"Direct supervision" means personal supervision and specific delineation of tasks and responsibilities by an Oklahoma licensed occupational therapist who has signed a Form #~~5~~5, Verification of Supervision, agreeing to supervise the ~~Occupational Therapy~~occupational therapy assistant or applicant for licensure. Direct supervision shall include the responsibility for personally reviewing and interpreting the results of any habilitative or rehabilitative procedures conducted by the supervisee. It is the responsibility of the supervising occupational therapist to be onsite during treatment to ensure that the supervisee does not perform duties for which he or she is not trained.

"Distant site" ~~means the location of the Occupational Therapist via telecommunications systems.~~ under the Oklahoma Telemedicine Act, 2021 Okla. Sess. Laws ch. 549, § 1 (codified at 36 O.S. § 6802(1), means a site at which a health care professional licensed to practice in this state is located while providing health care services by means of telemedicine.

"General supervision" means responsible supervision and control by an Oklahoma licensed occupational therapist who has signed a Form #~~5~~5, Verification of Supervision, agreeing to supervise the ~~Occupational Therapy Assistant~~occupational therapy assistant or applicant for licensure. The supervising occupational therapist provides both initial direction in developing a plan of treatment and periodic inspection of the actual implementation of the plan. Such plan of treatment shall not be altered by the supervised individual without prior consultation with and approval of the supervising occupational therapist. The supervising occupational therapist need not always be physically present or on the premises when the occupational therapy assistant is performing services; however, except in cases of emergency, supervision shall require the availability of the supervising occupational therapist for consultation with and direction of the supervised individual. Supervision is an interactive process, more than a paper review or a co-signature, and requires ~~direct~~ in-person ~~contact~~consultation or consultation via telehealth.

"In association with" means a formal working relationship in which there is regular consultation.

"Occupational therapist of record" means the occupational therapist who assumes responsibility for the provision and /or supervision of occupational therapy services for a client, and is held accountable for the coordination, continuation and progression of the plan of care.

"Originating site" ~~means the location of the patient at the time the service being furnished via a telecommunications system occurs.~~under the Oklahoma Telemedicine Act, 2021 Okla. Sess. Laws ch. 549, § 1 (codified at 36 O.S. § 6802(5)), means a site at which a patient is located at the time health care services are provided to him or her by means of telemedicine, which may include, but shall not be restricted to, a patient's home, workplace or school.

"Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

"Primary supervisor" means the Oklahoma licensed ~~Occupational Therapist~~occupational therapist who has signed a Form #~~5~~5, Verification of Supervision, agreeing to provide supervision to the ~~Occupational Therapy Assistant~~occupational therapy assistant or applicant for licensure. The Primary Supervisor must have access to the client's plan of care.

"Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation.

"Telehealth" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(8).

"Telemedicine" ~~means, and includes, the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telehealth management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine.~~ under the Oklahoma Telemedicine Act, 2021 Okla. Sess. Laws ch. 293, § 1 (codified at 36 O.S. § 6802), means technology-enabled health and care management and delivery systems that extend capacity and access, which includes:

(a) synchronous mechanisms, which may include live audiovisual interaction between a patient and a health care professional or real-time provider to provider consultation through live interactive audiovisual means,
(b) asynchronous mechanisms, which include store and forward transfers, online exchange of health information between a patient and a health care professional and online exchange of health information between health care professionals, but shall not include the use of automated text messages or automated mobile applications that serve as the sole interaction between a patient and a health care professional,
(c) remote patient monitoring, and
(d) other electronic means that support clinical health care, professional consultation, patient and professional health-related education, public health and health administration.

"Telerehabilitation" means, and shall have, the same meaning as it does under 59 O.S. § 888.3(9).

435:30-1-3. Licensure by examination

Requirements for licensure by examination for ~~Occupational Therapists or Occupational Therapy Assistants~~occupational therapists or occupational therapy assistants are as follows:

(1) All applicants for licensure by examination must meet the statutory requirements set forth in the Oklahoma Occupational Therapy Practice Act, hereinafter referred to as the Act.

(2) The State Board of Medical Licensure and Supervision, hereinafter referred to as Board, recognizes and approves the Examination of the National Board for Certification in Occupational Therapy (NBCOT) as an examination acceptable for licensure of an occupational therapist or occupational therapy assistant.

~~(3) In the event the Board administers the examination set forth in (2) of this section or any other examination approved by them, the application for licensure by examination must be on file at the office of the Board at least 30 days prior to the examination. No person shall be admitted to the examination until satisfactory evidence is submitted to the Board of his/her qualifications to be admitted to such examination.~~

~~(4)~~(3) Submission of proof ~~of scores~~ of a passing ~~grade~~score, as determined by the ~~(~~NBCOT~~)~~, shall constitute satisfactory evidence of applicant's qualifications for licensure. Applicants must have the scores submitted to this Board ~~through~~ by the NBCOT or a reporting service approved by ~~this~~the Board.

~~(5)~~(4) An applicant who meets academic, clinical and educational requirements for licensure as an ~~Occupational Therapist or Occupational Therapy Assistant~~occupational therapist or occupational therapy assistant may practice under the direct, ~~on-sight~~on-site supervision of a licensed ~~Occupational Therapist~~occupational therapist in the status of a graduate ~~Occupational Therapy student~~occupational therapist or a graduate ~~Occupational Therapy Assistant~~occupational therapy assistant.

(A) Said status will be communicated to the applicant by ~~informal~~ letter from the Board ~~staff~~. Such status is not tantamount to licensure and does not constitute licensure in any form. A person in this temporary status must identify himself/herself as such and may not hold himself or herself out as a licensed ~~Occupational Therapist or Occupational Therapy Assistant~~occupational therapist or occupational therapy assistant.

(B) This temporary status may be valid for up to one year. After one year, the graduate ~~Occupational Therapist student~~occupational therapist or graduate ~~Occupational Therapy Assistant student~~occupational therapy assistant may not practice in Oklahoma until a passing score on the exam is received.

~~(6)~~(5) Upon failure of examination by any applicant for ~~Occupational Therapist or Occupational Therapy Assistant~~ occupational therapist or occupational therapy assistant licensure, said applicant may still function as a graduate ~~Occupational Therapist student~~ occupational therapist or a graduate ~~Occupational Therapy Assistant student~~occupational therapy assistant. ~~The status of said applicant will be reviewed at each meeting of the Occupational Therapy Advisory Committee.~~

~~(7)~~(6) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.

~~(8)~~(7) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:

(A) Professional practice of at least 1000 hours per year for the past three years;

(B) Continuing education consisting of up to two hours for each month out of practice, obtained within the last two years and approved by the Committee;

(C) Re-examination by the ~~(~~NBCOT~~)~~.

435:30-1-4. Licensure by endorsement

Requirements for licensure by endorsement for ~~Occupational Therapists or Occupational Therapy Assistants~~occupational therapists or occupational therapy assistants are as follows:

(1) Applicants for licensure by endorsement must meet all statutory requirements required of applicants for licensure by examination, as set forth in the Act.

(2) Any person who is currently licensed by examination as an occupational therapist or occupational therapy assistant in another state of the United States of America, the District of Columbia or Puerto Rico, is eligible for licensure by endorsement provided the written examination and ~~grade~~score standard were that of the National Board for Certification in Occupational Therapy (NBCOT) or any other group approved by the Board. Submission of proof of having passed the licensure examination shall be required. If the applicant has not been employed as an occupational therapist or occupational therapy assistant during the year prior to application, such applicant may be requested to present himself/herself for a personal interview with the members of the Advisory Committee or the Board.

(3) Applicants who have not taken and passed the approved licensure examination within the past five years may be required to provide proof of continued competence as evidenced by one or more of the following:

(A) Continuing education consisting of up to two hours for each month out of practice, obtained with the last two years and approved by the Committee;

(B) Practice under the direct supervision of a licensed ~~Occupational Therapist~~occupational therapist for one to three months. The supervising ~~Therapist~~therapist will provide to the ~~Committee~~Board a report on the applicant's performance prior to licensure;

(C) Retake the approved licensure examination.

(4) The completed application form must be submitted to the Board ~~office~~ accompanied by fees as set by the Board.

(5) The Board may issue a formal letter granting temporary ~~license~~authorization to practice to any applicant for licensure by endorsement for no more than ninety (90) days upon the Board's receipt of ~~an~~a completed application for licensure together with a completed Form 5, Verification of Supervision. ~~form issued pursuant to 59 O.S.§ 888.5(5)~~

435:30-1-5. License renewal; late fees; continuing education; re-entry guidelines

(a) **Yearly license renewal.** The occupational therapist and occupational therapy assistant license is required to be renewed yearly ~~on~~by October 31 ~~upon forms~~ in a format provided by the Board and shall be accompanied by fees set by the Board. Licencees are required to provide the Board updates contemporaneously with any changes in practice location, mailing address, and email address. In addition, late fees shall be assessed as set by the Board.

(b) **Continuing education for renewal.**

(1) Continuing education for renewal of licensure has been established to require ~~therapists'~~ occupational therapists' and occupational therapy assistants' involvement in activities which keep their skills and knowledge of current practice up to date. A total of twenty (20) contact hours of approved continuing education must be obtained during each two (2) year cycle. The cycle ends on October 31 in every even numbered year. A point is the equivalent of 1 contact hour. ~~Twenty contact hours every 2 years will be required.~~No hours may be carried over from the previous reporting cycle.

(2) Penalties for failure to comply with continuing education requirements may be assessed after notice and hearing as required by law. Penalties may include imposition of additional continuing education contact hours, administrative fine, probation of license, suspension of license, or revocation of license. Failure to produce records of continuing education rebuts the presumption that continuing education requirements have been completed. The willful and intentional misrepresentation of compliance with continuing education requirements shall constitute prima facie evidence of a fraudulent application for licensure renewal.

~~(2)~~(3) ~~A Sub-Committee, composed of Occupational Therapists and Occupational Therapy Assistants, may review all~~The Board shall conduct random audits of continuing education points submitted. ~~The Sub-Committee will forward recommendations to the Occupational Therapy Advisory Committee for approval or denial. Reasons for denial will be given to each therapist~~. The Occupational Therapy Advisory Committee may appoint a sub-committee to review audits and requests for approval of continuing education points and make recommendations to the Occupational Therapy Advisory Committee. Should any individual ~~therapist~~ licensee have questions as to the appropriateness of a program, the ~~therapist could~~ licensee may consult the Committee. The Committee ~~would~~shall have the authority to decide on any type of program not listed and assign appropriate hours. The responsibility for showing how a particular activity is relevant to maintaining skills as an ~~Occupational Therapist or Occupational Therapy Assistant~~ occupational therapist or occupational therapy assistant will be with the ~~therapist~~ licensee applying for approval. The Committee will automatically accept programs offered or approved by ~~the American Occupational Therapy Association,~~ the National Board for Certification in Occupational Therapy (NBCOT), or ~~the Oklahoma Occupational Therapy Association~~a national or statewide professional association for occupational therapy as ~~proved~~ approved courses.

~~(3) The Committee recognizes the role that ongoing practice plays in maintaining competence as an Occupational Therapist or Occupational Therapy. Continuing education requirements are designed to update knowledge and skills. Synthesis takes place when the therapist has the opportunity to apply this knowledge and these skills to their practice. Therefore, therapists will be asked to provide information about their practice of occupational therapy at the time of renewal.~~

(4) Traditional method of ~~points/value/documentation~~earning continuing education:

(A) Traditional methods of points:

(i) Workshops

(ii) Inservices (6 point maximum per compliance period)

(iii) Seminars

(iv) Conferences

(v) Programs offered by or approved by the ~~American Occupational Therapy Association or the Oklahoma Occupational Therapy Association or the~~ National Board for Certification in Occupational Therapy (NBCOT) or a national or statewide professional association for occupational therapy.

(vi) Programs at Special Interest Section meetings

~~(vii) Occupational Therapy Education Council of Oklahoma workshops (points as assigned on request from Committee)~~

(B) Assigned Value: 1 point per hour of participation.

(C) Documentation: Verification of attendance and copies of supporting documentation such as program brochure, syllabus, etc. shall be electronically submitted to the Board. ~~If unable to verify attendance, use Form B **Verification of Conference Attendance**, attach a copy of receipt for conference fee and statement of relevancy to practice of Occupational Therapy if not obvious from the program materials.~~

(5) Alternative methods of ~~points~~earning continuing education:

(A) Presentations of occupational therapy programs

(i) Presentations at workshops, seminars, conferences

(ii) Presentations as guest lecturer at accredited occupational therapy curriculum

~~(iii) Presentations as guest lecturer at other programs on topics related to occupational therapy department inservices~~

~~(iv)~~(iii) Assigned Value: 2 points per hour for first presentation of original material. No additional points for subsequent presentations.

~~(v)~~(iv) Documentation: Copies of supporting documentation such as brochures, programs, or syllabus and a statement of objectives of presentation.

(B) ~~Clinical~~Fieldwork Instruction of ~~Occupational Therapist~~ occupational therapist students or ~~Occupational Therapy Assistant~~ occupational therapy assistant students.

(i) Assigned Value: 1 point per week of continuous direct supervision.

(ii) Documentation: Copy of letter of verification of fieldwork from educational program.

(C) Publications (published or accepted for publication)

(i) Authorship or co-authorship of a book relating to occupational therapy:

(I) Maximum of 20 points.

(II) Documentation: Copy of ~~Title~~title page.

(ii) Authorship of a chapter in a book or journal article appearing in a professional journal:

(I) Maximum of 10 points.

(II) Documentation: Copy of table of contents and first page of chapter or article.

(iii) Authorship of an article, book review or abstract in a newsletter ~~(such as OOTA Newsletter, OT Newsweek, SIS Newsletter, or other related newsletters)~~:

(I) Maximum of 10 points per compliance period.

(II) Documentation: Copy of article, book review or abstract evidencing title of newsletter and date of publication.

~~(iv) Alternative media such as video tapes, slide/tape presentations, etc., that would be available for general viewing. Media or description of media to be submitted to Committee for approval and assignment of points as appropriate.~~

~~(I) Assigned Value: 10-20 points per publication or finished product~~

~~(II) Documentation: Copy of approval letter from Committee.~~

(D) Research

(i) Principal or co-investigator, project director or research assistant. Research proposal and final results submitted to Committee for approval:

(I) 10 points

(II) Documentation: Statement of participation and abstract of proposal and results.

(ii) Quality assurance studies completed and published in journal or newsletter:

(I) 5 points Assigned Value: 5-10 points per project

(II) Documentation: Manuscript acknowledgment or copy of article.

(E) Formal Coursework

(i) College and university coursework courses directly relating to improvement, advancement, or extension of one's skills as an ~~Occupational Therapist~~occupational therapy licensee. One credit course would be 10 points, 2-credit course 20 points, and 3-credit course would be 30 points. Assigned Value: 10-30 points as approved.

(ii) College or university courses which are indirectly related, yet support skills and knowledge will be evaluated individually and assigned value accordingly.

(iii) Documentation: Course description with statement of relevance to ~~Occupational Therapy~~ occupational therapy and transcript or other documentation of passing grade.

~~(F) Self-Study: (Independent Learning Projects). A combination of activities which may include, but are not limited to a combination of reading, observing other therapists, viewing video tapes and quality assurance studies and related professional activities which enhance knowledge and skill in a specific area. A Report of Professional Self-Study should be submitted to Committee for approval (Form C). Points will be assigned by the Committee based on the relevance to practice and complexity. Documentation: Copy of approval letter from OT Advisory Committee.~~

~~(G)~~(F) Specialty Certification. Achievement of a specialty certification by a recognized body such as Neuro Developmental Techniques, Sensory Integration, American Society of Hand Therapists will be awarded 20 points one time only. Credit will be granted for Certification obtained within the compliance period in which certification was granted or the next subsequent compliance period only.

~~(H) Professional Activities~~

~~(i) American Occupational Therapy Association membership: 2 points Documentation: Copy of current AOTA membership card.~~

~~(ii) Oklahoma Occupational Therapy Association or American Occupational Therapy Association elected office (up to 8 points per year). Documentation: Copy of annual report submitted to OOTA or AOTA listing activities of office.~~

~~(iii) AOTA or OOTA Committee chair - points awarded based on the extent to which activities are~~

~~relative to maintaining involvement in the profession as evidenced by their annual report (up to 8 points per year). Documentation: Copy of approval letter from OT Advisory Committee.~~
~~(iv) Member of Committee - based on evidence of involvement in appropriate activities (up to 4 points per year). Documentation: Copy of approval letter from OT Advisory Committee.~~
~~(v) Active involvement in related organizations and committee upon approval by the Committee (up to 4 points per year). Documentation: List of dates of activities and types of activities, signed by committee chair, with a statement of relevance of the organization or committee to the practice of occupational therapy.~~

(6) Guidelines for the audit process.

(A) The ~~Occupational Therapy Committee will~~Board may, ninety (90) days ~~before~~after expiration date of each compliance period, randomly or for cause, select licensees for audit to ensure that all continuing education requirements have been met.

(B) Licensees being audited have thirty (30) calendar days from the date of the letter of notification to submit proof of continuing education ~~to the Committee~~electronically to the Board.

(C) The Occupational Therapy Committee ~~or its~~, an appointed sub-committee, or Board staff shall review the documentation of each selected individual for compliance with established continuing education standards.

(D) Licensees found to be in compliance shall be notified of such and that no further action regarding the audit is required.

(E) Licensees found not to be in compliance shall be notified by Board staff via email to the address on file with the Board within (~~5~~10) working days following the determination of non-compliance. The Board shall provide to the licensee specific information concerning areas of deficiency and what further information, if any, is needed to bring them into compliance. The licensee shall be given the opportunity to submit additional documentation for the ~~Committee~~ Board to consider~~, or he or she may elect to personally appear at the next Occupational Therapy Committee meeting~~. Provided, nothing in this provision shall prevent the Committee from requiring the licensee to personally appear for the purposes of ensuring compliance with the continuing education requirements.

~~(F) A summarized report shall be submitted to the Occupational Therapy Committee listing the names of those audited who are in compliance with continuing education requirements. Those not in compliance shall be listed with notation of deficiencies found and/or recommendation.~~

(c) **Renewal license identification card.** ~~The Board shall issue to a licensee who has met all requirements for renewal a renewal license identification card.~~The Board shall issue a renewal license identification card to a licensee who has met all the requirements for renewal. A renewal license may be obtained from the Board website.

(d) **Re-entry guidelines.** ~~Therapists~~Occupational therapists or occupational therapy assistants with licenses lapsed more than twelve months wishing to re-enter the practice of ~~Occupational Therapy~~occupational therapy will be required to file an application on forms provided by the Board. ~~Therapists~~Occupational therapists or occupational therapy assistants may be required to meet one or more of the following guidelines:

(1) Personal appearance before the Advisory Committee.

(2) At least 2 Continuing Education Units for each month license was lapsed.

(3) Practice under the direct supervision of a licensed ~~Occupational Therapist~~occupational therapist for one month (at least 22 business days) for each year license was lapsed up to three months. The supervising ~~Therapist~~occupational therapist will provide to the Committee a report on the applicant's performance prior to licensure.

(4) NBCOT certification examination.

(e) **Personal appearance requirement.** ~~Therapists~~Occupational therapists or occupational therapy assistants with licenses lapsed more than sixty months wishing to re-enter practice will be required to make a personal appearance before the Committee and meet any of the above guidelines as directed by the Committee.

435:30-1-8. Licensure requirements specific to occupational therapy assistant [REVOKED]

~~(a) An occupational therapy assistant is a person who assists in the duties usually performed by an occupational therapist under the general supervision of a licensed occupational therapist.~~
~~(b) The fee for licensure as an occupational therapy assistant upon initial application shall be set by the Board.~~
~~(c) The Committee may in its discretion require any applicant to appear in person before the Committee in connection with consideration of said initial licensure.~~

435:30-1-9. Occupational Therapy Advisory Committee

(a) **Purpose.** The rules in this section shall set out the organization and administration and other general procedures and policies governing the operation of the Occupational Therapy Advisory Committee.

(b) **Meetings.**

(1) The advisory committee shall hold a quarterly meeting ~~not less than 7 days prior to any regularly scheduled meeting set by the Board~~ at such designated date and time as may be determined by the ~~Chairperson~~Board.

(2) Special meetings may be called by the chairperson at such times and dates as become necessary for the transaction of advisory committee business.

(3) Meetings shall be announced and conducted under the provisions of the Oklahoma Open Meeting Law.

(c) **Quorum.** A quorum of the advisory committee necessary to conduct official business is three (3) members.

(d) **Transaction of official business.**

(1) The advisory committee may transact official business only when in a legally constituted meeting with a quorum present.

~~(2) The advisory committee shall not be bound in any way by any statement or action on the part of any advisory committee member except when a statement or action is in pursuance of specific instructions of the advisory committee.~~

~~(3)~~(2) Advisory committee action shall require a majority vote of those members present and voting.

~~(e) **Policy against discrimination.** The advisory committee shall make decisions in the discharge of its statutory authority without discrimination based on any person's race, creed, sex, religion, national origin, geographical distribution, age, physical condition or economic status.~~

~~(f) **Impartiality.** Any advisory committee member who is unable to be impartial in any proceeding before the advisory committee such as that pertaining to an applicant's eligibility for licensure or a complaint against or a violation by a licensee, shall so declare this to the advisory committee and shall not participate in any advisory committee proceedings involving that individual.~~

~~(g) **Attendance.** The policy of the advisory committee is that members will attend regular committee meetings as scheduled, except that absence from 3 regular meetings, without acceptable reasons, constitutes self-removal from the committee.~~

~~(h) **Rules of order.** Roberts Rules of Order Revised shall be the basis of parliamentary decisions except where otherwise provided by this section.~~

~~(i)~~(e) **Agendas.** ~~The executive secretary~~Board staff shall prepare and submit to each member of the advisory committee prior to each meeting an agenda which includes items requested by the State Board of Medical Licensure and Supervision or by members of the advisory committee, items required by law, ~~old business,~~ and other matters of Board business which have been approved by any committee members.

~~(j) **Minutes.**~~

~~(1) Drafts of the minutes of each meeting shall be forwarded to each member of the advisory committee for review and approval.~~

~~(2) The official minutes of advisory committee meetings shall be kept in the office of the executive secretary and shall be available to any person desiring to examine them during regular office hours of the Board.~~

~~(k) **Official records.**~~

~~(1) All official records of the advisory committee including application materials, except files containing investigative information shall be open for inspection during regular office hours of the Board.~~

~~(2) A person desiring to examine official records shall be required to identify himself/herself and sign statements listing the records requested and examined.~~

~~(3) Official records may not be taken from the Board offices, however, persons may obtain photocopies of files uponwritten request and by paying the cost per page set by theBoard. Payment shall be made prior to release of the records and may be made by personal check.~~

~~(l)~~(f) **Elections.**

(1) At the first meeting held ~~nearest~~ after July 1 of each year, the advisory committee shall elect by a majority vote of those members present a chairperson ~~and vice-chairperson providing that no person shall, following one full year of service in any specific office, succeed himself/herself in the same office.~~

(2) A vacancy which occurs in the ~~offices~~office of chairperson ~~and vice-chairperson~~ may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(3) In the event the chairperson is absent from a meeting, the advisory committee shall appoint an acting chairperson from among those members present and voting for the remainder of the meeting.

~~(m)~~(g) **Committees.**

(1) The advisory committee with the approval of the Board may establish sub-committees as deemed necessary to assist the advisory committee in carrying out its duties and responsibilities.

(2) The chairperson may appoint the members of the advisory committee to serve on sub-committees and may designate the sub-committee chairperson.

(3) The chairperson of the advisory committee may appoint non-advisory committee members to serve as sub-committee members on a consultant or voluntary basis subject to Board approval.

~~(4) Sub-committee chairperson shall make regular reports to the advisory committee in interim written reports and/or at regular meetings, as needed.~~

~~(5) Committees and sub-committees shall direct all reports or other materials to the executive secretary for distribution.~~

~~(6)~~(4) Sub-committees shall meet when called by the chairperson of the sub-committee or when so directed by the advisory committee.

435:30-1-10. Grounds for disciplinary action

(a) The Board may reprimand or place on probation any holder of an ~~Occupational Therapist License or Occupational Therapy Assistant License~~occupational therapist license or occupational therapy assistant license or revoke or suspend any license issued

to an ~~Occupational Therapist or Occupational Therapy Assistant~~occupational therapist or occupational therapy assistant who is found in violation of the Act. Violations include but shall not be limited to the following:

(1) Conviction of a felony crime that substantially relates to the occupation of occupational therapy or poses a reasonable threat to public safety.

(2) Dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public.

(3) Aiding, abetting or assisting any other person to violate or circumvent any law, rule or regulation intended to guide the conduct of ~~a~~ an occupational therapist or occupational therapy assistant.

(4) Procuring, aiding or abetting a criminal operation.

(5) Participation in fraud, abuse and/or violation of state or federal laws.

(6) Fraudulent billing practices and/or violation of Medicare and Medicaid laws or abusive billing practices.

(7) Improper management of medical records, inaccurate ~~recording~~record keeping, falsifying or altering of patient records.

(8) Falsely manipulating patient's records or forging a prescription for medication/drugs, or presenting a forged prescription.

(9) Habitual intemperance, ~~or~~ the habitual use of habit-forming drugs.~~(10) Habitual intemperance~~ or addicted use of any drug, chemical or substance that could result in behavior that interferes with the practice of occupational therapy and the responsibilities of the licensee.

~~(11)~~(10) Unauthorized possession or use of illegal or controlled substances or pharmacological agents without lawful authority or prescription by an authorized and licensed independent practitioner of the State of Oklahoma.

~~(12)~~(11) Engaging in physical conduct with a patient that is sexual in nature, or in any ~~verbal~~ behavior that is seductive or sexually demeaning to a patient.

~~(13)~~(12) While engaged in the care of a patient, engaging in conduct with a patient, patient family member, or significant other that is seductive or sexually demeaning~~/~~, exploitive, or harrassing in nature.

~~(14)~~(13) Verbally or physically abusing patients or coworkers.

~~(15)~~(14) Discriminating in the rendering of patient care.

~~(16)~~(15) Leaving a patient care assignment without properly advising the appropriate personnel.

~~(17)~~(16) Violating the confidentiality of information or knowledge concerning a patient.

~~(18)~~(17) Any conduct which potentially or actually jeopardizes a patient's life, health or safety.

~~(19)~~(18) Negligence while in practice of occupational therapy or violating the "~~Standards of Ethics and Professional Conduct~~Code of Ethics" adopted and published by the Board, pursuant to 59 O.S. § 888.9(A)(2).

(19) Being physically or mentally unable to practice occupational therapy with reasonable skill or safety.

~~(20) Being judged mentally incompetent by a court of competent jurisdiction.~~

~~(21)~~(20) ~~Failing to timely make application for license renewal.~~Failure to submit a timely application for license renewal.

(22)(21) Falsifying documents submitted to the Occupational Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision.

(23)(22) Obtaining or attempting to obtain a license, certificate or documents of any form as an occupational therapist or occupational therapy assistant by fraud or deception.

(24)(23) Cheating on or attempting to subvert the national occupational therapy examination or skills assessment tests.

(25)(24) Failure to report ~~through proper channels~~ to the Board the unsafe, unethical or illegal practice of any licensed person who is providing care.

(26)(25) Failure to furnish to the Board, its investigators or representatives, information lawfully requested by the Board.

(27)(26) Failure to cooperate with a lawful investigation conducted by the Board.

(28)(27) Violation of any provision(s) of the Occupational Therapy Practice Act or the rules and regulations of the ~~board~~Board or of an action, stipulation, agreement or order of the Board.

(29)(28) Failure to report to the Board any adverse action taken against him or her by another licensing jurisdiction (United States or foreign), by any governmental agency, by any law enforcement agency, or by ~~an~~ a court for acts or conduct similar to acts or conduct that would constitute grounds for action as defined in this section.

(b) An occupational therapist or occupational therapy assistant who knowingly allows or participates with individual(s) who are in violation of the above will be prohibited from supervising other occupational therapy practitioners for so long as the Board deems appropriate, and may themselves be subject to disciplinary action pursuant to their conduct.

(c) Code of Ethics, adopted and published by the Board pursuant to 59 O.S. § 888.9(A)(2): All ~~Occupational Therapists and Occupational Therapy Assistants~~occupational therapists and occupational therapy assistants are responsible for maintaining and promoting the ethical practice of occupational therapy. Occupational therapy personnel shall act in the best interest of the patient/client at every level of practice. ~~This Code of Ethics modeled in principal and the spirit of the Code of Ethics of the American Occupational Therapy Association, sets forth principles for the ethical practice of occupational therapy for occupational therapy personnel.~~ This Code of Ethics shall be binding on all ~~Occupational Therapists and Occupational Therapy Assistants~~occupational therapists and occupational therapy assistants. All ~~Occupational Therapy Personnel~~occupational therapy personnel shall:

(1) Demonstrate a concern for the well-being of the recipients of their services. (Beneficence).

(2) Take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services or to his/her

property. (Nonmaleficence).
(3) Respect the recipient and/or their surrogate(s) as well as the recipient's rights. (Autonomy, privacy, confidentiality).
(4) Achieve and continually maintain high standards of competence. (Duties)
(5) Comply with laws and policies guiding the profession of occupational therapy. (Justice).
(6) Provide accurate information about occupational therapy services. (Veracity)
(7) Treat colleagues and other professionals with fairness, discretion and integrity. (Fidelity)

435:30-1-11. Disciplinary hearings [REVOKED]

~~Investigatory hearings may be conducted by the Occupational Therapy Advisory Committee to ascertain facts, make conclusions and recommendations to the Board.~~

~~(1) All notices or other papers requiring service in an individual proceeding shall be served in the manner set forth in 435:1-1-4 (c).~~
~~(2) The time set for a hearing shall not be less than thirty days after the date the notice is completed.~~
~~(3) All parties to said hearing are authorized to use discovery techniques available to parties in a civil action in the state courts of Oklahoma.~~
~~(4) The hearing shall be conducted in an orderly manner by the Chairperson of the Advisory Committee. The order of procedure will follow that which applies in civil proceedings of law.~~
~~(5) All hearings shall be conducted in accordance with and be governed by the provisions of the Oklahoma Administrative Procedures Act, 75 O.S. 1981, Sections 301 through 327, as now or hereinafter may be amended.~~
~~(6) The hearing will be tape recorded and a record preserved by the office of the State Board of Medical Licensure and Supervision. If the respondent desires a certified court reporter to be present, that party shall be responsible for securing the attendance of the same. Neither the Advisory Committee nor the Board shall be responsible for the cost for the attendance of the reporter or a transcription of the hearing.~~
~~(7) If a transcript of the hearing is desired, the requesting party must deposit sufficient funds to cover the transcription cost. The fees previously adopted by this Board for such transcription shall be applicable.~~
~~(8) Requests for continuances received prior to the hearing date may be granted by the Chairperson of the Advisory Committee for good cause shown.~~
~~(9) The Advisory Committee shall conduct the hearing, receive all evidence and shall thereafter make its recommendations to the Board for an appropriate order. Such recommendations shall be made within 15 days after the hearing. An aggrieved party may appeal such finding to the Board within thirty (30) days of the issuance of the Advisory Committee's Recommendations.~~
~~(10) Appeals to the Board must be made by written request of the appellee. Parties will be afforded an opportunity to make oral arguments to the Board.~~

435:30-1-12. Duplicate licenses [REVOKED]

~~Upon presentation of an affidavit and satisfactory proof that an Occupational Therapy or Occupational Therapy Assistant license has been lost, stolen or destroyed, the Secretary of the Board may issue a duplicate license. Such license shall carry the notation that it is a duplicate to replace the original license. A fee approved by the Board shall be collected.~~

435:30-1-13. Fees

All fees regarding ~~Occupational Therapists and assistants~~occupational therapists and occupational therapy assistants must be approved by the Board. The most recently approved fee schedule is set out in 435:1-1-7.

435:30-1-14. Federal employment [REVOKED]

~~A person employed by the Federal Government of the United States of America in the capacity of occupational therapist or occupational therapy assistant shall not be required to be licensed by the state, providing all of his/her professional activity within the state is conducted within a federal facility.~~

435:30-1-15. Supervision of students, new graduates, techs and aides

~~The Occupational Therapist is responsible and accountable for the overall use and actions of unlicensed personnel under his/her supervision and control during a therapy session or service delivery whether in person or by telehealth.~~

(1) **Students.** Supervision of the student must occur by one of the following methods:
(A) Direct, on-site supervision will be provided by ~~the Oklahoma licensed~~an Oklahoma-licensed ~~Occupational Therapist~~occupational therapist for the ~~Occupational Therapy~~occupational therapy student in models of healthcare or educational systems. Supervision of the ~~Occupational Therapy Assistant~~occupational therapy assistant student may be provided by an ~~Oklahoma licensed Occupational Therapy Assistant~~ Oklahoma-licensed occupational therapist or Oklahoma licensed-occupational therapy assistant working under supervision of an ~~Oklahoma licensed Occupational Therapist~~Oklahoma-licensed occupational therapist.
(B) In ~~emerging~~ occupational therapy models~~, areas of innovative community-based and social systems-based occupational therapy practice~~ where there is no occupational ~~therapy practitioner~~therapist or occupational

therapy assistant on site, the occupational ~~therapy practitioner~~occupational therapist or occupational therapy assistant must provide a minimum of six hours of weekly supervision. Supervision must include role modeling for the student, direct observation of client interaction, meeting with the student, review of student paperwork, and availability for communication and consultation. The supervisor must be readily available via in-person or electronic communication during all working hours. ~~It is understood that supervision~~ Supervision begins with more direct supervision and gradually decreases to a minimum of six hours weekly as the student demonstrates competence. The supervisor must be cognizant of the individual student's needs and must use judgment in determining when an individual student may need more of the supervisor's time.

(2) **New graduates.** Direct on-site supervision will be provided by the ~~Occupational Therapist~~occupational therapist for new ~~Occupational Therapist and Occupational Therapist Assistant~~occupational therapist and occupational therapy assistant graduates practicing under a letter authorizing practice temporarily.

(3) **Techs and aides.** Direct on-site supervision will be provided by the ~~Occupational Therapist or Occupational Therapy Assistant~~occupational therapist or occupational therapy assistant for aides/technicians providing patient care. Occupational ~~Therapists and Occupational Therapy Assistants~~therapists and occupational therapy assistants will delegate only those tasks that are of a routine nature and do not require interpretation or professional judgment. The occupational ~~therapy practitioner~~ therapist or occupational therapy assistant must ensure the aide/technician has demonstrated competency in the delegated tasks

435:30-1-16. ~~Responsible supervision~~Supervision

(a) An occupational therapist will not sign the Form #~~5~~5, Verification of Supervision, to be the ~~direct~~primary clinical supervisor for more than a total of four occupational therapy assistants or applicants for licensure regardless of the type of professional licensure or level of training.

(b) It shall be the responsibility of the occupational therapist to monitor the number of persons under his/her direct clinical supervision. It shall be the responsibility of the occupational therapy assistant to inquire of the occupational therapist in regards to the number of persons being directly supervised.

(c) On a case-by-case basis, an occupational therapist may petition the Committee to receive permission to supervise additional occupational therapy assistants or applicants.

(d) If responsible supervision is not practiced, both the occupational therapist and occupational therapy assistant are in violation of this rule.

(e) If the licensed occupational therapist agrees to supervise an occupational therapy assistant, the occupational therapist shall:

(1) determine the frequency and manner of consultations, taking into consideration the treatment settings ~~being used~~, client rehabilitation status, and the competency of the occupational therapy assistant being supervised;

(2) maintain a record of all consultations provided between the occupational therapist and the occupational therapy assistant;

(3) document in the client treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present or electronically present via telehealth and directly supervises the treatment of a client by the occupational therapy assistant being supervised.

(4) make herself/himself available to the occupational therapy assistant in person or via ~~telecommunication~~electronic communication for consultation prior to implementation of any treatment program revisions; and

(5) review with the occupational therapy assistant in person or via ~~telecommunication~~electronic communication the diagnosis of the condition to be treated, the authorization of the procedure, dismissal of the client, and evaluation of the performance of the treatment given.

(f) The licensed occupational therapy assistant shall:

(1) consult with the supervising occupational therapist in person or via ~~telecommunication~~ electronic communication prior to any treatment program revision; and

(2) notify the supervising occupational therapist of any significant changes in the physical, cognitive and/or psychological status of the client. Contact, or attempts to contact the supervising occupational therapist, will be documented in the record.

(g) Occupational therapy assistants with more than one employer must have a primary supervisor at each job who has completed a Form #~~5~~5, Verification of Supervision.

(h) The evaluating occupational therapist will document transfer of care to the occupational therapist of record.

435:30-1-17. Role of Occupational Therapy Assistants in evaluations

An ~~Occupational Therapy Assistant's~~occupational therapy assistant's participation in evaluations is not independent. The ~~Occupational Therapy Assistant~~occupational therapy assistant works in collaboration with and under the supervision of an ~~Occupational Therapist~~occupational therapist. It is the ~~Occupational Therapists~~occupational therapist's responsibility to ~~give~~provide appropriate supervision and the ~~Occupational Therapy Assistant's~~occupational therapy assistant's responsibility to seek appropriate supervision. The ~~Occupational Therapy Assistant~~occupational therapy assistant may have a role in the evaluation process and in the administration of assessment tools and instruments under the supervision of an ~~Occupational Therapist~~occupational therapist after competency has been established. It is the ~~Occupational Therapist~~occupational therapist

who initiates the evaluation process and delegates the appropriate assessment to be carried out by the ~~Occupational Therapy Assistant~~occupational therapy assistant. The ~~Occupational Therapy Assistant~~occupational therapy assistant may administer and score these assessments. The ~~Occupational Therapist~~occupational therapist interprets the results with input from the ~~Occupational Therapy Assistant~~occupational therapy assistant to establish a treatment plan.

435:30-1-18. Telehealth regulations

(a) In order to provide occupational therapy services via telehealth defined in 435:30-1-2 of the Code, an occupational therapist or occupational therapy assistant providing services to a patient or client in this State must have a valid and current ~~Occupational Therapy or Occupational Therapy Assistant~~occupational therapist or occupational therapy assistant license issued by State of Oklahoma.

(b) An occupational therapist shall determine whether an in-person evaluation or in-person interventions are necessary in lieu of telehealth provision, considering: the complexity of the patient's/client's condition; the provider's own knowledge, skills and abilities; the nature and complexity of the intervention; the requirements of the practice setting; and the patient's/client's context and environment. Clinical reasoning for providing occupational therapy via teletherapy must be documented at the onset of treatment in the patient's/client's record.

(c) All legal, regulatory, and ethical rules applicable to the delivery of in-person occupational therapy shall also apply to the delivery of occupational therapy via telehealth technology.

(d) Audio and video equipment for services delivered through synchronous mechanisms must allow for interactive, real-time communications which permit the occupational therapist or occupational therapy assistant and the patient to see and hear each other. Any telehealth technology used by any occupational therapist or occupational therapy assistant must comply with confidentiality requirements imposed by federal or state law concerning network connection security in place for video and non-video connections, specifically including requirements under HIPAA.

(e) An occupational therapist or occupational therapy assistant providing occupational therapy services via telehealth shall:

(1) Exercise the same standard of care when providing occupational therapy services via telehealth as with any other mode of delivery of occupational therapy services;

(2) Provide occupational therapy in a manner consistent with the standards of practice, ethical principles, rules and regulations for Oklahoma occupational therapy ~~practitioners~~licensees. Therefore, it is the occupational therapy ~~practitioner~~licensee's responsibility to determine when a telehealth encounter is not the appropriate treatment model;

(3) Determine if it is medically and clinically necessary for a licensed healthcare provider or technician trained in the use of the equipment to be utilized at the originating site to "present" the patient, manage the cameras, and perform any physical activities to successfully complete the initial patient evaluation; and

(4) Be proficient in the use of the telehealth and/or telemedicine technology.

~~(f) An occupational therapist or occupational therapy assistant that is providing therapy services via telehealth as a mode of service delivery will be required to have two (2) continuing education units in the area of telehealth practice each reporting period.~~

~~(g)~~(f) An occupational therapist may utilize telehealth methods for routine and general supervision of Form 5-registered supervisees, but not when direct on-site supervision is required under 435: 30-1-2.

~~(h)~~(g) Fieldwork students must follow the Accreditation Council for Occupational Therapy Education ("ACOTE") standards, academic program rules, and practice setting policies regarding the use of telehealth service delivery as well as follow all applicable supervision rules under 435:30-1-15 and 435:30-1-16.

~~(i)~~(h) Failure to comply with telehealth regulations shall be considered unprofessional conduct as set forth in Section 9 of the Occupational Therapy Practice Act.