



NORTH CAROLINA BOARD OF OCCUPATIONAL THERAPY

Post Office Box 2280
Raleigh, North Carolina 27602
919/832-1380

REQUEST FOR VERIFICATION of
NORTH CAROLINA LICENSURE

Name of Therapist		License #
Address		
City	State	Zip
Phone	Email:	

Please send verification of my North Carolina licensure to the following state agency or company. I have enclosed the twenty-dollar (\$20.) fee in the form of a personal check if my license is current or a certified check or money order if my license is expired.

Company/State Agency Name		
Mailing Address		
City	State	Zip
Fax #	Contact person	Date

Comments:

Note to requesting agencies: All North Carolina occupational therapist and occupational therapy assistant licenses expire annually on June 30.