



MISSISSIPPI STATE DEPARTMENT OF HEALTH

LATE RENEWAL APPLICATION
COMPLETE AND UPDATE ALL INFORMATION

PERSONAL INFORMATION:

Name: License #: DOB:
Address: County: Phone:
Email address:

EMPLOYER INFORMATION:

Supervisor: Registration #:
Name:
Address: County: Phone:

- 1. Have you been convicted of any violations of law or have any pending charges... YES NO
2. Have any criminal charges or any civil lawsuits been filed against you... YES NO
3. Has any license or permit or registration or professional credential been encumbered... YES NO
Do you hold any of the following credentials:
National Board for Certification in Occupational Therapy (NBCOT) _____

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief.

(Applicant's Signature)

(Date)

- HAVE YOU 1. COMPLETE THE REQUESTED ABOVE INFORMATION
2. SIGN AND DATE THE RENEWAL APPLICATION
3. ENCLOSE THE RENEWAL FEE OF \$150.00 (OT) or \$100.00 (OTA) AND \$125.00 LATE FEE. MAKE A CHECK OR MONEY MADE PAYABLE TO THE MISSISSIPPI STATE DEPARTMENT OF HEALTH (MSDH).
4. ENCLOSE PROOF OF CONTINUING EDUCATION REQUIREMENTS

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE - OCCUPATIONAL
THERAPISTS/OCCUPATIONAL THERAPY ASSISTANTS
P.O. BOX 1700
JACKSON, MS 39215-1700

Mississippi State Department of Health

Form 1319 - OT/OTA
Initial: 06/21/2022