

**Initial Pre K-12 Occupational Therapist License Checklist**

|  |  |
| --- | --- |
| Licensee’s Name: | File Number: |
| Application Date: | Issue/Review Date: |
| Consultant’s Name: | License Type: 903 |

**Documents Required:**

Social Security number provided, (Copy of card needs to be provided, if social not placed on application)

Official sealed transcripts from all Universities/Colleges attended with degree(s) posted in specific coursework

Verification of a Valid Occupational Therapy License issued by the New Mexico Occupational Therapy Board **OR**

Verification of Valid copy of license from the American Occupational Therapy Certification Board

**For office use only:**

Email sent requesting:

Level 1: 3 year license issued

Comments: