MONTANA BOARD OF OCCUPATIONAL THERAPY PRACTICE
301 SOUTH PARK, 4th FLOOR
PO BOX 200513
HELENA MT 59620-0513
Phone: (406) 841-2385 or 841-2391 Fax: (406) 841-2305
EMAIL: dlibsdotp@mt.gov
Website: www.ot.mt.gov

APPLICATION FOR CERTIFICATION OF DOCUMENTATION FOR USE OF PHYSICAL AGENT MODALITIES

1. Please read the general instructions thoroughly before completing this application.
2. If you do not hold a current license issued by the Board, you are not eligible to submit this application.
3. Fully complete this application. Type or print clearly.
4. Sign
5. **Attach the Content Documentation Form**
6. Check one: ☐ Superficial PAMS ☐ Sound/Electrical (deep) PAMS ☐ Ionto/Topical Medications

☐ OCCUPATIONAL THERAPIST (01) ☐ OCCUPATIONAL THERAPY ASSISTANT (02)

Superficial Fee is $20 Deep Fee is $35 Ionto Fee is $20

1. Name: _____

2. Address: _____

_____

3. Physical Address: _____

_____
City State Zip Code

4. DAYTIME PHONE: _____ OTHER PHONE: _____

5. What is your license Number? _____ ☐ OT ☐ OTA

6. Name of OT/OTA Program: _____ Graduation Date: _____

7. ☐ Yes ☐ No OT OPTION: I am a licensed occupational therapist and I wish to use my occupational therapy program transcript as documentation of hours related to the use of modalities including physics, physiology, treatment guidelines, patient education and documentation. I will list and document the specific hours* of content that directly relate to the specific theories and practical application of physical agent modalities on the Content Documentation Form. *SPECIFIC HOUR REQUIREMENTS ARE FOUND IN THE RULES.

8. ☐ Yes ☐ No I certify that I have successfully completed the required contact hours of instruction.
9. ☐ Yes ☐ No I certify that I have successfully completed each required topic area.
10. ☐ Yes ☐ No I have listed the courses, dates of completion, total number of hours, specific hours and topics included on the Content Documentation Form.
11. ☐ Yes ☐ No I have attached the required documentation in the order listed on the Content Documentation Form.
12. ☐ Yes ☐ No I have correctly calculated the actual hours and subtracted breaks, meals and business meetings.

CERTIFICATION: I certify that I have a current license and have successfully completed the required contact hours of instruction or training. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application and attached documents are true, complete and correct. I understand that any false or misleading information on or in connection with my application, may be cause for denial or loss of licensure.

APPLICANT'S SIGNATURE _____