

Minutes

The Occupational Therapy Advisory Committee of the Board of Medical Licensure and Supervision met on January 30, 2024, in accordance with the Oklahoma Open Meeting Act. Advance notice of this regularly scheduled meeting was transmitted to the Oklahoma Secretary of State on December 1, 2023. The notice and agenda were posted on the Board's website on January 24, 2024, at 10:45 a.m. pursuant to 25 O.S. § 311(A)(9).

Members Present:

Jennifer Wallace, OTA, Chair
 Mary White, OT, Vice-Chair
 Kari Garza, OT
 Jeanne Gallien Gorman, OT
 Ms. Lucia Frohling

Others Present:

Sandra Harrison, JD, Deputy Director
 Barbara Smith, Executive Secretary
 Valeska Barr, Assistant Director of Licensing

Having noted a quorum, Barbara Smith, Executive Secretary, called the meeting to order at 9:00 a.m. and called roll for purposes of the record. New Committee member, Lucia Frohling, was welcomed to the committee.

Following Committee review, Ms. Garza moved to accept the meeting minutes of October 24, 2023, as written. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative with Ms. Frohling ABSTAINING.

Barbara Smith reported that Jennifer Wallace had expressed interest in attending the **American Occupational Therapy Association INSPIRE|2024 Annual Conference and Expo**. The conference is scheduled for March 21-23, 2024, in Orlando, Florida. Following discussion, Ms. White moved for Ms. Wallace to represent Oklahoma at this conference. Ms. Garza seconded the motion and the vote was unanimous in the affirmative. Ms. Smith provided Ms. Wallace with pertinent state travel information.

RYAN BARBER appeared personally in support of his application for Occupational Therapy Assistant licensure. Mr. Barber appeared in August of 2023 and at that time he was under a disciplinary matter with the Texas Medical Board. That matter has since been resolved and Mr. Barber now holds a Texas license. His application is complete. Jamie Wilkins, the applicant's potential supervisor, appeared with him and described the pediatric patient care and supervision that will occur in the facility. Following discussion, Ms. White moved to recommend approval of the application pending completion of direct onsite supervision for a period of 66 six-to-eight-hour days with a satisfactory report provided by the supervisor at the conclusion thereof, obtaining 45.5 CEUs in the practice setting in which Applicant will be working, and a temporary letter for no longer than a period of 90 days so Applicant may complete the recommendations herein. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

KELLI BECKWITH appeared virtually in support of her application for Occupational Therapy Assistant licensure. Her application is incomplete. Applicant last practiced in 2012 and

her NBCOT is not current. She is not currently licensed in any other state. Ms. Beckwith appeared before the Committee in July of 2018 and the Committee recommended, due to the applicant only having five months of work experience many years ago and to ensure her clinical competency, that she retake the Examination of the National Board for Certification in Occupational Therapy exam. She has not obtained any CEUs. Following discussion, and due to her limited practice experience and the time gap since she last practiced, Ms. White moved to recommend the applicant successfully pass the Examination of the National Board for Certification in Occupational Therapy with an appearance before the Committee at the conclusion thereof. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

JERRY COLE appeared personally in support of his application for Occupational Therapy Assistant licensure. His application is incomplete. He last practiced in October of 2018. Following discussion, Ms. White moved to recommend approval of the application pending completion of the file to include obtaining 126 CEUs (two units for each month license was lapsed), and direct onsite supervision for a period of 66 six-hour days with a report provided from the supervisor at the conclusion thereof. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

MARY GEORGE appeared virtually in support of her application for Occupational Therapy Assistant licensure. She has not practiced since graduation but holds an active Texas license. She has a job offer working with pediatrics to provide evaluations remotely. Her application is complete. Following discussion, Ms. White moved to recommend approval of the application for licensure by endorsement. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

The Committee took a five-minute recess.

RACHEL RODENBERG did not appear in support of her application for Occupational Therapy Assistant licensure nor was her appearance necessary for the Committee to review her application. Following review, Ms. White moved to recommend approval pending completion of the file. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

TRACY WHITAKER appeared in person in support of her application for Occupational Therapy Assistant licensure. She has been hired, pending licensure, to work in an assisted living facility in Oklahoma City and she hopes to return to practice on an as-needed basis. Ms. Whitaker has turned in 36 hours of CEUs and her application is complete. Following discussion, Ms. Gorman moved to recommend approval of the application pending completion of the file to include obtaining 16 additional CEUs to the 36 CEUs she has already turned in. Ms. White seconded the motion and the vote was unanimous in the affirmative.

JAMIE WILKINS appeared in person in support of her application for Occupational Therapist licensure. She last practiced in 2021 and currently holds a Texas license. She has obtained 28 CEUs in the last 6 months and 40 CEUs in the last two years. Following discussion, Ms. Gorman moved to recommend approval of the application pending proof of 48 CEUs obtained within the last two years. Ms. Frohling seconded the motion and the vote was unanimous in the affirmative.

The Committee then reviewed applications for licensure. Ms. Garza moved to recommend approval of the incomplete application(s) for Occupational Therapy Assistant licensure pending

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

Ms. Garza moved to recommend approval of the complete application(s) for Occupational Therapy Assistant licensure as listed on *Attachment #1* hereto. Ms. White seconded the motion and the vote was unanimous in the affirmative.

Ms. White moved to recommend approval of the incomplete application(s) through OT5904 for Occupational Therapist licensure pending completion of the file(s) as listed on *page 1 of Attachment #1* hereto. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

Ms. White moved to recommend approval of the incomplete application(s) OT5905 through OT5916 for Occupational Therapist licensure pending completion of the file(s) as listed on *page 2 of Attachment #1* hereto. Ms. Gorman seconded the motion and the vote was unanimous in the affirmative.

Ms. Garza moved to recommend approval of the complete application(s) for reinstatement of Occupational Therapist licensure as listed on *Attachment #1* hereto. Ms. White seconded the motion and the vote was unanimous in the affirmative.

Ms. White moved to recommend approval of the incomplete application(s) for reinstatement of Occupational Therapist licensure pending completion of the file as listed on *Attachment #1* hereto. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

Ms. White moved to recommend approval of the complete application(s) for Occupational Therapist licensure as listed on *Attachment #1* hereto. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

Next, Valeska Barr presented previously reviewed CEU courses. Ms. White moved to recommend approval of the CEU courses listed on *Attachment #2* hereto which were previously recommended for approval by the reviewers. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

Ms. Garza moved to recommend approval of the following CEU course recommended for committee review listed on *Attachment #3* hereto: *Treating the Shoulder Girdle, Ankrum Institute*. Ms. White seconded the motion and the vote was unanimous in the affirmative.

Ms. White tabled the following CEU courses recommended for committee review listed on *Attachment #3* hereto pending receipt of additional requested information to include a detailed agenda: *Treating the Foot, Knee and Leg, Ankrum Institute; and Treating the Sacrum, Ankrum Institute*. Ms. Garza seconded the motion and the vote was unanimous in the affirmative.

Next, the OTA classes of Oklahoma City Community College and Indian Capital Technology Center-Connors State College were welcomed. The students asked questions of the committee and thanked the members for allowing them to virtually attend the meeting today.

There being no further business, Ms. White moved to adjourn the meeting. The time was 11:50 AM.

OCCUPATIONAL THERAPY ADVISORY COMMITTEE
JANUARY 30, 2024

INCOMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS

OA 1868	MALDONADO, TINA
OA 2349	DUNHAM, VANNESSA NADIYA
OA 2592	PAREDES, BROOKE SARA
OA 2593	CRAIG, BOBBIE JEAN
OA 2595	SWAYNE, CAROLINE
OA 2597	JACKMAN, MICHAEL STEPHEN
OA 2599	HAUDER, EDEN
OA 2600	SNEED, JAYLON TATE
OA 2602	POSEY, TIMOTHY ANDREW
OA 2603	MCCOLLUM, SHALYN RUTHANN
OA 2604	ASHFORD, SAVANNAH JEAN
OA 2605	STODDARD, KINZIE KAY

COMPLETE OCCUPATIONAL THERAPY ASSISTANT APPLICATIONS

OA 948	KEATHLEY, SARAH NICOLE
OA 2590	LEE, NINA
OA 2591	BURCHETT, JESSICA LYNN
OA 2594	HEILAMAN, TYLER D
OA 2596	GARDULLO, ALEXIS SELENE
OA 2601	BUCIO, KAYLEIGH ANN

INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS

OT 5872	CARESWELL, ALLISON NICOLE
OT 5875	HASELOFF, LORI HUMPHREY
OT 5876	CLAGG, KALEIGH ANN
OT 5880	FARREN, KRISTEN
OT 5881	YEATS, HUNTER WILLIAM
OT 5882	EVERFIELD, JASMINE
OT 5883	NOVOTNY, TINA MARIE
OT 5884	POST, ALEXANDER DOUGLAS
OT 5885	HARTLEY, CYNTHIA MARIE
OT 5886	KLEMME, JESSICA M
OT 5887	HENSON, AMBER D
OT 5888	SHOUSE, MARY CATHERINE
OT 5890	COOLEY, SABRINA
OT 5891	THOMPSON, HANNAH ELIZABETH
OT 5892	DOWNING-LARICK, CHELSEA ANN
OT 5893	LUPER, REBECCA LYNN
OT 5894	HANNING, ABIGAIL
OT 5895	LARSON, ERIN ELIZABETH
OT 5896	WILLIAMSON, JESSICA LEA
OT 5897	WINT, AUDREY PAIGE
OT 5898	STURGEON, ADDISON GRACE
OT 5899	LAYNE, CAITLYN HOPE
OT 5900	CLOAR, SAVANNAH ROSE
OT 5901	TAYLOR, LEEANN
OT 5902	VASSELLA, DARIEN DOMINIQUE
OT 5903	HOLT, KENDRA CHERISE
OT 5904	BYERS, WILLIAM LEE

OCCUPATIONAL THERAPY ADVISORY COMMITTEE
JANUARY 30, 2024

INCOMPLETE OCCUPATIONAL THERAPIST APPLICATIONS (CONTINUED)

OT 5905	DOBBS, WHITNEY ELLIS
OT 5906	LUTZ, LYNANNE
OT 5907	MARSHALL, MIKAELA SHAE
OT 5908	ANDERSON, ASHTON FAITH
OT 5909	SAMUEL, PRINCY SUSAN
OT 5910	ARAKAWA, KAREN LOUISE
OT 5911	SCHMELTZER, SAMANTHA
OT 5912	HAUETER, MADISON RENEE
OT 5913	MOODY, MARY KATHRYN
OT 5915	LAMINACK, KEELY
OT 5916	FRANCIS, RACHEL

COMPLETE OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATIONS

OT 1284	KENNY, TIFFANY D
OT 1830	SETTERBO, SYDNEY ALANE

INCOMPLETE OCCUPATIONAL THERAPIST REINSTATEMENT APPLICATION

OT 5486	MASON, MORGAN
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COMPLETE OCCUPATIONAL THERAPIST APPLICATIONS

OT 5871	CHABOT, EMMA
OT 5873	GOODIN, JANELLE RAE
OT 5874	THOMAS, KAYLEIGH
OT 5877	LEHMAN, ANGELA MICHELLE
OT 5878	PALMER, ERICA JOHANNA
OT 5879	CUNDALL, COREY MATHEW
OT 5889	HOANG, JOSEPH NGUYEN

OT Provider CE Courses Recommended for Approval
January 30, 2024

Provider	Course Title	Hours
ASCENSION ST. JOHN	ASJMC LIEBENDORFER ETHICS SYMPOSIUM: THE CONVERGENCE OF ETHICS AND THE LAW	2
GREENHOUSE PEDIATRIC THERAPY	REGULATION, TRAUMA, AND CHALLENGING BEHAVIORS IN THE PEDIATRIC SETTING	6
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	PARKINSONISM AND REHABILITATION	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	ACUTE CARE CONCEPTS IN STROKE REHABILITATION	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	AMBUCS AND AMTRYKE ADAPTIVE TRYKES	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	DIPLOPIA, OMD, AND GLARE, OH MY!	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	BRIDGING THE GAP: BEST PRACTICES IN CLINICAL PATIENT CARE	1
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	LABOR AND BIRTH PREP FROM A THERAPIST PERSPECTIVE	3.5
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	ACUTE CARE MANAGEMENT OF THE OB PATIENT: BED REST & COMPLICATION CONSIDERATIONS FOR PREGNANCY AND EARLY POSTPARTUM CARE	4
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	THERAPY MANAGEMENT OF THE OBSTETRICAL PATIENT - ANATOMICAL AND PHYSIOLOGICAL CHANGES IMPACTING PARTICIPATION IN THERAPY	2
INTEGRIS HEALTH JIM THORPE REHABILITATION CLINICAL DEVELOPMENT	THERAPY MANAGEMENT OF THE OBSTETRICAL PATIENT - MUSCULOSKELETAL CONSIDERATIONS FOR PREGNANCY AND EARLY POSTPARTUM	6
OKLAHOMA ABLE TECH	AT ASSESSMENT PART 2 GATHERING INFORMATION AND TRIALING DEVICES	5
OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPISTS	ELECTRICAL STIMULATION: ENHANCING YOUR PEDIATRIC THERAPY	1.5
OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPISTS	FAMILY-CENTERED/FAMILY-FOCUSED CARE: LET'S LOOK FROM THEIR SIDE	1.5

OT Provider CE Courses Recommended for Approval
January 30, 2024

OKLAHOMA ASSOCIATION OF NEONATAL AND PEDIATRIC THERAPISTS	EARLY INTERVENTION FOR YOUNG CHILDREN AT RISK FOR AUTISM AND THEIR FAMILIES	1.5
OKLAHOMA AUTISM NETWORK	THE POWER OF SHOWING UP, UNLOCKING STUDENT PORENTIAL THROUGH THE POWER OF PRESENCE	1
OKLAHOMA AUTISM NETWORK	LOOK ON THE INSIDE: FOSTER RESPECT, BUILD CONNECTIONS AND EMBRACE INCLUSION	1
OKLAHOMA AUTISM NETWORK	A DEEPER DIVE WITH DAVID FLOOD	1
OKLAHOMA AUTISM NETWORK	YOUR NEXT STEPS: AN INTIMATE CONVERSATION WITH QUESTIONS AND ANSWERS WITH MICKEY ROWE	1
OU HEALTH	OUH - ENNEAGRAM NUMBERS AND THE REHAB TEAM. HOW CAN KNOWING AND EMBRACING YOUR ENNEAGRAM NUMBER HELP YOU AT THE BESIDE?	1
PREMIERE EDUCATION	OSHA COMPLIANT BLOODBORNE PATHOGENS AND INFECTION CONTROL TRAINING 2 HR	2

OT CE Courses Recommended for Committee Review
January 30, 2024

Provider	Course Title	Hours
ANKRUM INSTITUTE	TREATING THE SHOULDER GIRDLE	6
ANKRUM INSTITUTE	TREATING THE FOOT, KNEE AND LEG	14
ANKRUM INSTITUTE	TREATING THE SACRUM	14



State of Oklahoma
Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

March 6, 2024

Adelaja Alaba, OA Applicant 2606
[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 **April 16, 2024, at 9:00 a.m. at the offices 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(2)* provided below)

The information you provided on your application:

- (a) Your last practice was February 2020; and
- (b) Your NBCOT certification was issued on October 5, 2017; and
- (c) Your NBCOT certification expires on March 31, 2023; and
- (d) Other State licenses:
 - a. Texas – expires April 30, 2026

435:30-1-4. Licensure by endorsement

Requirements for licensure by endorsement for Occupational Therapists or Occupational Therapy Assistants are as follows:

(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.

Please confirm attendance at this meeting.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2606	ADELAJA A ALABA
Occupational Therapy Assistant		

Practice Address:

February 23, 2024
 MERCY HOSPITAL ADA
 430 N MONTE VISTA

ADA, OK 74820
 PONTOTOC

UNITED STATES

Status:

Res:
Received: 01/05/2024
Entered: 01/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2606
Sex: M
Ethnic Origin: 2

Endorsed By: PRIOR NBCOT

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2606 ADELAJA A ALABA
 Occupational Therapy Assistant

PRE-MED EDUCATION			
School Name: WEATHERFORD COLLEGE MINERAL WELLS CAMPUS	City: MINERAL WELLS	State: TX	Country: UNITED STATES
Degree: ASSOCIATES IN OCCUPATIONAL THERAPY	From: 8/2015	To: 8/ 2017	Verified:
School Name: UNIVERSITY OF NORTH TEXAS	City: DENTON	State: TX	Country: UNITED STATES
Degree:	From: 1/2012	To: 6/ 2015	Verified:
School Name: TARRANT COUNTY JUNIOR COLLEGE	City: ARLINGTON	State: TX	Country: UNITED STATES
Degree:	From: 6/2011	To: 1/ 2012	Verified:
School Name: TARRANT COUNTY COLLEGE	City: DALLAS FORT WORTH	State: TX	Country: UNITED STATES
Degree:	From: 8/2010	To: 6/ 2011	Verified:
School Name: MIDWESTERN STATE UNIVERSITY	City: WICHITA FALLS	State: TX	Country: UNITED STATES
Degree:	From: 8/2009	To: 6/ 2010	Verified:
School Name: ARLINGTON JUAN SEGUIN	City: ARLINGTON	State: TX	Country: UNITED STATES
Degree:	From: 8/2006	To: 6/ 2009	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2606 ADELAJA A ALABA
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: MERCY HOSPITAL ADA **Supervisor:** KAITLIN WORLEY, OT 5267
City: ADA **State:** OK **Country:** UNITED STATES
Specialty: OA **From:** 3 /2024 **To:** / **Verified:**
Comments: 2/23/24MT- NOT ELIGIBLE FOR TEMPORARY LETTER AT THIS TIME
 430 N MONTE VISTA
 ADA, OK 74820
 580-332-2323

Employed: Modus Pro Ventures **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: OPERATIONAL MANAGER **From:** 9 /2023 **To:** / **Verified:**
Comments: 2/14/24MT- CURRENTLY WORKING
 OPERATIONAL MANAGER FOR AMAZON DELIVERY SERVICE PARTNER

Employed: The Bizco Firm **Supervisor:**
City: DALLAS FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: ACCOUNT MANAGER FOR FINANCIAL FIRM **From:** 2 /2020 **To:** 9 /2023 **Verified:**
Comments:

Employed: Encompass Health Rehab Hospital **Supervisor:**
City: DALLAS FORT WORTH **State:** TX **Country:** UNITED STATES
Specialty: CERTIFIED OCCUPATIONAL THERAPY ASSISTANT **From:** 10 /2017 **To:** 2 /2020 **Verified:**
Comments:

Employed: Healthsouth Rehab Hospital **Supervisor:**
City: MIDCITIES **State:** TX **Country:** UNITED STATES
Specialty: REHAB TECHNICIAN **From:** 6 /2015 **To:** 10 /2017 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational Therapy Assistant 214886	A	10/11/17	4/30/26	2/5/24

DEFICIENCIES

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OTR® & COTA® Credential Verification

Monday, 5 February 2:47:04 PM

Fullname	City	State/Province	Credential	Cert#	Initial Date	Expiration Date	Status
ADELAJA ALABA	KENNEDALE	Texas	OTA	392290	05 Oct 2017	31 Mar 2023	Expired

Showing 1 entries

Primary Source Disclaimer:

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 FEB 05 2024
 OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

PRIMARY
 SOURCE

CA22606
 57



State of Oklahoma

Board of Medical Licensure & Supervision

101 N.E. 51st Street • Oklahoma City, Oklahoma 73105-1821

Email to: [REDACTED]

February 20, 2024

Katsumi Applebury, OT Applicant 5921
[REDACTED]

NOTICE OF COMMITTEE APPEARANCE

Your application for **Occupational Therapist** Licensure has been received. A personal appearance has been scheduled for you before the Occupational Therapy Advisory Committee on **April 16, 2024, at 9:00 a.m. at the offices 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(2)* provided below)

The information you provided on your application:

- (a) Your last practice was May 2019; and
- (b) Your NBCOT certification was issued on July 15, 2010 ; and
- (c) Your NBCOT certification expires on March 31, 2025; and
- (d) Other State licenses:
 - a. California – expires October 31, 2024
 - b. Texas – expires October 31, 2025

435:30-1-4. Licensure by endorsement

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(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.

Sincerely,

Lisa K. Cullen

Lisa K. Cullen
Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	5921	KATSUMI APPLEBURY
Occupational Therapist		

Practice Address:
January 23, 2024

Status:
Res:
Received: 01/09/2024
Entered: 01/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5921
Sex: F
Ethnic Origin: 6

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5921 KATSUMI APPLEBURY
 Occupational Therapist

PRE-MED EDUCATION			
School Name: LOMA LINDA UNIVERSITY City: LOMA LINDA Degree: MASTER'S DEGREE IN OCCUPATIONAL THERAPY	State: CA From: 6/2007	Country: UNITED STATES To: 3/ 2010	Verified:
School Name: GROSSMONT COLLEGE City: EL CAJON Degree: ASSOCIATE IN SCIENCE - OT ASSISTANT	State: CA From: 8/2003	Country: UNITED STATES To: 5/ 2007	Verified:
School Name: SOUTHWESTERN COLLEGE City: CHULA VISTA Degree:	State: CA From: 1/2003	Country: UNITED STATES To: 5/ 2003	Verified:
School Name: CUYAMACA COLLEGE City: EL CAJON Degree:	State: CA From: 8/2002	Country: UNITED STATES To: 12/ 2003	Verified:
School Name: LAKELAND COLLEGE City: SHEBOYGAN Degree:	State: WI From: 11/2001	Country: UNITED STATES To: 2/ 2002	Verified:
School Name: NAGANO YOSHIDA HIGH SCHOOL City: NAGANO Degree:	State: From: 4/1998	Country: JAPAN To: 3/ 2001	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5921 KATSUMI APPLEBURY
 Occupational Therapist

PRACTICE HISTORY

Employed: None	Supervisor:	
City: TYLER	State: TX	Country: UNITED STATES
Specialty: HOMEMAKER	From: 6 /2019	To: 1 /2024 Verified:
Comments:		

Employed: Intergro Rehab	Supervisor:	
City: SANTA ANA	State: CA	Country: UNITED STATES
Specialty: WORKED AS OTR AT SNF	From: 4 /2019	To: 5 /2019 Verified:
Comments:		

Employed: Sutter Health Alta Bates Summit Medical Center	Supervisor:	
City: OAKLAND	State: CA	Country: UNITED STATES
Specialty: OT	From: 4 /2017	To: 3 /2018 Verified:
Comments: WORKED AS A LYMPHADOMA OT AT OUTPATIENT SETTING		

Employed: Preferred Health Care	Supervisor:	
City: SAN DIEGO	State: CA	Country: UNITED STATES
Specialty: OT	From: 5 /2015	To: 4 /2017 Verified:
Comments: WORKED AS OT AT ACUTE CARE SETTINGS AND SNF SETTINGS		

Employed: Orthopedic and Neurological Rehabilitation, Inc	Supervisor:	
City: AUSTIN	State: TX	Country: UNITED STATES
Specialty: WORKED AS OTR AT SNF SETTING	From: 3 /2015	To: 8 /2016 Verified:
Comments:		

Employed: HCR Manor Care	Supervisor:	
City: WALNUT CREEK	State: CA	Country: UNITED STATES
Specialty: WORKED AS OTR AT SNF SETTING	From: 11 /2014	To: 11 /2016 Verified:
Comments:		

Employed: Loma Linda University Medical Center	Supervisor:	
City: LOMA LINDA	State: CA	Country: UNITED STATES
Specialty: NEED COTA TIME SPLIT FROM OT	From: 1 /2008	To: 5 /2015 Verified:
Comments: WORKED AS COTA THEN OTR AT ACUTE CARE AND ACUTE REHAB SETTINGS.		

Employed: Intergro Rehab	Supervisor:	
City: SANTA ANA	State: CA	Country: UNITED STATES
Specialty: WORKED AS COTA AT SNF SETTINGS	From: 6 /2005	To: 5 /2006 Verified:
Comments:		

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
CA	Occupational Therapist 11361	A	7/30/10	10/31/24	2/2/24
TX	Occupational Therapist 116836	A	3/12/15	10/31/25	1/23/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
OT	5921	KATSUMI APPLEBURY

Occupational Therapist

DEFICIENCIES

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT RE; "YES" ON APPLICATION

Application Instructions

Time Deficiency Form for: 3/2001- 11/2001; 2/2002- 08/2002; 03/2018- 04/2019; NEED TIME AT LOMA

LINDA SPLIT FROM OT- MUST USE TIME DEFICIENCY FORM

OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS AN OT?/ RECEIVED

PERMANANT RESIDENT CARD- NEED EVIDENCE OF STATUS FORM

OTR® & COTA® Credential Verification

Tuesday, 6 February 1:04:43 PM

Fullname	City	State/Province	Credential	Cert#	Initial Date	Expiration Date	Status
KATSUMI APPLEBURY	Tyler	Texas	OTR®	275564	15 Jul 2010	31 Mar 2025	Active - In good standing
KATSUMI APPLEBURY	Tyler	Texas	OTA	215826	14 Aug 2006	31 Mar 2019	Expired

Showing 2 entries

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RECEIVED
 FEB 06 2024
 OKLAHOMA STATE BOARD OF
 MEDICAL LICENSURE
 AND SUPERVISION

PRIMARY SOURCE

TS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2611 RYLEE LYNN CARTER
 Occupational Therapy Assistant

Practice Address:
 January 17, 2024
 RYLEE CARTER
 1279 HWY 110
 1279 HWY 110
 DAVIS, OK 73030
 MURRAY

Status:
Res:
Received: 01/17/2024
Entered: 01/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2611
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: MURRAY STATE COLLEGE					
City: TISHOMINGO	State: OK	Country: UNITED STATES			
Degree: OCCUPATIONAL THERAPY ASSISANT	From: 8/2022	To: 12/ 2023	Verified:		
School Name: TURNER HIGH SCHOOL					
City: BURNEYVILLE	State: OK	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2014	To: 5/ 2018	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2611 RYLEE LYNN CARTER
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed:	western edge	Supervisor:			
	City: DURANT	State: OK	Country: UNITED STATES		
	Specialty: CUSTOMER SERVICE, MANAGED STORE, INVENTORY,	From: 12 /2020	To: /	Verified:	
Comments:	CUSTOMER SERVICE, MANAGED STORE, INVENTORY, RAN AND PUT PRODUCTS ON THE ONLINE STORE				
Employed:	Applebees	Supervisor:			
	City: DURANT	State: OK	Country: UNITED STATES		
	Specialty: WAITED TABLES, CUSTOMER SERVICE	From: 9 /2019	To: 2 /2021	Verified:	
Comments:					
Employed:	falcon head golf course	Supervisor:			
	City: BURNEYVILLE	State: OK	Country: UNITED STATES		
	Specialty: KEPT THE COURSE CLEAN AND NICE	From: 5 /2015	To: 8 /2015	Verified:	
Comments:	MOWED GREENS, RACKED BUNKS, KEPT THE COURSE CLEAN AND NICE				
Employed:	Hickory Houe BQQ	Supervisor:			
	City: MARIETTA	State: OK	Country: UNITED STATES		
	Specialty: WAITING TABLES, CUSTOMER SERVICE	From: 5 /2015	To: 8 /2015	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 NBCOT-(Nat'l Certif/Regist)
 OTHER DEFICIENCIES: ARE YOU CURRENTLY WORKING FOR WESTERN EDGE?
 Time Deficiency Form for: 5/2018-9/2019 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2614 SKYLAR PAIGE COX
 Occupational Therapy Assistant

Practice Address:
 January 29, 2024

Status:
Res:
Received: 01/27/2024
Entered: 01/27/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2614
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree:		From: 8/2021		To: 8/ 2023 Verified:	
<hr/>					
School Name: WATONGA HIGH SCHOOL					
City: WATONGA		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2016		To: 5/ 2020 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed:			Supervisor:		
City:		State:		Country:	
Specialty:		From: /		To: / Verified:	
Comments:					
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
OA	2614	SKYLAR PAIGE COX

Occupational Therapy Assistant

DEFICIENCIES

Time Deficiency Form for: 06/2020-08/2021 , 08/2023-PRESENT; WHERE DID YOU OBTAIN YOUR OTA DEGREE?- MUST USE TIME DEFICENCY FORM
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2616 JENNIFER ANNITA TIETZ
Occupational Therapy Assistant

Practice Address:
February 12, 2024

Status:
Res:
Received: 02/10/2024
Entered: 02/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2616
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2616 JENNIFER ANNITA TIETZ
 Occupational Therapy Assistant

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE City: TULSA Degree: A.A.S. OCCUPATIONAL THERAPY ASSISTANT	State: OK Country: UNITED STATES From: 1/2022 To: 5/ 2024 Verified:		
School Name: TULSA COMMUNITY COLLEGE City: TULSA Degree: NONE	State: OK Country: UNITED STATES From: 8/2019 To: 8/ 2020 Verified:		
School Name: TULSA COMMUNITY COLLEGE City: TULSA Degree: NONE	State: OK Country: UNITED STATES From: 6/2006 To: 8/ 2006 Verified:		
School Name: TULSA COMMUNITY COLLEGE City: TULSA Degree: NONE	State: OK Country: UNITED STATES From: 6/2005 To: 12/ 2005 Verified:		
School Name: OKLAHOMA STATE UNIVERSITY-INSTITUTE OF TECHNOLOGY City: OKMULGEE Degree: A.A.S. ENGINEERING GRAPHICS TECHNOLOGY	State: OK Country: UNITED STATES From: 6/1997 To: 8/ 1999 Verified:		
School Name: ENID HIGH SCHOOL City: ENID Degree: HIGH SCHOOL DIPLOMA	State: OK Country: UNITED STATES From: 8/1994 To: 5/ 1997 Verified:		
PRACTICE HISTORY			
Employed: GH2 Architects City: TULSA Specialty: DRAFTER/INTERIOR DESIGNER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2020 To: 4 /2022 Verified:		
Employed: KKT Architects City: TULSA Specialty: DRAFTER/INTERIOR DESIGNER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2018 To: 3 /2020 Verified:		
Employed: None City: OWASSO Specialty: HOMEMAKER Comments: STAY AT HOME PARENT	Supervisor: State: OK Country: UNITED STATES From: 12 /2010 To: 9 /2018 Verified:		
Employed: Dewberry City: TULSA Specialty: DESIGNER Comments: DRAFTER/INTERIOR DESIGNER CREATING ARCHITECTURAL PLANS AND DETAILS; SELECTING FINISHES	Supervisor: State: OK Country: UNITED STATES From: 10 /2000 To: 12 /2010 Verified:		
Employed: Snowden Engineering City: TULSA Specialty: DRAFTER Comments: DRAFTER CREATING STRUCTURAL PLANS AND DETAILS FOR BUILDINGS	Supervisor: State: OK Country: UNITED STATES From: 8 /1998 To: 10 /2000 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2616	JENNIFER ANNITA TIETZ

Occupational Therapy Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2617 JAYLA GENTRY GOLD
 Occupational Therapy Assistant

Practice Address:

February 28, 2024

 SPROUT PEDIATRIC OCCUPATIONAL THERAPY LLC
 3500 N. ROCK ROAD

 WICHITA, KS 37226
 NOT OKLAHOMA
Status:**Res:****Received:** 02/28/2024**Entered:** 02/28/2024**Temp Issued:****Temp Expires:****Train Issued:****Train Expires:****Fed Rec:****AMA Rec:****Board Action:****License #:** 2617**Sex:** F**Ethnic Origin:** 1**Endorsed By:** NBCOT**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: NEWMAN UNIVERSITY**City:** WICHITA**State:** KS**Country:** UNITED STATES**Degree:** BACHELOR'S IN HEALTHCARE
SCIENCE- OTA**From:** 8/2019**To:** 12/ 2022**Verified:****School Name:** HUGOTON HIGH SCHOOL**City:** HUGOTON**State:** KS**Country:** UNITED STATES**Degree:****From:** 8/2015**To:** 5/ 2019**Verified:**

PRACTICE HISTORY

Employed: Sprout Pediatric Occupational Therapy LLC**Supervisor:****City:** WICHITA**State:** KS**Country:** UNITED STATES**Specialty:** OCCUPATIONAL THERAPY
ASSISTANT PRACTITIONER.**From:** 2 /2022**To:** 3 /2024**Verified:****Comments:****Other Licenses**

State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Occupational Therapy Assistant 18-01828	A	3/3/22	3/31/25	3/14/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2617	JAYLA GENTRY GOLD

Occupational Therapy Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Extended Background Check

PHOTO

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2618 ASHLYNN MARIE WOLFF
Occupational Therapy Assistant

Practice Address:
March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2618
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES			
Degree: AAS IN OCCUPATIONAL THERAPY ASSISTANT	From: 8/2022	To: /	Verified:		
School Name: REQUIRED SUMMER INTERNSHIP FOR OSU DEGREE					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: REQUIRED COURSEWORK	From: 6/2020	To: 8/ 2020	Verified:		
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: BACHELORS DEGREE IN RECREATIONAL THERAPY	From: 8/2016	To: 12/ 2020	Verified:		
School Name: MOORE HIGH SCHOOL					
City: MOORE	State: OK	Country: UNITED STATES			
Degree: HIGHSCHOOL DEGREE	From: 12/2015	To: 5/ 2016	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2618 ASHLYNN MARIE WOLFF
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: Stillwater Medical Center City: STILLWATER Specialty: NEED JOB TITLE Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2020 To: / Verified:		
Employed: Oklahoma State University Student Union Bookstore City: STILLWATER Specialty: RETAIL Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2016 To: 6 /2020 Verified:		
Employed: Ross City: MOORE Specialty: RETAIL Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2016 To: 8 /2016 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Evidence of Status
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH STILLWATER MEDICAL CENTER,
 NEED JOB TITLE FOR STILLWATER MEDICAL CENTER. / WHEN IS EXPECTED GRADUATION DATE AT
 OCCC?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2619 MADISON RUMSEY
 Occupational Therapy Assistant

Practice Address:
 March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2619
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: AAS. OCCUPATIONAL THERAPY ASSISTANT		From: 8/2022	To: 5/ 2024	Verified:	
<hr/>					
School Name: UNIVERSITY OF CENTRAL OK					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014	To: 12/ 2018	Verified:	
<hr/>					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: AS DIVERSIFIED STUDIES		From: 8/2013	To: 5/ 2022	Verified:	
<hr/>					
School Name: NEWCASTLE HIGH SCHOOL					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2010	To: 5/ 2014	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2619 MADISON RUMSEY
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Valir Rehab Hopital City: OKLAHOMA CITY Specialty: REHAB TECH Comments: 3/15/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: OK Country: UNITED STATES From: 7 /2023 To: / Verified:
--	--

Employed: Stay at home mom City: NEWCASTLE Specialty: STAYED AT HOME WITH MY KIDS Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2017 To: 7 /2023 Verified:
--	---

Employed: Newcastle Dental Group City: NEWCASTLE Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2016 To: 11 /2017 Verified:
---	--

Employed: Dental Depot City: YUKON Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2015 To: 9 /2016 Verified:
---	--

Employed: City of Oklahoma City City: OKLAHOMA CITY Specialty: LIFEGUARD FOR THE CITY OF OKLAHOMA CITY Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2015 To: 8 /2015 Verified:
---	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 TIME
 PHOTO
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2620 ASHLEIGH J BYFIELD
 Occupational Therapy Assistant

Practice Address:
 March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2620
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2022	To: 5/ 2024 Verified:
Degree: AAS IN OCCUPATIONAL THERAPY ASSISTANCE			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE		State: OK	Country: UNITED STATES
City: OKLAHOMA CITY		From: 8/2020	To: 5/ 2022 Verified:
Degree: ASSOCIATES IN APPLIED SCIENCE			
School Name: MUSTANG HIGH SCHOOL		State: OK	Country: UNITED STATES
City: MUSTANG		From: 8/2016	To: 5/ 2020 Verified:
Degree:			

PRACTICE HISTORY			
Employed: Kelly Education		Supervisor:	
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES
Specialty: ELEMENTARY SUBSTITUTE TEACHER		From: 1 /2022	To: / Verified:
Comments:			
Employed: Tori Wolohon		Supervisor:	
City: EDMOND		State: OK	Country: UNITED STATES
Specialty: PERSONAL CARE GIVER		From: 4 /2017	To: / Verified:
Comments: PERSONAL CARE GIVER FOR 13 YEAR OLD BOY WITH AUTISM			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2620	ASHLEIGH J BYFIELD

Occupational Therapy Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status
Application Instructions
OATH
PHOTO
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2621 WENDY GRAY
 Occupational Therapy Assistant

Practice Address:
 March 14, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2621
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE			
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Degree: AAS IN OCCUPATIONAL THERAPY ASSISTANT	From: 8/2021	To: 5/ 2024	Verified:
<hr/>			
School Name: OKLAHOMA CHRISTIAN UNIVERSITY			
City: EDMOND	State: OK	Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE IN EDUCATION - PHYSICAL ED.	From: 8/2004	To: 12/ 2008	Verified:
<hr/>			
School Name: KELLER HIGH SCHOOL			
City: KELLER	State: TX	Country: UNITED STATES	
Degree: HS DIPLOMA	From: 8/2000	To: 5/ 2004	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2621 WENDY GRAY
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: Bethany Children's Health Center City: BETHANY Specialty: ADL SPECIALIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2023 To: / Verified:		
Employed: Orangetheory Fitness City: MOORE Specialty: FITNESS COACH/STUDIO MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2017 To: / Verified:		
Employed: Hobby Lobby Distribution City: OKLAHOMA CITY Specialty: TRAINING DEPT MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2011 To: 5 /2018 Verified:		
Employed: Western Heights Middle School City: OKLAHOMA CITY Specialty: CERTIFIED TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2009 To: 10 /2011 Verified:		
Employed: Keller Independent School District City: KELLER Specialty: SUBSTITUTE TEACHER Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 /2009 To: 5 /2009 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 OATH
 TIME
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT ORANGETHEORY FITNESS AND BETHANY CHILDRENS HEALTH CENTER?
 NBCOT-(Nat'l Certif/Regist)
 Evidence of Status
 Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2622 RILEY KAY HAWKINS
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Community Hospital-Quail Hand **Supervisor:**
City: EDMOND **State:** OK **Country:** UNITED STATES
Specialty: OCCUPATIONAL THERAPY **From:** 4 /2022 **To:** 1 /2024 **Verified:**
 TECHNICIAN
Comments:

Employed: Jimmy Johns **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: MANAGER, DELIVERY DRIVER **From:** 8 /2019 **To:** 4 /2020 **Verified:**
Comments:

Employed: Therapy in Motion **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: PHYSICAL THERAPY TECHNICIAN **From:** 8 /2018 **To:** 1 /2020 **Verified:**
Comments:

Employed: Jimmy Johns **Supervisor:**
City: NORMAN **State:** OK **Country:** UNITED STATES
Specialty: CASHIER/INSHOP/FOOD PREP **From:** 8 /2017 **To:** 5 /2019 **Verified:**
Comments:

Employed: Quik-Trip **Supervisor:**
City: OWASSO **State:** OK **Country:** UNITED STATES
Specialty: PART-TIME CLERK/CASHIER **From:** 4 /2015 **To:** 8 /2018 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 Time Deficiency Form for: 4/2020-4/2022-- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: WHEN IS ESTIMATED GRADUATION DATE FROM OCCC?
 WHAT DEGREE ARE YOU PURSUING AT OCCC?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2623 BAILEY R HUFF
 Occupational Therapy Assistant

Practice Address:
 March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2623
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: AAS IN OCCUPATIONAL THERAPY ASSISTANT		From: 8/2022		To: 5/ 2024 Verified:	
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: BA IN GENERAL PSYCHOLOGY		From: 8/2018		To: 5/ 2020 Verified:	
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014		To: 2/ 2018 Verified:	
School Name: PURCELL HIGH SCHOOL					
City: PURCELL		State: OK		Country: UNITED STATES	
Degree: HIGHSCHOOL DIPLOMA		From: 8/2010		To: 5/ 2014 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2623 BAILEY R HUFF
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: The Garage Burgers and Beer City: OKLAHOMA CITY Specialty: FOOD SERVICE/KEY MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2023 To: / Verified:		
Employed: The Garage Burgers and Beer City: EDMOND Specialty: FOOD SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2021 To: 5 /2023 Verified:		
Employed: Cedar Ridge Behavioral Hospital City: OKLAHOMA CITY Specialty: MENTAL HEALTH TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2020 To: 3 /2021 Verified:		
Employed: The Garage Burgers and Beer City: EDMOND Specialty: FOOD SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2018 To: 10 /2020 Verified:		
Employed: Jo's Famous Pizza City: PURCELL Specialty: FOOD SERVICE BEFORE MOVING FOR COLLEGE Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2018 To: 5 /2018 Verified:		
Employed: OU Food and Housing - Food Court City: NORMAN Specialty: FOOD SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2017 To: 12 /2017 Verified:		
Employed: Billy Sim's Barbeque City: NORMAN Specialty: SUMMER JOB/FOOD SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2017 To: 8 /2017 Verified:		
Employed: The Pizza Shop City: NORMAN Specialty: SUMMER JOB/FOOD SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2016 To: 8 /2016 Verified:		
Employed: Jo's Famous Pizza City: PURCELL Specialty: FOOD SERVICE, SUMMER JOB Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2015 To: 8 /2015 Verified:		
Employed: Starbucks City: NORMAN Specialty: BARISTA Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2014 To: 12 /2014 Verified:		
Employed: Jo's Famous Pizza City: PURCELL Specialty: FOOD SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2014 To: 7 /2014 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2623 BAILEY R HUFF
 Occupational Therapy Assistant

Employed: Subway City: PURCELL Specialty: FOOD SERVICE Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2013 To: 1 /2014 Verified:
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Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<p><u>DEFICIENCIES</u> Evidence of Status Application Instructions OATH PHOTO OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT THE GARAGE BURGERS? NBCOT-(Nat'l Certif/Regist)</p>
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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2624 FREEDOM STANWIX
 Occupational Therapy Assistant

Practice Address:
 March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2624
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION				
School Name: OKLAHOMA CITY COMMUNITY COLLEGE				
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES	
Degree: AAS IN OCCUPATIONAL THERAPY ASSISTANT		From: 9/2022	To: 5/ 2024	Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE				
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES	
Degree: ASSOCIATES IN APPLIED SCIENCES		From: 8/2020	To: 5/ 2022	Verified:
School Name: OKLAHOMA STATE UNIVERSITY				
City: STILLWATER		State: OK	Country: UNITED STATES	
Degree:		From: 9/2019	To: 12/ 2019	Verified:
School Name: WESTMOORE HIGH SCHOOL				
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES	
Degree:		From: 8/2015	To: 5/ 2019	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2624 FREEDOM STANWIX
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: Mercy Hospital City: OKLAHOMA CITY Specialty: PATIENT CARE ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2023 To: / Verified:		
Employed: Quest Pediatric Therapy City: MOORE Specialty: THERAPY TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2022 To: 3 /2023 Verified:		
Employed: La Petite Academy City: OKLAHOMA CITY Specialty: DAYCARE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2020 To: 2 /2021 Verified:		
Employed: Earlywine Park YMCA City: OKLAHOMA CITY Specialty: COORDINATOR Comments: CHILDCARE WORKER, SPORTS OFFICIAL, FITNESS ASSOCIATE AND COORDINATOR, CAMP COUNSELOR AND COORDINATOO	Supervisor: State: OK Country: UNITED STATES From: 9 /2018 To: / Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Evidence of Status
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT MERCY HOSPITAL AND EARLYWINE
 PARK YMCA?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2625 JENNA MANNING
 Occupational Therapy Assistant

Practice Address:
 March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2625
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY	From: 8/2022	To: /	Verified:
Degree: AAS. OCCUPATIONAL THERAPY ASSISTANT			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	State: OK	Country: UNITED STATES	
City: OKLAHOMA CITY	From: 6/2020	To: 5/ 2022	Verified:
Degree: AA. PSYCHOLOGY			

PRACTICE HISTORY			
Employed: Buckle	Supervisor:		
City: NORMAN	State: OK	Country: UNITED STATES	
Specialty: RETAIL SALES ASSOCIATE	From: 4 /2021	To: 1 /2024	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
OA	2625	JENNA MANNING

Occupational Therapy Assistant

DEFICIENCIES

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OCCC?

NBCOT-(Nat'l Certif/Regist)

Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2626 MELISSA MCCORMICK
 Occupational Therapy Assistant

Practice Address:
 March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2626
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: A.A.S. OCCUPATIONAL THERAPY ASSISTANT		From: 6/2022	To: 5/ 2024	Verified:	
<hr/>					
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: WEATHERFORD		State: OK		Country: UNITED STATES	
Degree: BACHELOR OF MUSIC		From: 8/2010	To: 6/ 2017	Verified:	
<hr/>					
School Name: CARL ALBERT HIGH SCHOOL					
City: MIDWEST CITY		State: OK		Country: UNITED STATES	
Degree:		From: 8/2007	To: 5/ 2010	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2626 MELISSA MCCORMICK
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Visiting Angels City: MIDWEST CITY Specialty: CAREGIVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2022 To: 12 /2023 Verified:
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Employed: Epworth Villa City: EDMOND Specialty: LIFE ENRICHMENT COORDINATOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2021 To: 6 /2022 Verified:
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Employed: Legend Senior Living Memory Care at Rivendell City: OKLAHOMA CITY Specialty: LIFE ENRICHMENT ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2019 To: 11 /2021 Verified:
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Employed: LifeWay Christian Store City: OKLAHOMA CITY Specialty: SHIFT MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2017 To: 6 /2019 Verified:
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Employed: Sunshine Terrace City: LOGAN Specialty: MUSIC THERAPY INTERNSHIP (6 MONTHS) Comments:	Supervisor: State: UT Country: UNITED STATES From: 1 /2017 To: 6 /2017 Verified:
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Employed: LifeWay Christian Store City: OKLAHOMA CITY Specialty: SHIFT MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2015 To: 12 /2016 Verified:
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Employed: Bass Pro Shops City: OKLAHOMA CITY Specialty: CUSTOMER SERVICE REPRESENTATIVE Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2014 To: 12 /2015 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Music Therapist 20	A	5/1/22	4/30/24	3/15/24

DEFICIENCIES

Application Instructions
 OATH
 PHOTO
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2627 REBECCA CLARK
 Occupational Therapy Assistant

Practice Address:
 March 12, 2024

Status:
Res:
Received: 03/08/2024
Entered: 03/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2627
Sex: F
Ethnic Origin: 5

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE IN OCCUPATIONAL THEPA		From: 2/2017		To: 6/ 2022 Verified:	
<hr/>					
School Name: ADULT EDUCATION CENTER					
City: FORT SMITH		State: AR		Country: UNITED STATES	
Degree: GED		From: 9/2013		To: 5/ 2014 Verified:	
<hr/>					
School Name: FORT SMITH SCHOOL OF MASSAGE					
City: FORT SMITH		State: AR		Country: UNITED STATES	
Degree: MASSAGE THERAPY		From: 2/2008		To: 5/ 2008 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed:			Supervisor:		
City:		State:		Country:	
Specialty:		From: /		To: / Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2627	REBECCA CLARK
Occupational Therapy Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status OATH Time Deficiency Form for: 1/2004-2/2008 , 5/2008-9/2013, 5/2014-2/2017, 6/2022-PRESENT-- MUST USE TIME DEFICIENCY FORM PHOTO NBCOT-(Nat'l Certif/Regist) Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2628 RAYVIN NICOLE HACK
 Occupational Therapy Assistant

Practice Address:
 March 12, 2024

Status:
Res:
Received: 03/08/2024
Entered: 03/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2628
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: AAS-OTA		From: 8/2022		To: / Verified:	
<hr/>					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: TAHLEQUAH		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE		From: 8/2017		To: 12/ 2020 Verified:	
<hr/>					
School Name: PRESTON HIGH SCHOOL					
City: PRESTON		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2015		To: 5/ 2017 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2628 RAYVIN NICOLE HACK
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: Aldi			Supervisor:		
City: TULSA			State: OK	Country: UNITED STATES	
Specialty: CASHIER			From: 5 /2022	To: /	Verified:
Comments: CASHIER, STOCKER, FLOATING TEAM MEMBER(WHATEVER POSITION IS NEEDED OF DURING THAT TIME)					
Employed: Sante Fe Steak House			Supervisor:		
City: GLENPOOL			State: OK	Country: UNITED STATES	
Specialty: SERVER.			From: 5 /2018	To: 8 /2018	Verified:
Comments:					
Employed: Cheer It Up			Supervisor:		
City: TAHLEQUAH			State: OK	Country: UNITED STATES	
Specialty: HEAD CHEERLEADING COACH			From: 9 /2017	To: 5 /2022	Verified:
Comments: HEAD CHEERLEADING COACH OF YOUTH/JUNIOR AGE COMPETITIVE CHEERLEADERS. GYM MANAGER.					
Employed: Oklahoma Xtreme Cheer			Supervisor:		
City: BIXBY			State: OK	Country: UNITED STATES	
Specialty: ASSISTANT CHEERLEADING COACH			From: 6 /2016	To: 8 /2017	Verified:
Comments: ASSISTANT CHEERLEADING COACH FOR YOUTH AGE COMPETITIVE CHEERLEADERS.					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status
Application Instructions
OATH
PHOTO
OTHER DEFICIENCIES: WHEN IS GRADUATION DATE FROM TULSA COMMUNITY COLLEGE?
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2629	KIRSTI B MILLER HORNBECK

Occupational Therapy Assistant

Practice Address:
March 15, 2024

Status:
Res:
Received: 03/09/2024
Entered: 03/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2629
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2629 KIRSTI B MILLER HORNBECK
 Occupational Therapy Assistant

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY, OK	State: OK	Country: UNITED STATES
Degree: AAS OCCUPATIONAL THERAPY ASSISTANT	From: 8/2022	To: /	Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY, OK	State: OK	Country: UNITED STATES
Degree: AA PSYCHOLOGY	From: 8/2019	To: 5/ 2022	Verified:
School Name: ELITE COSMETOLOGY SCHOOL	City: DUNCAN	State: OK	Country: UNITED STATES
Degree:	From: 8/2017	To: 11/ 2017	Verified:
School Name: UNIVERSITY OF SCIENCE & ARTS OF OKLAHOMA	City: CHICKASHA	State: OK	Country: UNITED STATES
Degree:	From: 8/2016	To: 5/ 2017	Verified:
School Name: MURRAY STATE COLLEGE	City: TISHOMINGO	State: OK	Country: UNITED STATES
Degree:	From: 8/2015	To: 12/ 2015	Verified:
School Name: RYAN PUBLIC SCHOOLS	City: RYAN	State: OK	Country: UNITED STATES
Degree:	From: 8/2012	To: 5/ 2016	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2629 KIRSTI B MILLER HORNBECK
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: UNEMPLOYED **Supervisor:**
City: HASTINGS **State:** OK **Country:** UNITED STATES
Specialty: STAY AT HOME PARENT **From:** 9 /2019 **To:** 8 /2022 **Verified:**
Comments: STAY HOME AND TAKE CARE OF OUR BOYS, OTHER THAN TIME TAKEN FOR SCHOOL AND SCHOOL RELATED ACTIVITIES

Employed: Housekeeper **Supervisor:**
City: WALTERS **State:** OK **Country:** UNITED STATES
Specialty: CLEANED HOMES FOR RESIDENTS OF WALTERS **From:** 9 /2018 **To:** 9 /2019 **Verified:**
Comments:

Employed: Comanche Casino and Hotel **Supervisor:**
City: DEVOL **State:** OK **Country:** UNITED STATES
Specialty: CASHIER **From:** 6 /2018 **To:** 9 /2018 **Verified:**
Comments:

Employed: Riverstar Casino **Supervisor:**
City: TERRAL **State:** OK **Country:** UNITED STATES
Specialty: PLAYERS CARD ASSOCIATE **From:** 3 /2018 **To:** 6 /2018 **Verified:**
Comments:

Employed: Caretaker (Sitter) **Supervisor:**
City: RYAN **State:** OK **Country:** UNITED STATES
Specialty: TOOK CARE OF MY NIECE FOR MY SISTER. **From:** 7 /2017 **To:** 3 /2018 **Verified:**
Comments:

Employed: Sonic **Supervisor:**
City: WAURIKA **State:** OK **Country:** UNITED STATES
Specialty: CARHOP **From:** 1 /2017 **To:** 7 /2017 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: WHEN IS GRADUATION DATE FROM OCCC?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2630	CAROLINA LIMON
Occupational Therapy Assistant		

Practice Address:
March 11, 2024

Status:
Res:
Received: 03/09/2024
Entered: 03/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2630
Sex: F
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE			
City: TULSA		State: OK	Country: UNITED STATES
Degree:	From: 1/2022	To: /	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2630 CAROLINA LIMON
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: Saint Francis South City: TULSA Specialty: PATIENT ACCESS REPRESENTATIVE Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2023 To: / Verified:		
Employed: Dr. Sarah Washatka City: TULSA Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: 8 /2022 Verified:		
Employed: Community Health Connection City: TULSA Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2017 To: 5 /2021 Verified:		
Employed: The Jenks House Pediatric Clinic City: JENKS Specialty: MEDICAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2016 To: 3 /2017 Verified:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Evidence of Status
 Application Instructions
 OATH
 Time Deficiency Form for: 5/2014-11/2016 -- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE AND WHAT DEGREE ARE YOU PURSUING? / ARE YOU CURRENTLY EMPLOYED AT SAINT FRANCIS SOUTH?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
OA 2631 ANDREA ROSE KNERR
Occupational Therapy Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 03/10/2024
Entered: 03/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2631
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
<hr/>			
School Name: TULSA COMMUNITY COLLEGE			
City: TULSA	State: OK	Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE	From: 8/2022	To: /	Verified:
<hr/>			
School Name: COLORADO STATE UNIVERSITY			
City: FORT COLLINS	State: CO	Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE	From: 8/2006	To: 5/ 2010	Verified:
<hr/>			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2631 ANDREA ROSE KNERR

Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: None			Supervisor:		
City: OWASSO			State: OK	Country: UNITED STATES	
Specialty: HOMEMAKER, STAY AT HOME MOM			From: 8 /2016	To: 8 /2022	Verified:
Comments:					
<hr/>					
Employed: Farm House Industries			Supervisor:		
City: SAPULPA			State: OK	Country: UNITED STATES	
Specialty: OWNER/OPERATOR			From: 2 /2013	To: 8 /2016	Verified:
Comments: OWNER/OPERATOR, DESIGNED WEBSITE, RETAINED INVENTORY, MAINTAINED PRODUCTION SCHEDULES					
<hr/>					
Employed: Sign A Rama			Supervisor:		
City: COLORADO SPRINGS			State: CO	Country: UNITED STATES	
Specialty: ASSEMBLED SERVICES ESTIMATES			From: 4 /2012	To: 5 /2013	Verified:
Comments: ASSEMBLED SERVICES ESTIMATES, LIASON BETWEEN CUSTOMER AND DESIGN/PRODUCTION TEAM					
<hr/>					
Employed: Save Your Sole Foot and Ankle Specialists			Supervisor:		
City: FORT COLLINS			State: CO	Country: UNITED STATES	
Specialty: RECEPTIONIST			From: 5 /2011	To: 2 /2012	Verified:
Comments: RECEPTIONIST- RECORDED MEDICAL INFORMATION IN PATIENT CHARTS, COORDINATED STAFFING NEEDS.					
<hr/>					
Employed: Spoons, Soup and Salad			Supervisor:		
City: FORT COLLINS			State: CO	Country: UNITED STATES	
Specialty: MANAGED AND TRAINED EMPLOYEES			From: 8 /2008	To: 5 /2011	Verified:
Comments: MANAGED AND TRAINED EMPLOYEES, RESPONSIBLE FOR INVENTORY AND SALES.					
<hr/>					
Employed: Green Gables Country Club			Supervisor:		
City: LAKEWOOD			State: CO	Country: UNITED STATES	
Specialty: WAITRESS			From: 5 /2008	To: 8 /2008	Verified:
Comments:					
<hr/>					
Employed: Manpower			Supervisor:		
City: LAKEWOOD			State: CO	Country: UNITED STATES	
Specialty: CUSTOMER SERVICE			From: 6 /2007	To: 8 /2007	Verified:
Comments: GREAT, SCAN TICKETS, ASSIST CUSTOMERS ATTENDING CIRQUE DU SOLEIL PERFORMANCE					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE? / WHERE DID YOU OBTAIN YOUR OA DEGREE?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2632 BROOKELYN CAROLE JAMISON
 Occupational Therapy Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 03/10/2024
Entered: 03/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2632
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE			
City: TULSA	State: OK	Country: UNITED STATES	
Degree: APPLIED SCIENCE	From: 8/2021	To: /	Verified:

PRACTICE HISTORY			
Employed: Greenhouse Pediatric		Supervisor:	
City: BROKEN ARROW	State: OK	Country: UNITED STATES	
Specialty: THERAPY TECHNICIAN	From: 1 / 2021	To: 5 / 2022	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
OA	2632	BROOKELYN CAROLE JAMISON

Occupational Therapy Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHEN IS GRADUATION FROM TULSA COMMUNITY COLLEGE? / WHERE ARE YOU OBTAINING YOUR OA DEGREE?

NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2633 CRYSTLE JEAN SMITH
 Occupational Therapy Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 03/10/2024
Entered: 03/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2633
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE	State: OK	Country: UNITED STATES	
City: TULSA	From: 7/2018	To: /	Verified:
Degree:			
<hr/>			
School Name: BROWN MACKIE COLLEGE	State: OK	Country: UNITED STATES	
City: TULSA	From: 1/2016	To: 6/ 2016	Verified:
Degree:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2633 CRYSTLE JEAN SMITH
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: Villages at Southern Hills City: TULSA Specialty: CNA Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2016 To: 11 /2021 Verified:				
Employed: Sand Springs Nursing and Rehab City: SAND SPRINGS Specialty: CNA Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2016 To: 12 /2016 Verified:				
Employed: None City: HUMACO Specialty: UNEMPLOYED Comments:	Supervisor: State: PR Country: UNITED STATES From: 7 /2015 To: 11 /2015 Verified:				
Employed: Windsor Place City: COFFEYVILLE Specialty: CNA, CMA, RESTORATIVE AIDE Comments:	Supervisor: State: KS Country: UNITED STATES From: 6 /2011 To: 7 /2015 Verified:				
Employed: None City: HUMACO Specialty: UNEMPLOYED Comments:	Supervisor: State: PR Country: UNITED STATES From: 12 /2009 To: 5 /2011 Verified:				
Employed: Subway City: COFFEYVILLE Specialty: CASHIER Comments:	Supervisor: State: KS Country: UNITED STATES From: 5 /2008 To: 12 /2009 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION FROM TULSA COMMUNITY COLLEGE?
 Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT REGARDING "YES" ANSWER
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2634 AMY PAOLA ANTONIO
Occupational Therapy Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 03/10/2024
Entered: 03/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2634
Sex: F
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION				
School Name: TULSA COMMUNITY COLLEGE	State: OK	Country: UNITED STATES		
City: TULSA	From: 1/2020	To: /	Verified:	
Degree:				
School Name: TULSA TECHNOLOGY CENTER	State: OK	Country: UNITED STATES		
City: TULSA	From: 1/2019	To: 5/ 2020	Verified:	
Degree:				
School Name: EAST CENTRAL HS	State: OK	Country: UNITED STATES		
City: TULSA	From: 1/2017	To: 5/ 2020	Verified:	
Degree:				

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2634 AMY PAOLA ANTONIO
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Sprouts Farmers Market **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: CASHIER/SELF-CHECKOUT HOST **From:** 3 /2023 **To:** / **Verified:**
Comments: I AM A CASHIER/SELF-CHECKOUT HOST AND INSTORE SHOPPER AT THIS STORE.

Employed: Bodhi's Bowl **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: CASHIER/DISHWASHER/MEAL PREP **From:** 8 /2022 **To:** 3 /2023 **Verified:**
Comments: I WAS A CASHIER/DISHWASHER/MEAL PREP FOR THIS SMALL BUSINESS.

Employed: Whole Foods Market **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: RUNNER AND GREETER **From:** 7 /2020 **To:** 9 /2020 **Verified:**
Comments: THIS WAS A SEASONAL POSITION WHERE I WAS A CART RUNNER AND GREETER ENCOURAGING PEOPLE TO WEAR MASKS.

Employed: Fiesta Mambo **Supervisor:**
City: BROKEN ARROW **State:** OK **Country:** UNITED STATES
Specialty: HOST/SERVER/BUSSER **From:** 9 /2018 **To:** 6 /2022 **Verified:**
Comments: I WAS A HOST/SERVER/BUSSER AT THIS MEXICAN RESTAURANT UNTIL THE BUSINESS CLOSED IN 2022.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE? / WHERE ARE YOU OBTAINING YOUR OA DEGREE?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2635 HEATHER CALDWELL
 Occupational Therapy Assistant

Practice Address:
 March 11, 2024

Status:
Res:
Received: 03/11/2024
Entered: 03/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2635
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: PIMA MEDICAL					
City: RENTON		State: WA		Country: UNITED STATES	
Degree: OCCUPATIONAL THERAPY ASST		From: 8/2012	To: 3/ 2015	Verified:	
<hr/>					
School Name: MCLENNAN COMMUNITY COLLEGE					
City: WACO		State: TX		Country: UNITED STATES	
Degree: COMPUTER SCIENCE PROGRAMMING		From: 9/2001	To: 6/ 2003	Verified:	
<hr/>					
School Name: MAYPEARL HIGH SCHOOL					
City: MAYPEARL		State: TX		Country: UNITED STATES	
Degree:		From: 8/1997	To: 6/ 2001	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2635 HEATHER CALDWELL
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Reliant Rehab **Supervisor:**
City: BATTLEGROUND **State:** WA **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 11 /2021 **To:** / **Verified:**
Comments: FULL TIME 11/2021 - 06/2022, STILL PRN THROUGHOUT CLARK, COWLITZ, LEWIS
 COUNTIES WA

Employed: Infinity Rehab **Supervisor:**
City: WILSONVILLE **State:** OR **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 6 /2015 **To:** 4 /2020 **Verified:**
Comments: FULL TIME 06/2015 - 08/2015 CENTRALIA, WA THEN PRN THROUGHOUT KING AND
 PIERCE COUNTY WA

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
WA	Occupational Therapy Assistant OC60545947	A	3/19/15	9/30/25	3/19/24

DEFICIENCIES

Time Deficiency Form for: 6/2003-8/2012, 04/2020-11/2021 -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: RECEIVED EVIDENCE OF STATUS FORM, MISSING PASSPORT OR BIRTH
 CERTIFICATE. / NEED JOB TITLE FOR ALL JOBS LISTED

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2636 ERIN MCKAY
Occupational Therapy Assistant

Practice Address:
March 11, 2024

Status:
Res:
Received: 03/11/2024
Entered: 03/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2636
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name:	OKLAHOMA CITY COMMUNITY COLLEGE	State:	OK	Country:	UNITED STATES
City:	OKLAHOMA CITY	From:	8/2022	To:	/
Degree:		Verified:			
School Name:	OKLAHOMA CITY COMMUNITY COLLEGE	State:	OK	Country:	UNITED STATES
City:	OKLAHOMA CITY	From:	6/2019	To:	5/ 2022
Degree:	ASSOCIATES	Verified:			
School Name:	OKLAHOMA STATE UNIVERSITY-OKLAHOMA CITY	State:	OK	Country:	UNITED STATES
City:	OKLAHOMA CITY	From:	8/2003	To:	12/ 2004
Degree:		Verified:			
School Name:	OKLAHOMA CITY COMMUNITY COLLEGE	State:	OK	Country:	UNITED STATES
City:	OKLAHOMA CITY	From:	8/2001	To:	5/ 2003
Degree:		Verified:			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2636 ERIN MCKAY
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: Dillards City: OKLAHOMA CITY Specialty: SALES ASSOCIATE. Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2023 To: 1 /2024 Verified:		
Employed: Putnam City Schools City: OKLAHOMA CITY Specialty: SUBSTITUTE TEACHER. Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2022 To: 5 /2023 Verified:		
Employed: Putnam City Schools City: OKLAHOMA CITY Specialty: PARAPROFESSIONAL/TEACHER ASSISTANT. Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2019 To: 7 /2022 Verified:		
Employed: NextGen Sleep, LLC City: OKLAHOMA CITY Specialty: CLINIC RECEPTIONIST. Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 /2018 To: 7 /2019 Verified:		
Employed: Putnam City Schools City: OKLAHOMA CITY Specialty: PARAPROFESSIONAL/TEACHER ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2017 To: 4 /2018 Verified:		
Employed: Piedmont City Schools City: PIEDMONT Specialty: SUBSTITUTE TEACHER. Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 2 /2017 Verified:		
Employed: NONE City: PIEDMONT Specialty: STAY AT HOME PARENT Comments: STAY AT HOME MOM FOR MY DAUGHTER AND THREE STEPCHILDREN.	Supervisor: State: OK Country: UNITED STATES From: 4 /2013 To: 8 /2015 Verified:		
Employed: Oasis/Oklahoma Natural Gas City: OKLAHOMA CITY Specialty: CUSTOMER SERVICE REPRESENTATIVE Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2010 To: 4 /2013 Verified:		
Employed: Bed Bath & Beyond City: OKLAHOMA CITY Specialty: SALES ASSOCIATE Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2010 To: 8 /2010 Verified:		
Employed: NONE City: OKLAHOMA CITY Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2005 To: 1 /2010 Verified:		
Employed: Bed Bath & Beyond	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2636	ERIN MCKAY
Occupational Therapy Assistant		

City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Specialty: FRONT END MANAGER	From: 4 / 2003	To: 3 / 2005 Verified:
Comments:		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<p><u>DEFICIENCIES</u></p> <p>Evidence of Status</p> <p>Application Instructions</p> <p>OATH</p> <p>PHOTO</p> <p>OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OCCC? WHERE DID YOU OBTAIN YOUR OA DEGREE?</p> <p>NBCOT-(Nat'l Certif/Regist)</p>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2637 MONICA ANDREA MONICASMITHERS
Occupational Therapy Assistant

Practice Address:
March 19, 2024

Status:
Res:
Received: 03/11/2024
Entered: 03/11/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2637
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name:	TULSA COMMUNITY COLLEGE				
City:	TULSA	State:	OK	Country:	UNITED STATES
Degree:	AAS	From:	8/2019	To:	/
Verified:					
School Name:	DRAUGHON'S JUNIOR COLLEGE				
City:	CLARKSVILLE	State:	TN	Country:	UNITED STATES
Degree:	DIPLOMA- MEDICAL ASSISTANT	From:	12/2005	To:	12/2006
Verified:					
School Name:	UNION HIGH SCHOOL				
City:	TULSA	State:	OK	Country:	UNITED STATES
Degree:	HIGH SCHOOL DIPLOMA	From:	8/2000	To:	12/2003
Verified:					
PRACTICE HISTORY					
Employed:	Smith's Family Chiropractic			Supervisor:	
City:	BENTONVILLE	State:	AR	Country: UNITED STATES	
Specialty:	CHIROPRACTIC ASSISTANT	From:	10/2018	To:	5/2019
Verified:					
Comments:					
Employed:	Results Physiotherapy			Supervisor:	
City:	CLARKSVILLE	State:	TN	Country: UNITED STATES	
Specialty:	PHYSICAL THERAPY TECH	From:	5/2007	To:	3/2012
Verified:					
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2637	MONICA ANDREA MONICASMITHERS
Occupational Therapy Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
NBCOT-(Nat'l Certif/Regist)
Social Security Number
Evidence of Status
Application Instructions
OATH
Extended Background Check
Time Deficiency Form for: 12/2003-12/2005, 12-2006- 05/2007, 03/2012-10/2018 -- MUST USE TIME
DEFICIENCY FORM
PHOTO
OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE / WHERE DID YOU GET YOUR OA DEGREE? / WHAT IS YOUR FULL NAME? APPLICATION STATES LAST NAME AS MONICASMITHERS?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2638 JACOB JAY ERSLAND
 Occupational Therapy Assistant

Practice Address:

March 19, 2024

Status:
Res:
Received: 03/12/2024
Entered: 03/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2638
Sex: M
Ethnic Origin: 1

Endorsed By:**Orig Issued:****Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: OKLAHOMA CITY COMMUNITY COLLEGE
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Degree: ASSOCIATES DEGREE **From:** 1/2021 **To:** 12/ 2023 **Verified:**

School Name: MOORE HIGH SCHOOL
City: MOORE **State:** OK **Country:** UNITED STATES
Degree: **From:** 8/2016 **To:** 5/ 2020 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2638 JACOB JAY ERSLAND
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: Physical Therapy Central					
City: OKLAHOMA CITY		State: OK		Supervisor: Country: UNITED STATES	
Specialty: PHYSICAL THERAPY TECHNICIAN			From: 10 /2023	To: /	Verified:
Comments: PHYSICAL THERAPY TECHNICIAN AT PHYSICAL THERAPY CENTRAL					
<hr/>					
Employed: The Station at Central Park					
City: MOORE		State: OK		Supervisor: Country: UNITED STATES	
Specialty: LIFEGUARD FOR THE SUMMER AT THE STATION			From: 5 /2023	To: 9 /2023	Verified:
Comments:					
<hr/>					
Employed: Physical Therapy Central					
City: OKLAHOMA CITY		State: OK		Supervisor: Country: UNITED STATES	
Specialty: PHYSICAL THERAPY TECHNICIAN			From: 11 /2022	To: 6 /2023	Verified:
Comments: PHYSICAL THERAPY TECHNICIAN AT PHYSICAL THERAPY CENTRAL					
<hr/>					
Employed: The Station at Central Park					
City: MOORE		State: OK		Supervisor: Country: UNITED STATES	
Specialty: LIFEGUARD FOR THE SUMMER OF 2022 AT THE STATION			From: 5 /2022	To: 10 /2022	Verified:
Comments:					
<hr/>					
Employed: Special Care					
City: OKLAHOMA CITY		State: OK		Supervisor: Country: UNITED STATES	
Specialty: SUBSTITUTE TEACHER			From: 9 /2020	To: 4 /2022	Verified:
Comments: SUBSTITUE TEACHER FOR CHILDREN WITH SPECIAL NEEDS AND FOR CHILDREN WITH TYPICAL NEEDS.					
<hr/>					
Employed: The Station at Central Park					
City: MOORE		State: OK		Supervisor: Country: UNITED STATES	
Specialty: HEAD LIFEGUARD FOR THE STATION AT CENTRAL PARK			From: 5 /2020	To: 9 /2020	Verified:
Comments:					
<hr/>					
Employed: The Station at Central Park					
City: MOORE		State: OK		Supervisor: Country: UNITED STATES	
Specialty: CHILDCARE CENTER WORKER			From: 9 /2019	To: 5 /2020	Verified:
Comments: AFTER THE LIFEGUARD SEASON TO WORK INSIDE THE FACILITY AGAIN IN THEIR CHILDCARE CENTER.					
<hr/>					
Employed: The Station at Central Park					
City: MOORE		State: OK		Supervisor: Country: UNITED STATES	
Specialty: HEAD LIFEGUARD			From: 5 /2019	To: 9 /2019	Verified:
Comments: I RETURNED AS A LIFEGUARD THE FOLLOWING SUMMER AND I GOT PROMOTED TO HEAD LIFEGUARD.					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2638	JACOB JAY ERSLAND

Occupational Therapy Assistant

DEFICIENCIES

NBCOT-(Nat'l Certif/Regist)

Evidence of Status

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT PHYSICAL THERAPY CENTRAL?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2639 REBECCA LYNN WOLLET
 Occupational Therapy Assistant

Practice Address:
 March 13, 2024

Status:
Res:
Received: 03/13/2024
Entered: 03/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2639
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: TULSA COMMUNITY COLLEGE			
City: TULSA		State: OK	Country: UNITED STATES
Degree: ASSOCIATES IN APPLIED SCIENCES - OTA		From: 1/2021	To: / Verified:

PRACTICE HISTORY			
Employed:	Supervisor:		
City:	State:	Country:	
Specialty:	From: /	To: /	Verified:
Comments:			

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
OA	2639	REBECCA LYNN WOLLET

Occupational Therapy Assistant

DEFICIENCIES

NBCOT-(Nat'l Certif/Regist)

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 4/2011- 1/2021 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2640	KAREN ELAINE YEUNG
Occupational Therapy Assistant		

Practice Address:
March 19, 2024

Status:
Res:
Received: 03/13/2024
Entered: 03/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2640
Sex: F
Ethnic Origin: 6

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:	6			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2640 KAREN ELAINE YEUNG
 Occupational Therapy Assistant

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: AAS - OCCUPATIONAL THERAPY ASSISTANT	From: 8/2022	To: /	Verified:
School Name: OKLAHOMA CITY COMMUNITY COLLEGE	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree: ASSOCIATES IN SCIENCE	From: 8/2020	To: 5/ 2022	Verified:
School Name: OSU-OKC	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 5/2006	To: 5/ 2007	Verified:
School Name: OSU-OKC	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 1/2005	To: 7/ 2005	Verified:
School Name: OSU-OKC	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 8/1998	To: 12/ 1998	Verified:
School Name: PUTNAM CITY NORTH HS	City: OKLAHOMA CITY	State: OK	Country: UNITED STATES
Degree:	From: 8/1993	To: 5/ 1997	Verified:

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 OA 2640 KAREN ELAINE YEUNG
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: Paragon Pest Elimination Services, Inc City: OKLAHOMA CITY Specialty: OFFICE MANAGER FOR PEST CONTROL COMPANY Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2022 To: 1 /2024 Verified:		
Employed: Grace Church City: CHOCTAW Specialty: ACCOUNTING ASSISTANT Comments: ACCOUNTING ASSISTANT AND CHILDREN'S DEPARTMENT MANAGER	Supervisor: State: OK Country: UNITED STATES From: 7 /2013 To: 7 /2022 Verified:		
Employed: Mid America Self Storage City: EDMOND Specialty: FRONT OFFICE ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2012 To: 7 /2013 Verified:		
Employed: NONE City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments: FIND ANY TYPE OF EMPLOYMENT TO GET MY LIFE BACK ON TRACK	Supervisor: State: OK Country: UNITED STATES From: 1 /2012 To: 8 /2012 Verified:		
Employed: My Brother's Keeper City: OKLAHOMA CITY Specialty: WOMEN HOME ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 /2008 To: 12 /2011 Verified:		
Employed: NONE City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2007 To: 9 /2008 Verified:		
Employed: NONE City: OKLAHOMA CITY Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2007 To: 8 /2007 Verified:		
Employed: Freeman's Liquor City: OKLAHOMA CITY Specialty: CASHIER/STOCKING Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2006 To: 12 /2006 Verified:		
Employed: Aspen Zermatt Group City: OKLAHOMA CITY Specialty: LEASING AGENT FOR APARTMENTS Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2004 To: 12 /2005 Verified:		
Employed: Bonney, Percival & Sheets City: EDMOND Specialty: RECEPTIONIST AT A ACCOUNTING FIRM Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2003 To: 9 /2004 Verified:		
Employed: United States Navy City: VIRGINIA BEACH Specialty: STATIONED ON THE EAST COAST	Supervisor: State: VA Country: UNITED STATES From: 7 /1999 To: 7 /2003 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2640 KAREN ELAINE YEUNG
 Occupational Therapy Assistant

Comments:					
Employed: Modern Hair Salon		Supervisor:			
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Specialty: RECEPTIONIST FOR MY MOM'S HAIR SALON		From: 1 / 1999	To: 6 / 1999	Verified:	
Comments:					
Employed: Modern Hair Salon		Supervisor:			
City: OKLAHOMA CITY		State: OK	Country: UNITED STATES		
Specialty: RECEPTIONIST FOR MY MOM'S HAIR SALON		From: 6 / 1997	To: 7 / 1998	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<p>DEFICIENCIES</p> <p>OTHER DEFICIENCIES: BOARD SECRETARY REQUESTING DATE OF REHAB TREATMENT. / WHEN IS EXPECTED GRADUATION DATE FROM OCCC? NBCOT-(Nat'l Certif/Regist) PHOTO Evidence of Status Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENTS FOR "YES" ANSWERS Application Instructions OATH</p>
--

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2641 JAILENE AGUILAR
 Occupational Therapy Assistant

Practice Address:
 March 19, 2024

Status:
Res:
Received: 03/13/2024
Entered: 03/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2641
Sex: F
Ethnic Origin: 4

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF APPLIED SCIENCE IN OTA		From: 7/2021		To: / Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 7/2019		To: 12/ 2019 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY- OKLAHOMA CITY					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 7/2018		To: 5/ 2019 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 7/2017		To: 5/ 2018 Verified:	
<hr/>					
School Name: NORTHWEST CLASSEN HIGH SCHOOL					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 7/2013		To: 5/ 2017 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2641	JAILENE AGUILAR
Occupational Therapy Assistant		

PRACTICE HISTORY

Employed: Integris Southwest Medical Center		Supervisor:	
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Specialty: FOOD SERVICE ASSOCIATE AND DIET OFFICE ATTENDANT	From: 1 / 2020	To: 12 / 2023	Verified:
Comments:			

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OCCC?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2642 ISABELLA MARIE BRYANT
 Occupational Therapy Assistant

Practice Address:
 March 19, 2024

Status:
Res:
Received: 03/13/2024
Entered: 03/13/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2642
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE IN APPLIED SCIENCES		From: 8/2021		To: / Verified:	
<hr/>					
School Name: BROKEN ARROW HIGH SCHOOL					
City: BROKEN ARROW		State: OK		Country: UNITED STATES	
Degree:		From: 8/2017		To: 5/ 2021 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2642 ISABELLA MARIE BRYANT
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Camp Loughridge **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: CAMP COUNSELOR **From:** 5 /2023 **To:** 8 /2023 **Verified:**
Comments: I WAS A CAMP COUNSELOR AT THIS CHRISTIAN DAY CAMP. WE SWAM, WENT ON TRAIL WALKS, DID BIBLE LESSONS.

Employed: HOTWORX **Supervisor:**
City: BROKEN ARROW **State:** OK **Country:** UNITED STATES
Specialty: CUSTOMER SERVICE **From:** 9 /2022 **To:** 12 /2022 **Verified:**
Comments: WORKING AT HOTWORX INCLUDED; SELLING MEMBERSHIPS, CLEANING UP AROUND THE GYM, CALLING LEADS, ETC.

Employed: J Spencer **Supervisor:**
City: BROKEN ARROW **State:** OK **Country:** UNITED STATES
Specialty: SALES ASSOCIATE **From:** 10 /2021 **To:** 9 /2022 **Verified:**
Comments: I WAS A RETAIL SALES ASSOCIATE AT J SPENCER SO I CHECKED PEOPLE OUT, HUNG UP CLOTHES, ETC.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status
 Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT REGARDING "YES" ANSWER
 Application Instructions
 OATH
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: WHERE ARE YOU GETTING YOUR OA DEGREE? WHEN IS GRADUATION DATE FROM TULSA COMMUNITY COLLEGE?
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2643 FAITH CHRISTINE RICHARDSON
 Occupational Therapy Assistant

Practice Address:
 March 19, 2024

Status:
Res:
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2643
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE IN APPLIED SCIENCE		From: 8/2020		To: / Verified:	
<hr/>					
School Name: COLLINSVILLE HIGH SCHOOL					
City: COLLINSVILLE		State: OK		Country: UNITED STATES	
Degree:		From: 8/2016		To: 5/ 2020 Verified:	

PRACTICE HISTORY					
Employed: Needful Things Market			Supervisor:		
City: OWASSO		State: OK		Country: UNITED STATES	
Specialty: CUSTOMER SERVICE		From: 8 /2021		To: 8 /2022 Verified:	
Comments: DUTIES AND RESPONSIBILITIES: PROVIDE CUSTOMER SERVICE, DATA ENTRY, BOOKKEEPING, COLLECT PAYMENTS					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2643	FAITH CHRISTINE RICHARDSON

Occupational Therapy Assistant

DEFICIENCIES

NBCOT-(Nat'l Certif/Regist)

Evidence of Status

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE. / WHERE ARE YOU GETTING YOUR OA DEGREE?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2644 BRITTANY NANETTE KIRK
 Occupational Therapy Assistant

Practice Address:
 March 19, 2024

Status:
Res:
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2644
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF APPLIED SCIENCES		From: 8/2022	To: /	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: ASSOCIATES OF SCIENCES		From: 8/2015	To: 12/ 2022	Verified:	
<hr/>					
School Name: TULSA SCHOOL OF ARTS AND SCIENCES					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2004	To: 5/ 2008	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2644 BRITTANY NANETTE KIRK
 Occupational Therapy Assistant

PRACTICE HISTORY	
<p>Employed: Dental Depot City: TULSA Specialty: NEED JOB TITLE Comments: SCHEDULE PATIENTS, COLLECT PAYMENTS, SUBMIT SOONERCARE PRE-AUTHS.</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 9/2018 To: 1/2024 Verified:</p>
<p>Employed: Saint Francis Hospital City: TULSA Specialty: NEED JOB TITLE Comments: TRANSPORTED PATIENTS TO AND FROM TEST AND PROCEDURES.</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 10/2013 To: 9/2018 Verified:</p>
<p>Employed: Union Public Schools City: TULSA Specialty: EXTENDED DAY ASSISTANT Comments: EXTENDED DAY ASSISTANT, GAVE KIDS SNACK, HELPED WITH HOMEWORK, SET UP CENTERS.</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 10/2010 To: 10/2013 Verified:</p>
<p>Employed: KinderCare City: TULSA Specialty: NEWBORN TEACHER Comments: NEWBORN TEACHER, GAVE BREAKS TO OTHER ROOMS TODDLERS THROUGH PRE-K.</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 10/2009 To: 10/2010 Verified:</p>
<p>Employed: Olive Garden City: TULSA Specialty: HOSTESS, SEATING TABLES, WELCOMING GUEST. Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 5/2006 To: 10/2009 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Evidence of Status
 Application Instructions
 OATH
 PHOTO
 OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE? / WHERE DID YOU OBTAIN YOUR OA DEGREE? / NEED JOB TITLES FOR SAINT FRANCIS HOSPITAL AND DENTAL DEPOT.
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2645 KIMBERLY ODELL TUCKER
Occupational Therapy Assistant

Practice Address:
March 14, 2024
KIMBERLY TUCKER
19520 EAST 36TH STREET SOUTH

BROKEN ARROW, OK 74014
TULSA

Status:
Res:
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2645
Sex: F
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA	State: OK		Country: UNITED STATES		
Degree: OTA	From: 9/2018	To: 5/ 2024	Verified:		
School Name: NORTHEASTERN STATE UNIVERSITY					
City: TULSA	State: OK		Country: UNITED STATES		
Degree:	From: 1/2002	To: 5/ 2003	Verified:		
School Name: EAST CENTRAL HIGH SCHOOL					
City: TULSA	State: OK		Country: UNITED STATES		
Degree:	From: 9/1999	To: 5/ 2001	Verified:		

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 OA 2645 KIMBERLY ODELL TUCKER
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: DXC Technology	Supervisor:				
City: TULSA	State: OK	Country: UNITED STATES			
Specialty:	From: 7 /2019	To: 8 /2020	Verified:		
Comments: DISPATCH SERVICES FOR CUSTOMERS WHO ARE IN NEED OF ASSISTANCE.					
Employed: Sutherland Global Services	Supervisor:				
City: TULSA	State: OK	Country: UNITED STATES			
Specialty:	From: 3 /2017	To: 12 /2018	Verified:		
Comments: MONITORED EMPLOYEE STATISTICS AND QUALITY SCORES, AS WELL AS KEEPING THEM UPDATED.					
Employed: Macy's	Supervisor:				
City: TULSA	State: OK	Country: UNITED STATES			
Specialty: NEED JOB TITLE	From: 7 /2016	To: 10 /2016	Verified:		
Comments: PLACE ITEMS IN CORRECT LOCATIONS AND CORREECT DEPARTMENTS.					
Employed: Walmart Inc.	Supervisor:				
City: TULSA	State: OK	Country: UNITED STATES			
Specialty: PROCESS NEW AND REFILL CURRENT PRESCRIPTIONS.	From: 10 /2015	To: 7 /2016	Verified:		
Comments:					
Employed: Capital One Auto Finance	Supervisor:				
City: TULSA	State: OK	Country: UNITED STATES			
Specialty:	From: 7 /2009	To: 3 /2014	Verified:		
Comments: HELP CUSTOMERS UNDERSTAND AND MAKE CHANGES TO THEIR DELINQUENT ACCOUNTS.					
Employed: US Cellular	Supervisor:				
City: TULSA	State: OK	Country: UNITED STATES			
Specialty:	From: 1 /2007	To: 5 /2009	Verified:		
Comments: ASSIST CUSTOMERS REGARDING THEIR CONCERNS DUE TO PHONE BILLS AND CHARGES.					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 Evidence of Status
 NBCOT-(Nat'l Certif/Regist)
 Application Instructions
 OATH
 Time Deficiency Form for: 5/2001-1/2002 , 5/2003-1/2007, 3-2014-10/2015, 10/2016-3/2017 -- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR OA DEGREE? / NEED JOB TITLES FOR ALL LISTED WORK HISTORY.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2646 KARLI BETH BRIDGES
Occupational Therapy Assistant

Practice Address:
March 19, 2024

Status:
Res:
Received: 03/15/2024
Entered: 03/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2646
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION			
<hr/>			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE			
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Degree: AAS OCCUPATIONAL THERAPY ASSISTANT	From: 8/2022	To: /	Verified:
<hr/>			
School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY			
City: WEATHERFORD	State: OK	Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE	From: 8/2016	To: 12/ 2019	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2646 KARLI BETH BRIDGES
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Clinical Student **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: **From:** 1/2024 **To:** / **Verified:**
Comments: COMPLETED CLINICAL HOURS IN OCCUPATIONAL THERAPY TO MEET GRADUATION REQUIREMENT.

Employed: Top Golf **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: **From:** 1/2022 **To:** 1/2024 **Verified:**
Comments: RESPONSIBLE FOR COORDINATING LARGE CORPORATE EVENTS AND RESOLVING ISSUES PROMPTLY AND EFFECTIVELY.

Employed: Nanny **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: **From:** 9/2021 **To:** 1/2022 **Verified:**
Comments: CARED FOR A TWO-YEAR-OLD AND ASSISTED WITH HOUSEHOLD TASKS.

Employed: Sterling Public Schools **Supervisor:**
City: STERLING **State:** OK **Country:** UNITED STATES
Specialty: **From:** 1/2020 **To:** 8/2021 **Verified:**
Comments: PARAPROFESSIONAL. HELPED TEACHERS AND CHILDREN WITH SPECIAL NEEDS DO THEIR DAILY SCHOOL TASKS.

Employed: Babysitter **Supervisor:**
City: STERLING **State:** OK **Country:** UNITED STATES
Specialty: WATCHED AND CARED FOR CHILDREN ON A DAILY BASIS.
Comments:

Employed: Buffalo Wild Wings **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: **From:** 6/2019 **To:** 9/2019 **Verified:**
Comments: CUSTOMER SERVICE, TAKE/SERVE FOOD AND DRINK ORDERS, RESOLVE CONFLICTS WITH FOOD, ETC.

Employed: Life Church **Supervisor:**
City: MUSTANG **State:** OK **Country:** UNITED STATES
Specialty: **From:** 2/2019 **To:** 6/2019 **Verified:**
Comments: LIFE KIDS VOLUNTEER. CARED FOR CHILDREN DURING CHURCH HOURS ON WEDNESDAYS AND SUNDAYS.

Employed: Pecina's Mexican Cafe **Supervisor:**
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Specialty: **From:** 4/2017 **To:** 1/2019 **Verified:**
Comments: PERFORM BASIC MATH, TAKE/SERVE FOOD AND DRINK ORDERS, DELIVER CHECKS AND COLLECT PAYMENTS, ETC.

Employed: Deep Creek Pizza & Burger Co. **Supervisor:**
City: WEATHERFORD **State:** OK **Country:** UNITED STATES
Specialty: **From:** 9/2016 **To:** 2/2017 **Verified:**
Comments: PERFORM CASHIER DUTIES, MAKE PIZZAS, DELIVER FOOD TO TABLES, GREET CUSTOMERS, ETC.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2646	KARLI BETH BRIDGES
Occupational Therapy Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<p><u>DEFICIENCIES</u> Evidence of Status Application Instructions OATH PHOTO OTHER DEFICIENCIES: NEED JOB TITLES FOR ALL LISTED EMPLOYMENT HISTORY. / WHEN IS EXPECTED GRADUATION DATE FROM OCCC? NBCOT-(Nat'l Certif/Regist)</p>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OA 2647 KATHERINE RAYBOURN
Occupational Therapy Assistant

Practice Address:
March 19, 2024

Status:
Res:
Received: 03/15/2024
Entered: 03/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2647
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: OKLAHOMA CITY COMMUNITY COLLEGE City: OKLAHOMA CITY Degree:	State: OK	Country: UNITED STATES	From: 6/2021	To: /	Verified:
School Name: INTEGRATED MESSAGE THERAPY COLLEGE City: EDMOND Degree:	State: OK	Country: UNITED STATES	From: 3/2018	To: 8/ 2018	Verified:
School Name: OKLAHOMA STATE UNIVERSITY City: STILLWATER Degree:	State: OK	Country: UNITED STATES	From: 8/2007	To: 5/ 2011	Verified:
School Name: TULSA MEMORIAL HIGH SCHOOL City: TULSA Degree: HS DIPLOMA	State: OK	Country: UNITED STATES	From: 8/2004	To: 5/ 2007	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2647 KATHERINE RAYBOURN
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: FitSpa City: OKLAHOMA CITY Specialty: MASSAGE THERAPIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 / 2022 To: 10 / 2023 Verified:				
Employed: Spa @ 10 North City: OKLAHOMA CITY Specialty: MASSAGE THERAPIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 10 / 2021 To: 2 / 2022 Verified:				
Employed: Western Foundation City: OKLAHOMA CITY Specialty: ADMINISTRATIVE MANAGER Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 / 2020 To: 9 / 2021 Verified:				
Employed: One Heath Chiropractic City: EDMOND Specialty: MASSAGE THERAPIST Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 / 2016 To: 3 / 2020 Verified:				
Employed: Express Employment Professionals City: OKLAHOMA CITY Specialty: ANNUAL FRANCHISE REVIEW COORDINATOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 4 / 2016 To: 3 / 2018 Verified:				
Employed: Seventy Seven Energy City: OKLAHOMA CITY Specialty: TRAINING COORDINATOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 / 2011 To: 2 / 2016 Verified:				
Employed: Horizon Well Logging City: TULSA Specialty: DIRECT HIRE RECRUITER/HR ADMINISTRATOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 2011 To: 11 / 2011 Verified:				
Employed: YMCA-Westside Day Camp City: TULSA Specialty: SUMMER CAMP COUNSELOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 2009 To: 8 / 2010 Verified:				
Employed: Steak and Ale City: TULSA Specialty: HOST/SERVER Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 / 2004 To: 7 / 2008 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2647	KATHERINE RAYBOURN

Occupational Therapy Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM OCCC? WHAT DEGREE ARE YOU PURSUING AT OCCC?

NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2648 CHRISTEL MARIE BORLAND
 Occupational Therapy Assistant

Practice Address:
 March 20, 2024

Status:
Res:
Received: 03/16/2024
Entered: 03/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2648
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: OCCUPATIONAL THERAPY ASSISTANT		From: 8/2021		To: / Verified:	
<hr/>					
School Name: OWASSO HIGH SCHOOL					
City: OWASSO		State: OK		Country: UNITED STATES	
Degree:		From: 8/2017		To: 5/ 2021 Verified:	
<hr/>					
PRACTICE HISTORY					
Employed: ACES ABA			Supervisor:		
City: OWASSO		State: OK		Country: UNITED STATES	
Specialty: REGISTERED BEHAVIOR TECHNICIAN		From: 7 /2022		To: 12 /2023 Verified:	
Comments: REGISTERED BEHAVIOR TECHNICIAN FOR AUTISTIC CHILDREN					
<hr/>					
Employed: Elite Xtreme Gymnastics & Tumbling			Supervisor:		
City: OWASSO		State: OK		Country: UNITED STATES	
Specialty: GYMNASTICS COACH		From: 11 /2017		To: 7 / 2022 Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2648	CHRISTEL MARIE BORLAND
Occupational Therapy Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<p><u>DEFICIENCIES</u> Evidence of Status Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT REGARDING "YES" ANSWER. Application Instructions OATH PHOTO OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE? NBCOT-(Nat'l Certif/Regist)</p>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2649	SAVANNA JEWELL HOLDEN

Occupational Therapy Assistant

Practice Address:

March 19, 2024

Status:
Res:
Received: 03/16/2024
Entered: 03/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2649
Sex: F
Ethnic Origin: 1

Endorsed By:

Orig Issued:

Orig. Lic. Exp:

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION					
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: A.A.S, A.S.			From: 8/2020		To: /
Verified:					
<hr/>					
School Name: CATOOSA HIGH SCHOOL					
City: CATOOSA		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA			From: 8/2016		To: 5/ 2020
Verified:					
<hr/>					
PRACTICE HISTORY					
<hr/>					
Employed:		Supervisor:			
City:		State:		Country:	
Specialty:			From: /		To: /
Verified:					
Comments:					
<hr/>					
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
OA	2649	SAVANNA JEWELL HOLDEN

Occupational Therapy Assistant

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE? WHERE ARE YOU GETTING YOUR OA DEGREE?

NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2650 MAURICE ARLEDGE
 Occupational Therapy Assistant

Practice Address:
 March 20, 2024

Status:
Res:
Received: 03/17/2024
Entered: 03/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2650
Sex: M
Ethnic Origin: 2

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: AAS		From: 1/2020		To: / Verified:	
<hr/>					
School Name: TULSA TECHNOLOGY CENTER					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2017		To: 2/ 2019 Verified:	
<hr/>					
School Name: MCPHERSON COLLEGE					
City: MCPHERSON		State: KS		Country: UNITED STATES	
Degree:		From: 8/2011		To: 12/ 2011 Verified:	
<hr/>					
School Name: TULSA MEMORIAL HS					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2007		To: 5/ 2011 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2650 MAURICE ARLEDGE
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Tulsa Community College **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: LEAD ORIENTATION LEADER **From:** 2 / 2021 **To:** 8 / 2022 **Verified:**
 (SEASONAL)
Comments:

Employed: Self-employed **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: PROFESSIONAL LICENSED BARBER **From:** 4 / 2019 **To:** / **Verified:**
Comments:

Employed: Capital One Auto Finance **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: COLLECTIONS REPRESENTATIVE **From:** 9 / 2015 **To:** 5 / 2017 **Verified:**
Comments:

Employed: Bob Moore Nissan **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: LOT ATTENDANT AND DETAILER **From:** 7 / 2014 **To:** 12 / 2014 **Verified:**
Comments:

Employed: Resource One Printing **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 7 / 2012 **To:** 5 / 2014 **Verified:**
Comments: MACHINE OPERATOR, MATERIAL HANDLER, ASSISTANT MANAGER

Employed: Little Caesars **Supervisor:**
City: TULSA **State:** OK **Country:** UNITED STATES
Specialty: CASHIER **From:** 4 / 2012 **To:** 7 / 2012 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 12/2011-04/2012, 12/2014-09/2015, -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: WHEN IS EXPECTED GRADUATION DATE FROM TULSA COMMUNITY COLLEGE? WHERE ARE YOU OBTAINING YOUR OA DEGREE? / NEED JOB TITLE FOR RESOURCE ONE PRINTING. / ARE YOU CURRENTLY EMPLOYED AS A BARBER?

NBCOT-(Nat'l Certif/Regist)

Affidavit DEFICIENCIES: NEED NOTARIZED STATEMENT REGARDING "YES" ANSWER.

Evidence of Status

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 1437 MICHELLE CHERI CARTER
 Occupational Therapy Assistant

Practice Address:
 March 12, 2024
 MICHELLE CHERI CARTER
 2562 E 47TH PL N

 TULSA, OK 74130-2015
 TULSA

Status: I
Res: RI
Received: 03/12/2024
Entered: 03/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1437
Sex: F
Ethnic Origin: 2

Endorsed By: NBCOT
Orig Issued: 11/01/2013 **Orig. Lic. Exp:** 10/31/2014

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV: Total Possible: 0 Okla Passing: 0 Total Score: 0					

PRE-MED EDUCATION						
School Name: BROWN MACKIE COLLEGE						
City: TULSA		State: OK		Country: UNITED STATES		
Degree: ASSOCIATED IN APPLIED SCIENCE			From: 8/2009	To: 12/ 2011	Verified:	
<hr/>						
School Name: TULSA COMMUNITY COLLEGE						
City: TULSA		State: OK		Country: UNITED STATES		
Degree: NONE			From: 8/1991	To: 5/ 1996	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 1437 MICHELLE CHERI CARTER
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: SKILLED NURSING City: JENKS Specialty: OTA Comments:	Supervisor: KRISTI FRANS OT681 State: OK Country: From: 2 / 2014 To: 8 / 2014 Verified:		
Employed: ACCESS 2 HEATHCARE SOLUTIONS City: MUSKOGEE Specialty: OTA Comments:	Supervisor: SYDNEY TUCKER, OT1531 State: OK Country: From: 10 / 2013 To: 8 / 2014 Verified:		
Employed: BROOKDALE SENIOR LIVING City: JENKS Specialty: OTA Comments:	Supervisor: TAMELIA MOORE OT 1420; TIFFANY GARDNER, OT 571 State: OK Country: From: 7 / 2013 To: 10 / 2013 Verified:		
Employed: BROOKDALE SENIOR LIVING City: FORTH WORTH Specialty: NEED JOB TITLE Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 / 2012 To: 6 / 2013 Verified:		
Employed: Directv City: TULSA Specialty: TECHNICAL SUPPORT Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 / 2009 To: 7 / 2011 Verified:		
Employed: NONE City: Specialty: STAY AT HOME MOM Comments:	Supervisor: State: Country: From: 10 / 2008 To: 1 / 2009 Verified:		
Employed: Deborah Brown Community School City: TULSA Specialty: CLERK Comments: ANSWERED TELEPHONE, CLERICAL DUTIES, AND STUDENT ATTENDANCE.	Supervisor: State: OK Country: UNITED STATES From: 9 / 2007 To: 10 / 2008 Verified:		
Employed: Metris City: TULSA Specialty: ASSISTED CUSTOMERS WITH CREDIT CARDS INFORMATION. Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 / 2000 To: 8 / 2007 Verified:		
Employed: First Data City: TULSA Specialty: ASSISTED CUSTOMERS WITH CREDIT CARD INFORMATION. Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 / 1996 To: 5 / 2000 Verified:		
Employed: Tulsa Community College City: TULSA Specialty: FINANCIAL AID Comments: TOOK MONEY FOR TUITION PAYMENTS AND ASSISTED STUDENTS WITH FINANCIAL AID APPLICATIONS.	Supervisor: State: OK Country: UNITED STATES From: 8 / 1991 To: 5 / 1996 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	1437	MICHELLE CHERI CARTER
Occupational Therapy Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational Therapist Assistant 211580	A	3/30/12	7/31/24	3/20/24
OK	OA 1437	I	11/1/13	10/31/14	3/20/24

DEFICIENCIES

OATH

Extended Background Check

Time Deficiency Form for: 5/2000-09/2000 , 08/2014- PRESENT -- MUST USE TIME DEFICIENCY FORM.

PHOTO

OTHER DEFICIENCIES: WHEN DID YOU LAST PRACTICE AS AN OA? NEED JOB TITLE FOR BROOKDALE SENIOR LIVING IN FORT WORTH.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 1976 KAYLYN JO PROVINCE
 Occupational Therapy Assistant

Practice Address:
 October 24, 2020

NOT OKLAHOMA

Status: I
Res: RI
Received: 03/01/2024
Entered: 03/01/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 1976
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: 01/26/2018 **Orig. Lic. Exp:** 01/30/2021

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: BROWN MACKIE COLLEGE SALINA					
City: SALINA		State: KS	Country: UNITED STATES		
Degree: ASSOCIATES IN APPLIED SCIENCE IN OTA		From: 4/2015	To: 7/2016	Verified:	
School Name: NORTHWESTERN OKLAHOMA STATE UNIVERSITY					
City: ALVA		State: OK	Country: UNITED STATES		
Degree:		From: 8/2013	To: 5/2014	Verified:	
School Name: DODGE CITY COMMUNITY COLLEGE					
City: DODGE CITY		State: KS	Country: UNITED STATES		
Degree:		From: 8/2011	To: 12/2014	Verified:	
School Name: PRATT COMMUNITY COLLEGE					
City: PRATT		State: KS	Country: UNITED STATES		
Degree: CERTIFIED NURSE AIDE		From: 8/2011	To: 5/2012	Verified:	
School Name: ASHLAND HIGH SCHOOL					
City: ASHLAND		State: KS	Country: UNITED STATES		
Degree:		From: 8/2009	To: 5/2013	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 1976 KAYLYN JO PROVINCE
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: Key Rehabilitation City: DODGE CITY Specialty: COTA Comments:	Supervisor: State: KS Country: UNITED STATES From: 2 /2024 To: / Verified:				
Employed: Select Rehabilitation City: LIBERAL Specialty: COTA Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 /2023 To: / Verified:				
Employed: Reliant Rehabilitation City: DODGE CITY Specialty: COTA/DIRECTOR OF REHAB Comments: CERTIFIED OCCUPATIONAL THERAPY ASSISTANT/ DIRECTOR OF REHAB	Supervisor: State: KS Country: UNITED STATES From: 7 /2019 To: / Verified:				
Employed: Northwest Physical Therapy and Sports Rehab City: WOODWARD Specialty: CERTIFIED OCCUPATIONAL THERAPY ASSISTANT Comments:	Supervisor: ROBERT HARRIS, OTR 1430 State: OK Country: UNITED STATES From: 1 /2018 To: 6 /2019 Verified:				
Employed: Salina Regional Health Center City: SALINA Specialty: PATIENT SAFETY ATTENDANT/COURIER Comments:	Supervisor: State: KS Country: UNITED STATES From: 9 /2014 To: 6 /2017 Verified:				
Employed: Ashland Health Center City: ASHLAND Specialty: CERTIFIED NURSE AIDE Comments:	Supervisor: State: KS Country: UNITED STATES From: 8 /2011 To: 9 /2014 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
KS	Occupational Therapy Assistant 18-01494	A	12/15/17	3/31/24	3/20/24
OK	OA 1976	I	1/26/18	1/30/21	3/20/24

DEFICIENCIES
 Extended Background Check
 Time Deficiency Form for: 6/2017-1/2018 -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT KEY, SELECT AND RELIANT REHAB?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2451 KERRI A HARBER
 Occupational Therapy Assistant

Practice Address:
 March 01, 2024

NOT OKLAHOMA

Status: I
Res: RI
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2451
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: 07/22/2022 **Orig. Lic. Exp:** 10/31/2022

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: ST CATHERINE UNIVERSITY					
City: ST. PAUL		State: MN		Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE		From: 10/2019		To: 12/2021 Verified:	
<hr/>					
School Name: CARL ALBERT STATE COLLEGE					
City: POTEAU		State: OK		Country: UNITED STATES	
Degree: NOT OBTAINED		From: 9/2009		To: 3/2010 Verified:	
<hr/>					
School Name: POTEAU HIGH SCHOOL					
City: POTEAU		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2006		To: 5/2009 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2451 KERRI A HARBER
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: Ray Of Sunshine Pediatrics **Supervisor:**
City: HACKETT **State:** AR **Country:** UNITED STATES
Specialty: MOBILE PEDIATRIC **From:** 1 / 2024 **To:** / **Verified:**
 THERAPY CLINIC
Comments:

Employed: Thera-Play Pediatrics **Supervisor:**
City: FORT SMITH **State:** AR **Country:** UNITED STATES
Specialty: OUTPATIENT PEDIATRIC **From:** 6 / 2022 **To:** / **Verified:**
 THERAPY CLINIC
Comments:

Employed: Eastern Oklahoma Medical Center **Supervisor:**
City: POTEAU **State:** OK **Country:** UNITED STATES
Specialty: PRECERTIFICATION CLERK **From:** 4 / 2018 **To:** 9 / 2021 **Verified:**
Comments:

Employed: Discover Pediatric Therapy **Supervisor:**
City: POTEAU **State:** OK **Country:** UNITED STATES
Specialty: OFFICE MANAGER **From:** 1 / 2015 **To:** 9 / 2018 **Verified:**
Comments:

Employed: Sparks Hospital **Supervisor:**
City: FORT SMITH **State:** AR **Country:** UNITED STATES
Specialty: NURSING AID **From:** 10 / 2014 **To:** 1 / 2015 **Verified:**
Comments:

Employed: Eastern Oklahoma Medical Center **Supervisor:**
City: POTEAU **State:** OK **Country:** UNITED STATES
Specialty: ER ADMISSIONS CLERK, **From:** 10 / 2011 **To:** 9 / 2014 **Verified:**
 OUTPATIENT ADMISSIONS
 CLERK
Comments:

Employed: Walmart **Supervisor:**
City: POTEAU **State:** OK **Country:** UNITED STATES
Specialty: SALES CLERK AND **From:** 10 / 2007 **To:** 10 / 2011 **Verified:**
 CUSTOMER SERVICE
 MANAGER
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Occupational Therapist Assistant OT-A1849	A	6/16/22	4/30/24	3/20/24
OK	OA 2451	I	7/22/22	10/31/22	3/20/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2451	KERRI A HARBER

Occupational Therapy Assistant

DEFICIENCIES

Application Instructions

OATH

Extended Background Check

PHOTO

OTHER DEFICIENCIES: WHERE DID YOU OBTAIN YOUR OA DEGREE? ARE YOU CURRENTLY EMPLOYED AT RAY OF SUNSHINE AND THERA-PLAY PEDIATRICS? / NEED JOB TITLES FOR THERA-PLAY AND RAY OF SUNSHINE.

Time Deficiency Form for: 12/2021-06/2022 -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2607 LAUREN ALEXIS HOUSE
 Occupational Therapy Assistant

Practice Address:
 March 05, 2024
 SWEET HOME THERAPY, LLC
 720 SWEET HOME ROAD

 BROKEN BOW, OK 74728
 MCCURTAIN

 UNITED STATES

Status:
Res:
Received: 01/05/2024
Entered: 01/05/2024
Temp Issued: 03/05/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2607
Sex: F
Ethnic Origin: 3

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: MURRAY STATE COLLEGE					
City: TISHOMINGO		State: OK		Country: UNITED STATES	
Degree: ASSOCIATE OF APPLIED SCIENCE, AAS		From: 7/2022		To: 12/ 2023 Verified:	
School Name: SOUTHEASTERN OKLAHOMA STATE UNIVERSITY					
City: DURANT		State: OK		Country: UNITED STATES	
Degree:		From: 8/2019		To: 5/ 2022 Verified:	
School Name: ANTLERS HIGH SCHOOL					
City: ANTLERS		State: OK		Country: UNITED STATES	
Degree: DIPLOMA		From: 8/2015		To: 5/ 2019 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2607 LAUREN ALEXIS HOUSE
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: SWEET HOME THERAPY, LLC City: BROKEN BOW Specialty: OA Comments: 720 SWEET HOME ROAD BROKEN BOW, OK 74728 580-298-7959	Supervisor: TIFFANY TAYLOR, OT 5585 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:
---	--

Employed: Fort Towson Historical Site City: FORT TOWSON Specialty: RECEPTIONIST Comments: FRONT DESK RECEPTIONIST, ASSISTED CUSTOMERS WITH GIFT SHOP, MOWED/WEED EATED GRASS, CLEANED.	Supervisor: State: OK Country: UNITED STATES From: 6 /2020 To: 8 /2020 Verified:
--	--

Employed: Gardner Grocery City: ANTLERS Specialty: CASHIER Comments: WORKED AS A CASHIER AND STOCKED GROCERIES ON SHELF. CLEANED; MOPPED, SWEPT, DUSTED, ETC.	Supervisor: State: OK Country: UNITED STATES From: 5 /2017 To: 5 /2022 Verified:
---	--

Employed: Jim Rays Quick Stop City: ANTLERS Specialty: STOCKER Comments: STOCKED DRINK COOLER AND SNACKS, CLEANED BATHROOMS, FILLED ICE, ETC.	Supervisor: State: OK Country: UNITED STATES From: 8 /2016 To: 5 /2017 Verified:
--	--

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2608 KATHERINE HOEHNER
 Occupational Therapy Assistant

Practice Address:
 January 11, 2024

Status:
Res:
Received: 01/06/2024
Entered: 01/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2608
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: ST. CATHERINE'S UNIVERSITY					
City: MINNEAPOLIS		State: MN		Country: UNITED STATES	
Degree: OCCUPATIONAL THERAPY ASSISTANT		From: 1/2021	To: 12/ 2022	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: B.S. ZOOLOGY		From: 8/1995	To: 5/ 1999	Verified:	
<hr/>					
School Name: OKARCHE HIGH SCHOOL					
City: OKARCHE		State: OK		Country: UNITED STATES	
Degree:		From: 8/1991	To: 5/ 1995	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 OA 2608 KATHERINE HOEHNER
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: NONE City: EDMOND Specialty: MOVED/TAKE CARE OF PARENTS Comments:	Supervisor: State: OK Country: From: 10 /2023 To: 2 /2024 Verified:		
Employed: Impact ABA City: LEESBURG Specialty: BEHAVIORIAL TECHNICIAN Comments: I WAS WORKING WITH CHILDREN WITH AUTISM UNDER THE SUPERVISION OF A BCBA AS A BEHAVIORAL THERAPIST.	Supervisor: State: VA Country: UNITED STATES From: 6 /2023 To: 10 /2023 Verified:		
Employed: NONE City: ASHBURN Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 1 /2023 To: 6 /2023 Verified:		
Employed: Walgreens City: ASHBURN Specialty: PHARMACY TECHNICIAN Comments: PERFORMED DUTIES RELATED TO MAINTAINING FLOW WITHIN THE PHARMACY-FILLING PRESCRIPTIONS, ETC.	Supervisor: State: VA Country: UNITED STATES From: 11 /2019 To: 9 /2021 Verified:		
Employed: NONE City: ASHBURN Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: VA Country: From: 8 /2008 To: 11 /2019 Verified:		
Employed: NONE City: OLATHE Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: KS Country: From: 8 /2006 To: 8 /2008 Verified:		
Employed: FARMERS MUTUAL FIRE INSURANCE COMPANY City: OKARCHE Specialty: ASSISTANT UNDERWRITER Comments:	Supervisor: State: OK Country: From: 4 /2003 To: 8 /2006 Verified:		
Employed: Oklahoma State Health Department City: OKLAHOMA CITY Specialty: CLINICAL LABORATORY SCIENTIST Comments: CLINICAL LABORATORY SCIENTIST-ANALYZE SAMPLES/IDENTIFY M. TB AND REPORT RESULTS.	Supervisor: State: OK Country: UNITED STATES From: 12 /2000 To: 4 /2003 Verified:		
Employed: ANIMAL EYE CLNIIC City: OKLAHOMA CITY Specialty: TECHNICIAN Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2000 To: 12 /2001 Verified:		
Employed: COFFEY GRAIN City: CALUMET Specialty: OFFICE ASSISTANT Comments:	Supervisor: State: OK Country: From: 6 /1999 To: 12 /1999 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2608 KATHERINE HOEHNER
 Occupational Therapy Assistant

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
VA	Occupational Therapy Assistant 0131002814	A	2/27/23	2/29/24	2/6/24
VA	Pharmacy Technician 0230035605	I	8/7/20	12/31/22	2/6/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2609 CHRISTEN JANE MARIE LEE
 Occupational Therapy Assistant

Practice Address:
 January 11, 2024

Status:
Res:
Received: 01/10/2024
Entered: 01/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2609
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: MURRAY STATE COLLEGE					
City: TISHOMINGO		State: OK	Country: UNITED STATES		
Degree: AAS OTA		From: 5/2021	To: 12/ 2023	Verified:	
<hr/>					
School Name: EAST CENTRAL UNIVERSITY					
City: ADA		State: OK	Country: UNITED STATES		
Degree:		From: 8/2016	To: 5/ 2017	Verified:	
<hr/>					
School Name: STRINGTOWN HIGH SCHOOL					
City: STRINGTOWN		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2014	To: 5/ 2017	Verified:	
<hr/>					
School Name: ATOKA HIGH SCHOOL					
City: ATOKA		State: OK	Country: UNITED STATES		
Degree:		From: 8/2013	To: 5/ 2014	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2609 CHRISTEN JANE MARIE LEE
 Occupational Therapy Assistant

PRACTICE HISTORY					
Employed: PROHAB THERAPY City: MADILL Specialty: THERAPY TECH Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2024 To: / Verified:				
Employed: NONE City: TISHOMINGO Specialty: STUDENT Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2023 To: 1 /2024 Verified:				
Employed: Town and Country Market City: ATOKA Specialty: CASHIER AT A GROCERY STORE. Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2021 To: 7 /2021 Verified:				
Employed: NONE City: DURANT Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2018 To: 5 /2021 Verified:				
Employed: Calera Manor City: CALERA Specialty: WORKED AS A CNA. Comments:	Supervisor: State: OK Country: UNITED STATES From: 11 /2017 To: 3 /2018 Verified:				
Employed: Ruth Wilson Hurley Manor City: COALGATE Specialty: WORKED AS A CNA. Comments:	Supervisor: State: OK Country: UNITED STATES From: 3 /2017 To: 11 /2017 Verified:				
Employed: Town and Country Market City: ATOKA Specialty: CASHIER AT A GROCERY STORE. Comments:	Supervisor: State: OK Country: UNITED STATES From: 8 /2015 To: 3 /2017 Verified:				
Employed: KFC City: ATOKA Specialty: CASHIER AT KFC. Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2015 To: 7 /2015 Verified:				
Employed: Atoka County Sports Complex City: ATOKA Specialty: WORKING IN THE SPORTS COMPLEX CONCESSION STAND. Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2014 To: 9 /2015 Verified:				
Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2609	CHRISTEN JANE MARIE LEE

Occupational Therapy Assistant

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2610 KAYLEE MACKENZIE MURRY
 Occupational Therapy Assistant

Practice Address:

February 02, 2024
 NOVO REHABILITATIONS SERVICES
 1805 EAST 15TH STREET

TULSA, OK 74110
 TULSA

UNITED STATES

Status:

Endorsed By: NBCOT

Res:

Orig Issued:

Orig. Lic. Exp:

Received: 01/16/2024

Entered: 01/16/2024

Temp Issued: 02/16/2024

Temp Expires: 05/16/2024

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 2610

Sex: F

Ethnic Origin: 1

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION

School Name: COSSATOT COMMUNITY COLLEGE

City: ASHDOWN

State: AR **Country:** UNITED STATES

Degree: OCCUPATIONAL THERAPY ASSISTANT

From: 8/2020 **To:** 5/ 2022 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2610 KAYLEE MACKENZIE MURRY
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: NOVO REHABILITATION SERVICES City: TULSA Specialty: OA Comments: 1805 E 15TH STREET TULSA, OK 74110 901-277-3399	Supervisor: BRENAE TIDWELL, OT 5689 State: OK Country: UNITED STATES From: 2 / 2024 To: / Verified:		
Employed: Encompass Rehab Hospital City: TEXARKANA Specialty: COTA Comments: 2/15/2024:CURRENTLY WORKING HERE(SJ)	Supervisor: State: TX Country: UNITED STATES From: 10 / 2023 To: / Verified:		
THIS IS A REHAB HOSPITAL, PATIENTS TYPICALLY GET HOUR & HALF OF OCCUPATIONAL THERAPY EACH DAY.			
Employed: Heather Manor Nursing and Rehab City: HOPE Specialty: COTA Comments: 2/15/2024:CURRENTLY WORKING HERE(SJ)	Supervisor: State: AR Country: UNITED STATES From: 12 / 2022 To: / Verified:		
Employed: NONE City: HORATIO Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: AR Country: From: 5 / 2022 To: 12 / 2022 Verified:		
Employed: NONE City: HORATIO Specialty: STAY AT HOME PARENT Comments:	Supervisor: State: AR Country: From: 4 / 2020 To: 8 / 2020 Verified:		
Employed: PILGRIMS PRIDE City: DEQUEEN Specialty: LABORER Comments:	Supervisor: State: AR Country: From: 1 / 2020 To: 4 / 2020 Verified:		
Employed: GROUP HOME(SEVIER COUNTY) City: DEQUEEN Specialty: AID Comments:	Supervisor: State: AR Country: From: 1 / 2019 To: 1 / 2020 Verified:		
Employed: DEQUEEN HOSPITAL City: DEQUEEN Specialty: ER DESK Comments:	Supervisor: State: AR Country: From: 10 / 2018 To: 1 / 2019 Verified:		
Employed: WALMART City: DEQUEEN Specialty: CASHIER Comments:	Supervisor: State: AR Country: From: 7 / 2017 To: 9 / 2018 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OA	2610	KAYLEE MACKENZIE MURRY
Occupational Therapy Assistant		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
AR	OTA OT-A1874	A	8/31/22	7/31/24	2/13/24
TX	OTA 217556	A	8/22/22	7/31/25	2/13/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2612 CAILY RENEE PEREZ
 Occupational Therapy Assistant

Practice Address:

February 26, 2024
 ZARROW POINTE
 2025 E 71ST ST

TULSA, OK 74136
 TULSA

UNITED STATES

Status:

Res:
Received: 01/17/2024
Entered: 01/17/2024
Temp Issued: 03/01/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2612
Sex: F
Ethnic Origin: 4

Endorsed By: PRIOR NBCOT CERTIFICATION

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION

School Name: KEISER UNIVERSTY
City: WEST PALM BEACH **State:** FL **Country:** UNITED STATES
Degree: ASSOCIATES OF SCIENCE DEGREE **From:** 1/2010 **To:** 3/ 2013 **Verified:**

School Name: KEISER UNIVERSITY
City: ORLANDO **State:** FL **Country:** UNITED STATES
Degree: AAS CRIME SCENE **From:** 6/2008 **To:** 1/ 2010 **Verified:**

School Name: COCONUT CREEK HIGH SCHOOL
City: COCONUT CREEK **State:** FL **Country:** UNITED STATES
Degree: HIGH SCHOOL DIPLOMA **From:** 1/2004 **To:** 6/ 2008 **Verified:**

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2612 CAILY RENEE PEREZ
 Occupational Therapy Assistant

PRACTICE HISTORY	
Employed: ZARROW POINTE City: TULSA Specialty: OA Comments: 2025 E 71ST ST TULSA, OK 74136 918-496-8333 EXT 262	Supervisor: KRISTI FRANS, OT 681 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified: 2/26/2024
Employed: Palm Gardens SNF City: PORT ST LUCIE Specialty: OTA Comments: I HAVE WORKED ON A TEMPORARY LICENSE FOR A YEAR 2012. OBTAINED OFFICIAL 03/13	Supervisor: State: FL Country: UNITED STATES From: 1 /2017 To: 10 /2023 Verified:
Employed: Savannah Park City: PORT ST LUCIE Specialty: OTA Comments: OTA ON A TEMP LICENSE 03/2012 PRN -06/23/23- PRESENT BECAME FULLTIME.	Supervisor: State: FL Country: UNITED STATES From: 3 /2012 To: 2 /2024 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
FL	occupational therapy assistant ota13666	A	5/12/14	2/28/25	2/13/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
OA 2613 CAELY MARIE PEREZ
Occupational Therapy Assistant

Practice Address:

February 14, 2024

RELIANT REHABILITATION AT RAINBOW CARE & REI
111 E WASHINGTON

BRISTOW, OK 74010
CREEK

UNITED STATES

Status:

Res:

Received: 01/18/2024

Entered: 01/18/2024

Temp Issued: 02/23/2024

Temp Expires: 05/16/2024

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

Board Action:

License #: 2613

Sex: F

Ethnic Origin: 4

Endorsed By: PRIOR NBCOT

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION

School Name: KEISER UNIVERSITY

City: ORLANDO

State: FL

Country: UNITED STATES

Degree: ASS. OF SCIENCE OCCUPATIONAL
THERAPY ASSISTANT

From: 2/2007

To: 6/ 2010

Verified:

School Name: COCONUT CREEK HIGH SCHOOL

City: COCONUT CREEK

State: FL

Country: UNITED STATES

Degree: HIGH SCHOOL DIPLOMA

From: 1/2003

To: 1/ 2006

Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2613 CAELY MARIE PEREZ
 Occupational Therapy Assistant

PRACTICE HISTORY			
Employed: RELIANT REHAB AT RAINBOW CARE & REHAB City: BRISTOW Specialty: OA Comments: 111 E WASHINGTON BRISTOW, OK 74010 918-367-2246	Supervisor: REBECCA DEVILLIERS, OT 10 State: OK Country: UNITED STATES From: 2 / 2024 To: / Verified:		
Employed: NONE City: BRISTOW Specialty: UNEMPLOYED Comments:	Supervisor: State: OK Country: From: 7 / 2023 To: 2 / 2024 Verified:		
Employed: Communication Essentials City: HOUSTON Specialty: TRAVELING COTA/L (PEDIATRICS) Comments:	Supervisor: State: TX Country: UNITED STATES From: 1 / 2023 To: 7 / 2023 Verified:		
Employed: COMMUNICATION ESSENTIALS City: HOUSTON Specialty: COTA/L Comments:	Supervisor: State: TX Country: From: 9 / 2022 To: 1 / 2023 Verified:		
Employed: Maceo Carter Investments LLC City: HOUSTON Specialty: TRAVELING HOME HEALTH COTA/L Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 / 2022 To: 9 / 2022 Verified:		
Employed: Axiom Rehabilitation, LLC City: PORT ST. LUCIE Specialty: TRAVELING HOME HEALTH COTA/L Comments:	Supervisor: State: FL Country: UNITED STATES From: 6 / 2021 To: 6 / 2022 Verified:		
Employed: The Palms of Port St. Lucie West City: PORT ST LUCIE Specialty: TRAVELING PRN COTA/L Comments:	Supervisor: State: FL Country: UNITED STATES From: 5 / 2021 To: 12 / 2021 Verified:		
Employed: The Gardens of Port St. Lucie Skilled Nursing City: PORT ST. LUCIE Specialty: TRAVELING PRN COTA/L Comments:	Supervisor: State: FL Country: UNITED STATES From: 5 / 2021 To: 12 / 2021 Verified:		
Employed: NONE City: PORT ST LUCIE Specialty: UNEMPLOYED Comments:	Supervisor: State: FL Country: From: 12 / 2020 To: 5 / 2021 Verified:		
Employed: Port St. Lucie Rehabilitation and Healthcare City: PORT ST LUCIE Specialty: TRAVELING PRN COTA/L Comments:	Supervisor: State: FL Country: UNITED STATES From: 12 / 2019 To: 12 / 2020 Verified:		
Employed: NONE	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2613 CAELY MARIE PEREZ
 Occupational Therapy Assistant

<p>City: PORT ST.LUCIE Specialty: UNEMPLOYED Comments:</p>	<p>State: FL Country: From: 5 /2018 To: 12 /2019 Verified:</p>
<hr/>	
<p>Employed: A Place for You Adult Daycare and Rehab Center City: GREENACRES Specialty: FOUNDER, OWNER, OPERATOR, ADMINISTRATOR, COTA/L Comments:</p>	<p>Supervisor: State: FL Country: UNITED STATES From: 1 /2012 To: 5 /2018 Verified:</p>
<hr/>	
<p>Employed: AVANTE SKILLED NURSING AND REHAB CENTER City: LEESBURG Specialty: COTA/L Comments:</p>	<p>Supervisor: State: FL Country: From: 6 /2010 To: 1 /2013 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
FL	Occupational Therapy Assistant OTA11441	A	11/1/10	2/28/25	2/14/24
TX	Occupational Therapy Assistant OTA211615	A	5/14/12	5/31/25	2/14/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2615 NICOLE MARIE MILLWARD
 Occupational Therapy Assistant

Practice Address:

February 28, 2024
 SWEET HOME THERAPY, LLC
 2603 OLD 98 ROAD

VALLIANT, OK 74764
 MCCURTAIN

UNITED STATES

Status:
Res:
Received: 02/01/2024
Entered: 02/01/2024
Temp Issued: 03/01/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2615
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:				

PRE-MED EDUCATION				
School Name: UNIVERSITY OF CINCINNATI				
City: CINCINNATI		State: OH	Country: UNITED STATES	
Degree: BACHELOR OF HEALTH SCIENCES PRE OCCUPATIONAL THERA		From: 8/2021	To: 8/ 2022	Verified:
<hr/>				
School Name: CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE				
City: CINCINNATI		State: OH	Country: UNITED STATES	
Degree: CERTIFIED OCCUPATIONAL THERAPY ASSISTANT		From: 8/2018	To: 12/ 2020	Verified:
<hr/>				
School Name: CINCINNATI STATE TECHNICAL AND COMMUNITY COLLEGE				
City: CINCINNATI		State: OH	Country: UNITED STATES	
Degree: MEDICAL ASSISTING		From: 8/2016	To: 12/ 2017	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OA 2615 NICOLE MARIE MILLWARD
 Occupational Therapy Assistant

PRACTICE HISTORY

Employed: SWEET HOME THERAPY, LLC City: VALLIANT Specialty: OA Comments: 2603 OLD 98 ROAD VALLIANT, OK 74764 580-212-5627	Supervisor: LYDIA CANTRELL, OT 5381 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:
--	--

Employed: Grow Together Therapy City: CINCINNATI Specialty: COTA/L Comments: 2/29/2024 CURRENTLY EMPLOYED HERE, TS THIS IS A COTA/L POSITION WITH A PRIVATE THERAPY COMPANY.	Supervisor: State: OH Country: UNITED STATES From: 8 /2023 To: / Verified:
--	--

Employed: NOVACARE City: CINCINNATI Specialty: COTA/L Comments:	Supervisor: State: OH Country: UNITED STATES From: 8 /2021 To: 12 /2022 Verified:
--	---

Employed: TherapySource City: CINCINNATI Specialty: THIS IS A COTA/L POSITION IN CHARTER SCHOOLS. Comments: 2/29/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: OH Country: UNITED STATES From: 2 /2021 To: / Verified:
---	--

Employed: SHAWNEE SPRINGS City: CINCINNATI Specialty: NURSE AID Comments:	Supervisor: State: OH Country: UNITED STATES From: 8 /2016 To: 3 /2017 Verified:
--	--

Employed: BOB TVANS City: CINCINNATI Specialty: SERVER Comments:	Supervisor: State: OH Country: UNITED STATES From: 8 /2014 To: 12 /2022 Verified:
---	---

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OH	Occupational Therapy Assistant (OTA) OTA007957	A	3/26/21	6/30/24	2/27/24

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5919 MIRANDA RUTH OSWALD
 Occupational Therapist

Practice Address:
 January 04, 2024

NOT OKLAHOMA

Status:
Res:
Received: 01/04/2024
Entered: 01/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5919
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SAGINAW VALLEY STATE UNIVERSITY					
City: UNIVERSITY CENTER		State: MI	Country: UNITED STATES		
Degree: MASTER OF SCIENCE IN OCCUPATIONAL THERAPY		From: 5/2017	To: 12/ 2019	Verified:	
<hr/>					
School Name: SAGINAW VALLEY STATE UNIVERSITY					
City: UNIVERSITY CENTER		State: MI	Country: UNITED STATES		
Degree: BACHELOR OF SCIENCE		From: 8/2013	To: 5/ 2017	Verified:	
<hr/>					
School Name: ALMA HIGH SCHOOL					
City: ALMA		State: MI	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2009	To: 6/ 2013	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5919 MIRANDA RUTH OSWALD
 Occupational Therapist

PRACTICE HISTORY

Employed: Dot Com Therapy **Supervisor:**
City: MOUNT PLEASANT **State:** MI **Country:** UNITED STATES
Specialty: NEED JOB TITLE **From:** 7 /2023 **To:** / **Verified:**
Comments: SCHOOL-BASED TELEHEALTH POSITION. DOT COM THERAPY HEADQUARTERS IS IN
 MADISON, WI. I WORK REMOTELY.

Employed: Farm Bureau Insurance- Allen Family Agency **Supervisor:**
City: MOUNT PLEASANT **State:** MI **Country:** UNITED STATES
Specialty: INSURANCE SALES AND MARKETING **From:** 8 /2021 **To:** / **Verified:**
Comments:

Employed: Gratiot-Isabella RESD **Supervisor:**
City: ITHACA **State:** MI **Country:** UNITED STATES
Specialty: CONTRACT OT **From:** 2 /2021 **To:** 6 /2021 **Verified:**
Comments: FILLING IN FOR LEAVE OF ABSENCE

Employed: Waverly Community Schools **Supervisor:**
City: LANSING **State:** MI **Country:** UNITED STATES
Specialty: OCCUPATIONAL THERAPIST **From:** 8 /2020 **To:** 8 /2021 **Verified:**
Comments: GRADES K-12

Employed: Willsub **Supervisor:**
City: PORTLAND **State:** MI **Country:** UNITED STATES
Specialty: SUBSTITUTE TEACHER **From:** 10 /2017 **To:** 6 /2020 **Verified:**
Comments:

Employed: ABA Connections of Central Michigan **Supervisor:**
City: MIDLAND **State:** MI **Country:** UNITED STATES
Specialty: BEHAVIOR TECHNICIAN **From:** 5 /2016 **To:** 1 /2018 **Verified:**
Comments:

Employed: Meadowview Manor **Supervisor:**
City: SAGINAW **State:** MI **Country:** UNITED STATES
Specialty: CNA **From:** 10 /2015 **To:** 4 /2016 **Verified:**
Comments: AT ASSISTED LIVING FACILITY

Employed: SouthernCare Hospice **Supervisor:**
City: SAGINAW **State:** MI **Country:** UNITED STATES
Specialty: CNA **From:** 9 /2014 **To:** 4 /2016 **Verified:**
Comments: AT HOME-CARE HOSPICE

Employed: Stone Crest Assisted Living **Supervisor:**
City: FREELAND **State:** MI **Country:** UNITED STATES
Specialty: CNA **From:** 8 /2013 **To:** 9 /2014 **Verified:**
Comments: AT ASSISTED LIVING

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
FL	OT OT24537	A	8/24/23	2/28/25	1/3/24
MI	OT 5201010959	A	7/16/20	7/16/25	1/3/24
SC	OT 7022	A	10/6/23	3/15/25	1/4/24

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type	Number	Name
OT	5919	MIRANDA RUTH OSWALD

Occupational Therapist

DEFICIENCIES

Extended Background Check

Time Deficiency Form for: NEED JOB TITLE FOR DOT COM THERAPY; ARE YOU CURRENTLY WORKING AT FARM BUREAU AND DOT COM THERAPY? - MUST USE TIME DEFICIENCY FORM
OTHER DEFICIENCIES: WHEN WAS THE LAST TIME YOU PRACTICED AS AN OT?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5920 GRACE ELENABELLE COX
 Occupational Therapist

Practice Address:
 January 04, 2024

Status:
Res:
Received: 01/04/2024
Entered: 01/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5920
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: COLORADO MESA UNIVERSITY					
City: GRAND JUNCTION		State: CO		Country: UNITED STATES	
Degree: MASTER OF SCIENCE- OCCUPATIONAL THERAPY		From: 1/2021	To: 12/ 2023	Verified:	
<hr/>					
School Name: OKLAHOMA CHRISTIAN UNIVERSITY					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCE IN INTERDISCIPLINARY STUDIES		From: 8/2016	To: 4/ 2020	Verified:	
<hr/>					
School Name: EAGLE POINT CHRISTIAN ACADEMY					
City: SAPULPA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2012	To: 5/ 2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5920 GRACE ELENABELLE COX
 Occupational Therapist

PRACTICE HISTORY					
Employed: Sensational Kids, Inc. City: EDMOND Specialty: THERAPY TECH Comments: THERAPY TECHNICIAN, DAYCARE WORKER, AND THERAPY AIDE	Supervisor: State: OK Country: UNITED STATES From: 10 /2019 To: 3 /2020 Verified:				
Employed: Faith Bible Church City: EDMOND Specialty: CHILDCARE AND DAYCARE WORKER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2017 To: 3 /2020 Verified:				
Employed: Cecil and Sons Discount Tires City: SAND SPRINGS Specialty: FRONT OFFICE MANAGER AND CASHIER Comments: 2/4/2024 CURRENTLY EMPLOYED HERE, TS	Supervisor: State: OK Country: UNITED STATES From: 8 /2014 To: / Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	5922	MCKINLEY HAYDON PAYNE
Occupational Therapist		

Practice Address:
January 16, 2024

Status:
Res:
Received: 01/09/2024
Entered: 01/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5922
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

Test	Score	Date Taken	Date Verified	Attempts
Test 1:				
Test 2:				
Test 3:				
Test AV:				
Total Possible:				
Okla Passing:				
Total Score:	1			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5922 MCKINLEY HAYDON PAYNE
 Occupational Therapist

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MOT		From: 6/2021		To: 5/ 2024 Verified:	
School Name: OKLAHOMA CITY COMMUNITY COLLEGE					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:		From: 1/2020		To: 5/ 2020 Verified:	
School Name: SOUTHEASTERN OKLAHOMA STATE UNIVERSITY					
City: DURANT		State: OK		Country: UNITED STATES	
Degree:		From: 1/2020		To: 7/ 2020 Verified:	
School Name: UNIVERSITY OF CENTRAL OKLAHOMA					
City: EDMOND		State: OK		Country: UNITED STATES	
Degree: BA PSYCHOLOGY		From: 1/2019		To: 5/ 2021 Verified:	
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree:		From: 8/2018		To: 12/ 2018 Verified:	
School Name: EASTERN OKLAHOMA STATE COLLEGE					
City: WILBURTON		State: OK		Country: UNITED STATES	
Degree:		From: 5/2016		To: 5/ 2018 Verified:	
School Name: ANTLERS HIGH SCHOOL					
City: ANTLERS		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2014		To: 5/ 2018 Verified:	

PRACTICE HISTORY					
Employed: Payne Media Group			Supervisor:		
City: HUGO		State: OK		Country: UNITED STATES	
Specialty: BOARD OPERATOR/ TECHICAL ASSISTANT		From: 8 /2017		To: / Verified:	
Comments: 2/9/24MT- CURRENTLY WORKING WORK PART-TIME IN PERSON AND REMOTELY FOR LIVE REMOTE ASSISTANCE AND RADIO PROGRAMMING.					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Evidence of Status
Application Instructions
OATH
PHOTO
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5923 KATLYN MARIE MCDONALD
 Occupational Therapist

Practice Address:
 January 10, 2024

Status:
Res:
Received: 01/10/2024
Entered: 01/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5923
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA		State: OK	Country: UNITED STATES		
City: TULSA		From: 6/2021	To: /	Verified:	
Degree: MASTER OF OT					
School Name: ROGERS STATE UNIVERSITY		State: OK	Country: UNITED STATES		
City: CLAREMORE		From: 5/2018	To: 5/ 2021	Verified:	
Degree: B.S. IN SOCIAL SCIENCES, PSYCHOLOGY					
School Name: OKLAHOMA WESLEYAN UNIVERSITY		State: OK	Country: UNITED STATES		
City: BARTLESVILLE		From: 8/2017	To: 5/ 2018	Verified:	
Degree: N/A					
School Name: REJOICE CHRISTIAN HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: OWASSO		From: 1/2016	To: 5/ 2017	Verified:	
Degree: HIGH SCHOOL DIPLOMA					
School Name: CLAREMORE HIGH SCHOOL		State: OK	Country: UNITED STATES		
City: CLAREMORE		From: 8/2013	To: 12/ 2015	Verified:	
Degree: N/A					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5923 KATLYN MARIE MCDONALD
 Occupational Therapist

PRACTICE HISTORY					
Employed: University of Oklahoma City: TULSA Specialty: GRADUATE ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2022 To: 5 /2023 Verified:				
Employed: Rejoice Christian Schools City: OWASSO Specialty: AFTER CARE TEACHER Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2018 To: 1 /2022 Verified:				
Employed: Tulsa Zoo City: TULSA Specialty: RETAIL ASSOCIATE Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2018 To: 9 /2018 Verified:				
Employed: Pediatric Developmental Care City: OWASSO Specialty: ADMINISTRATIVE ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2013 To: 7 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
Time Deficiency Form for: WHEN IS GRADUATION DATE FROM UNIVERSITY OF OKLAHOMA? NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5926 MAGGI J HAYES
 Occupational Therapist

Practice Address:
 January 16, 2024

Status:
Res:
Received: 01/16/2024
Entered: 01/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5926
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERISTY OF OKLAHOMA HEALTH AND SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: OCCUPATIONAL THERAPY		From: 6/2021		To: 5/ 2024 Verified:	
<hr/>					
School Name: UNIVERSITY OF OKLAHOMA					
City: NORMAN		State: OK		Country: UNITED STATES	
Degree: HUMAN RELATIONS		From: 8/2017		To: 5/ 2021 Verified:	
<hr/>					
School Name: VALLIANT PUBLIC SCHOOLS					
City: VALLIANT		State: OK		Country: UNITED STATES	
Degree:		From: 8/2014		To: 5/ 2017 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5926 MAGGI J HAYES
 Occupational Therapist

PRACTICE HISTORY					
Employed:	ACES	Supervisor:			
	City: NORMAN	State: OK	Country: UNITED STATES		
	Specialty: REGISTERED BEHAVIOR TECH	From: 1 / 2022	To: 5 / 2023	Verified:	
Comments:					
Employed:	Goddard Physical Therapy	Supervisor:			
	City: NORMAN	State: OK	Country: UNITED STATES		
	Specialty: PHYSICAL THERAPY STUDENT AIDE	From: 5 / 2020	To: 7 / 2021	Verified:	
Comments:					
Employed:	Goddard Pharmacy	Supervisor:			
	City: NORMAN	State: OK	Country: UNITED STATES		
	Specialty: PHARMACY CLERK	From: 9 / 2018	To: 6 / 2019	Verified:	
Comments:					
Employed:	NCB Machine	Supervisor:			
	City: VALLIANT	State: OK	Country: UNITED STATES		
	Specialty: SECRETARY	From: 5 / 2018	To: 8 / 2018	Verified:	
Comments:					
Employed:	Valliant Public Schools	Supervisor:			
	City: VALLIANT	State: OK	Country: UNITED STATES		
	Specialty: SUMMER SCHOOL TEACHER	From: 5 / 2017	To: 8 / 2017	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Evidence of Status
Application Instructions
OATH
PHOTO
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5927 COLBY RYAN CHAMBLIN
 Occupational Therapist

Practice Address:
 February 21, 2024

Status:
Res:
Received: 01/24/2024
Entered: 01/24/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5927
Sex: M
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTERS OF OCCUPATIONAL THERAPY		From: 6/2021		To: 5/ 2024 Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BS- APPLIED EXERCISE SCIENCE		From: 8/2017		To: 5/ 2021 Verified:	
<hr/>					
School Name: SHAWNEE HIGH SCHOOL					
City: SHAWNEE		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/2013		To: 5/ 2017 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5927 COLBY RYAN CHAMBLIN
 Occupational Therapist

PRACTICE HISTORY					
Employed: Archdiocese of Oklahoma City City: OKLAHOMA CITY Specialty: CAMP COUNSELOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2020 To: 8 /2020 Verified:				
Employed: St. John Catholic Student Center City: STILLWATER Specialty: STUDENT EMPLOYEE Comments:	Supervisor: State: OK Country: UNITED STATES From: 9 /2019 To: 4 /2020 Verified:				
Employed: Archdiocese of Oklahoma City City: OKLAHOMA CITY Specialty: CAMP COUNSELOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2019 To: 8 /2019 Verified:				
Employed: Archdiocese of Oklahoma City City: OKLAHOMA CITY Specialty: CAMP COUNSELOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2018 To: 8 /2018 Verified:				
Employed: Archdiocese of Oklahoma City City: OKC Specialty: CAMP COUNSELOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2017 To: 8 /2017 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	5928	CATHERINE ESTELLE DECKER
Occupational Therapist		

Practice Address:
February 20, 2024

Status:
Res:
Received: 02/01/2024
Entered: 02/01/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5928
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION	
School Name: WEST VIRGINIA UNIVERSITY	
City: MORGANTOWN	State: WV Country: UNITED STATES
Degree: MASTERS IN OCCUPATIONAL THERAPY	From: 8/2013 To: 5/ 2018 Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5928 CATHERINE ESTELLE DECKER
 Occupational Therapist

PRACTICE HISTORY

Employed: Century Rehabilitation **Supervisor:**
City: AUSTIN **State:** TX **Country:** UNITED STATES
Specialty: REHAB DIRECTOR **From:** 8 /2020 **To:** / **Verified:**
Comments: REHAB DIRECTOR, PROMOTED TO SENIOR REHAB DIRECTOR, AND THEN PROMOTED TO AREA DIRECTOR OF OPERATIONS

Employed: Kindred RehabCare **Supervisor:**
City: AUSTIN **State:** TX **Country:** UNITED STATES
Specialty: OT **From:** 3 /2020 **To:** 8 /2020 **Verified:**
Comments: OCCUPATIONAL THERAPIST AT A SKILLED NURSING FACILITY.

Employed: Remedy Therapy Staffing **Supervisor:**
City: AUSTIN **State:** TX **Country:** UNITED STATES
Specialty: PRN HOME HEALTH OCCUPATIONAL THERAPIST **From:** 1 /2020 **To:** / **Verified:**
Comments:

Employed: Century Rehabilitation **Supervisor:**
City: DRIPPING SPRINGS **State:** TX **Country:** UNITED STATES
Specialty: OT **From:** 8 /2019 **To:** 3 /2020 **Verified:**
Comments: OCCUPATIONAL THERAPIST AT A SKILLED NURSING FACILITY.

Employed: Encore Rehabilitation **Supervisor:**
City: CLEVELAND **State:** OH **Country:** UNITED STATES
Specialty: OT **From:** 9 /2018 **To:** 8 /2019 **Verified:**
Comments: OCCUPATIONAL THERAPIST AT A SKILLED NURSING FACILITY

Employed: Cleveland Clinic **Supervisor:**
City: CLEVELAND **State:** OH **Country:** UNITED STATES
Specialty: PRN OT **From:** 8 /2018 **To:** 8 /2019 **Verified:**
Comments: PRN OCCUPATIONAL THERAPIST AT A ACUTE CARE AND SKILLED REHABILITATION FACILITY.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
OH	Occupational Therapist 010265		7/23/18		
TX	Occupational Therapist 120204	A	8/23/19	3/31/24	2/27/24

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

Time Deficiency Form for: 03/2013-08/2013 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED FOR REMEDY THERAPY STAFFING AND CENTURY REHABILITATION?

Verify License from OH 010265

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5930 BRANDY BROWN
 Occupational Therapist

Practice Address:
 February 06, 2024
 OKLAHOMA BAPTIST UNIVERSITY
 500 WEST UNIVERSITY ST

 SHAWNEE, OK 74804-2522
 POTTAWATOMIE

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5930
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION				
School Name: WEST VIRGINIA UNIVERSITY				
City: MORGANTOWN	State: WV	Country: UNITED STATES		
Degree:	From: 8/2014	To: 5/ 2022	Verified:	
<hr/>				
School Name: CHATHAM UNIVERSITY				
City: PITTSBURGH	State: PA	Country: UNITED STATES		
Degree:	From: 8/2010	To: 12/ 2011	Verified:	
<hr/>				
School Name: WEST VIRGINIA UNIVERSITY				
City: MORGANTOWN	State: WV	Country: UNITED STATES		
Degree:	From: 5/2007	To: 5/ 2008	Verified:	
<hr/>				
School Name: WEST VIRGINIA UNIVERSITY				
City: MORGANTOWN	State: WV	Country: UNITED STATES		
Degree:	From: 8/2003	To: 5/ 2007	Verified:	
<hr/>				
School Name: MORGANTOWN HIGH SCHOOL				
City: MORGANTOWN	State: WV	Country: UNITED STATES		
Degree:	From: 8/1999	To: 5/ 2003	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5930 BRANDY BROWN
 Occupational Therapist

PRACTICE HISTORY					
Employed: Oklahoma Baptist University City: SHAWNEE Specialty: FULL-TIME ACADEMIC APPOINTMENT Comments:	Supervisor: State: OK Country: UNITED STATES From: 2 /2024 To: / Verified:				
Employed: University of Charleston City: CHARLESTON Specialty: FULL TIME ACADEMIC APPOINTMENT Comments:	Supervisor: State: WV Country: UNITED STATES From: 4 /2021 To: 1 /2024 Verified:				
Employed: West Virginia University City: MORGANTOWN Specialty: ACADEMIC APPOINTMENT Comments: FULL-TIME ACADEMIC APPOINTMENT WITH COVERAGE IN OUTPATIENT AND MENTAL HEALTH AS NEEDED	Supervisor: State: WV Country: UNITED STATES From: 9 /2013 To: 4 /2021 Verified:				
Employed: Health South (now Encompass Health) Mountainview R City: MORGANTOWN Specialty: OT DEPT MANAGER Comments: INPATIENT REHABILITATION HOSPITAL WITH OUTPATIENT PRACTICE AS WELL	Supervisor: State: WV Country: UNITED STATES From: 5 /2009 To: 9 /2013 Verified:				
Employed: Genesis Health Care City: FAIRMONT Specialty: SKILLED NURSING & ASSISTED LIVING FACILITY Comments:	Supervisor: State: WV Country: UNITED STATES From: 6 /2008 To: 5 /2009 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
WV	Occupational Therapy 1383	A	7/2/08	12/31/25	2/28/24
PA	OT OC010900	I	10/10/08	6/30/13	2/5/24

DEFICIENCIES
 OTHER DEFICIENCIES: NEED JOB TITLE FOR ALL JOBS LISTED / HAVE YOU BEEN EMPLOYED AS AN OT WITHIN THE LAST 12 MONTHS? / WHERE DID YOU OBTAIN YOUR OT DEGREE?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5931 ALLIYAH HIGGINS-JONES
 Occupational Therapist

Practice Address:
 February 07, 2024
 KIDSOURCE THERAPY
 100 GAMBLE ROAD

 LITTLE ROCK, AR 72211
 NOT OKLAHOMA

Status:
Res:
Received: 02/07/2024
Entered: 02/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5931
Sex: F
Ethnic Origin: 2

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: UNIVERSITY OF CENTRAL ARKANSAS		State: AR	Country: UNITED STATES
City: CONWAY		From: 8/2020	To: 8/ 2023 Verified:
Degree: DOCTORATE OF OCCUPATIONAL THERAPY			
School Name: UNIVERSITY OF CENTRAL ARKANSAS		State: AR	Country: UNITED STATES
City: CONWAY		From: 8/2017	To: 5/ 2020 Verified:
Degree: BACHELOR OF SCIENCE			
School Name: PARKVIEW PERFORMING ARTS SCIENCE MAGNET HIGH SCHOO		State: AR	Country: UNITED STATES
City: LITTLE ROCK		From: 8/2010	To: 5/ 2014 Verified:
Degree:			
PRACTICE HISTORY			
Employed: Kidsource Therapy		Supervisor:	
City: LITTLE ROCK		State: AR	Country: UNITED STATES
Specialty: NEED JOB TITLE		From: 10 /2023	To: / Verified:
Comments: PEDIATRIC OUTPATIENT CLINIC, TREATING CHILDREN FROM 0-21 YEARS OF AGE.			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5931 ALLIYAH HIGGINS-JONES
 Occupational Therapist

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Occupational Therapy OTR3858	A	10/19/23	8/31/24	2/9/24

DEFICIENCIES

OTHER DEFICIENCIES: NEED JOB TITLE FOR KIDSOURCE THERAPY

Time Deficiency Form for: 08/2014-08/2017 , ARE YOU CURRENTLY EMPLOYED AT KIDSOURCE THERAPY? -- MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5933 PAIGE JORDAN BIGHAM
 Occupational Therapist

Practice Address:
 March 07, 2024

NOT OKLAHOMA

Status:
Res:
Received: 02/10/2024
Entered: 02/10/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5933
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF TEXAS, TYLER					
City: TYLER		State: TX	Country: UNITED STATES		
Degree: MASTERS OF OCCUPATIONAL THERAPY		From: 8/2021	To: 12/ 2023	Verified:	
School Name: BAPTIST COLLEGE OF HEALTH SCIENCES LITTLE ROCK					
City: LITTLE ROCK		State: AR	Country: UNITED STATES		
Degree: CERTIFIED OCCUPATIONAL THERAPIST ASSISTANT		From: 8/2016	To: 5/ 2018	Verified:	
School Name: HENDERSON STATE UNIVERSITY					
City: ARKADELPHIA		State: AR	Country: UNITED STATES		
Degree: BACHELORS OF PSYCHOLOGY		From: 8/2012	To: 12/ 2015	Verified:	
School Name: DEQUEEN PUBLIC SCHOOLS					
City: DEQUEEEN		State: AR	Country: UNITED STATES		
Degree: HS DIPLOMA		From: 8/1999	To: 8/ 2012	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5933 PAIGE JORDAN BIGHAM
 Occupational Therapist

PRACTICE HISTORY

Employed: SWEET HOME THERAPY, LLC **Supervisor:**
City: VALLIANT **State:** OK **Country:** UNITED STATES
Specialty: OA **From:** 2 / 2022 **To:** / **Verified:**
Comments:

Employed: Progressive Kids Therapy **Supervisor:**
City: MENA **State:** AR **Country:** UNITED STATES
Specialty: COTA **From:** 8 / 2018 **To:** 11 / 2018 **Verified:**
Comments:

Employed: DeQueen Medical Center **Supervisor:**
City: DEQUEEN **State:** AR **Country:** UNITED STATES
Specialty: COTA **From:** 8 / 2018 **To:** 4 / 2019 **Verified:**
Comments:

Employed: Dierks Health and Rehabilitation **Supervisor:**
City: DIERKS **State:** AR **Country:** UNITED STATES
Specialty: DIRECTOR OF REHABILITATION **From:** 4 / 2018 **To:** / **Verified:**
Comments:

Employed: The Hamburger Barn **Supervisor:**
City: ARKADELPHIA **State:** AR **Country:** UNITED STATES
Specialty: SERVER **From:** 4 / 2013 **To:** 8 / 2018 **Verified:**
Comments: FOOD SERVICE WORKING AS A

Employed: The Buckle **Supervisor:**
City: TEXARKANA **State:** AR **Country:** UNITED STATES
Specialty: CUSTOMER SERVICE **From:** 5 / 2012 **To:** 4 / 2013 **Verified:**
Comments: CLOTHING DEPARTMENT STORE.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
AR	OA OT-A1387	A	7/27/18	8/31/24	3/7/24
OK	OA 2406	A	2/9/22	10/31/24	3/7/24
AR	OT OTR3907	A	2/15/24	8/31/24	3/7/24

DEFICIENCIES

PHOTO

OTHER DEFICIENCIES: DO YOU HAVE ANY RELATED PRACTICE HISTORY FOR YOUR OT LICENSE IN AR?

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: ARE YOU CURRENTLY WORKING AS THE DIRECTOR OF REHAB AT DIERKS?; ARE YOU CURRENTLY PRACTICING AS AN OTA AT SWEET THERAPY IN OK?; - MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5934 AUDRY MICHELLE LANE
 Occupational Therapist

Practice Address:
 February 12, 2024

Status:
Res:
Received: 02/12/2024
Entered: 02/12/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5934
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 6/2021		To: / Verified:	
<hr/>					
School Name: MISSOURI STATE UNIVERSITY					
City: SPRINGFIELD		State: MO		Country: UNITED STATES	
Degree:		From: 8/2017		To: 5/ 2021 Verified:	
<hr/>					
School Name: OWASSO HIGH SCHOOL					
City: OWASSO		State: OK		Country: UNITED STATES	
Degree:		From: 8/2013		To: 5/ 2017 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5934 AUDRY MICHELLE LANE
 Occupational Therapist

PRACTICE HISTORY	
<p>Employed: Acumen Fiscal Agent City: TULSA Specialty: NEED JOB TITLE Comments: WORKED AS HABILITATION TRAINING SUPPORT DEVELOPING SOCIAL SKILLS AND INDEPENDENCE IN CLIENTS</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 6/2021 To: / Verified:</p>
<p>Employed: Judevine Center for Autism City: SPRINGFIELD Specialty: NEED JOB TITLE Comments: WORKED AS DIRECT SUPPORT PROFESSIONAL PROMOTING INDEPENDENCE IN CLIENTS HOME AND COMMUNITY</p>	<p>Supervisor: State: MO Country: UNITED STATES From: 9/2018 To: 5/2021 Verified:</p>
<p>Employed: The Children's Depot City: OWASSO Specialty: NEED JOB TITLE Comments: WORKED AS ASSISTANT TEACHER PROVIDING CARE FOR CHILDREN 6MO-12YRS OLD</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 9/2015 To: 8/2018 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES
 NBCOT-(Nat'l Certif/Regist)
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED AT ACUMEN FISCAL AGENT? / WHEN IS EXPECTED GRADUATION DATE FROM OU HEALTH SCIENCE CENTER AND WHAT DEGREE ARE YOU PURSUING / NEED JOB TITLES FOR ALL LISTED EMPLOYMENT HISTORY

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5935 DIANE KIM TARR
 Occupational Therapist

Practice Address:
 February 16, 2024

Status:
Res:
Received: 02/15/2024
Entered: 02/15/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5935
Sex: F
Ethnic Origin: 6

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: SALUS UNIVERSITY					
City: ELKINS PARK		State: PA	Country: UNITED STATES		
Degree: MASTERS IN SCIENCES OF OT		From: 8/2021	To: 6/2023	Verified:	
<hr/>					
School Name: ROWAN UNIVERSITY					
City: GLASSBORO		State: NJ	Country: UNITED STATES		
Degree: BS IN HEALTH WELLNESS AND MANAGEMENT		From: 9/2016	To: 6/2020	Verified:	
<hr/>					
School Name: WASHINGTON TOWNSHIP HS					
City: TURNERSVILLE		State: NJ	Country: UNITED STATES		
Degree:		From: 9/2012	To: 6/2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5935 DIANE KIM TARR
 Occupational Therapist

PRACTICE HISTORY

Employed: Nor Lea Hospital	Supervisor:
City: LOVINGTON	State: NM Country: UNITED STATES
Specialty: OTR	From: 11 / 2023 To: 2 / 2024 Verified:
Comments: IN OUTPATIENT AND INPATIENT SETTING	

Employed: The nexus school	Supervisor:
City: ROSLYN	State: PA Country: UNITED STATES
Specialty: OT STUDENT	From: 4 / 2023 To: 7 / 2023 Verified:
Comments: OT LEVEL 2 FIELDWORK STUDENT AT SCHOOL FOR SPECIAL NEEDS	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
NM	OT OT-2023-0252	A	10/26/23	9/30/24	2/14/24
PA	OT OC019493	A	9/26/23	6/30/25	2/14/24

DEFICIENCIES

Time Deficiency Form for: 6/2020-8/2021; 07/2023-11/2023 - MUST USE TIME DEFICIENCY FORM

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5937 CLAUDIA GAIL VOEGELE MORAN
 Occupational Therapist

Practice Address:

February 17, 2024
 PEDIATRIC THERAPY OF ARKANSAS
 108 HORSESHOE DRIVE

 SHERWOOD, AR 72120-3433
 NOT OKLAHOMA

Status:
Res:
Received: 02/17/2024
Entered: 02/17/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5937
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: UNIVERSITY OF NORTH CAROLINA					
City: CHAPEL HILL	State: NC	Country: UNITED STATES			
Degree: MS OCCUPATIONAL THERAPY	From: 6/1993	To: 8/ 1995	Verified:		
<hr/>					
School Name: UNIVERSITY OF CENTRAL ARKANSAS					
City: CONWAY	State: AR	Country: UNITED STATES			
Degree: BS BIOLOGY	From: 8/1985	To: 5/ 1990	Verified:		
<hr/>					
School Name: BAUXITE HIGH SCHOOL					
City: BAUXITE	State: AR	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/1981	To: 5/ 1985	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5937 CLAUDIA GAIL VOEGELE MORAN
 Occupational Therapist

PRACTICE HISTORY					
Employed: North Little Rock School District City: NORTH LITTLE ROCK Specialty: OCCUPATIONAL THERAPIST Comments:	Supervisor: State: AR Country: UNITED STATES From: 9 / 1996 To: / Verified:				
Employed: Total Pediatric Therapy City: LITTLE ROCK Specialty: OCCUPATIONAL THERAPIST Comments:	Supervisor: State: AR Country: UNITED STATES From: 9 / 1995 To: 8 / 1996 Verified:				
Employed: Rehabworks City: RUSSELLVILLE Specialty: OCCUPATIONAL/PHYSICAL THERAPY AIDE Comments:	Supervisor: State: AR Country: UNITED STATES From: 12 / 1990 To: 6 / 1993 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
AR	Occupational Therapist OTR935	A	10/18/95	1/31/25	2/20/24

DEFICIENCIES
 Extended Background Check
 Time Deficiency Form for: 5/1990-12/1990 -- MUST USE TIME DEFICIENCY FORM
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH NORTH LITTLE ROCK SCHOOL DISTRICT?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5938 TIMBER HARDBARGER
 Occupational Therapist

Practice Address:
 March 01, 2024

Status:
Res:
Received: 03/01/2024
Entered: 03/01/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5938
Sex: F
Ethnic Origin: 3

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: BAYLOR UNIVERSITY					
City: WACO		State: TX	Country: UNITED STATES		
Degree: DOCTORATE OF OCCUPATIONAL THERAPY		From: 1/2022	To: 12/ 2023	Verified:	
School Name: NORTHEASTERN STATE UNIVERSITY					
City: TAHLEQUAH		State: OK	Country: UNITED STATES		
Degree: HEALTH AND HUMAN PERFORMANCE		From: 8/2018	To: 12/ 2021	Verified:	
School Name: STILWELL HIGH SCHOOL					
City: STILWELL		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2014	To: 5/ 2018	Verified:	
PRACTICE HISTORY					
Employed:		Supervisor:			
City:		State:	Country:		
Specialty:		From: /	To: /	Verified:	
Comments:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	5938	TIMBER HARDBARGER

Occupational Therapist

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif

<u>DEFICIENCIES</u>
Application Instructions

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5940 SHANNA WILSON
 Occupational Therapist

Practice Address:
 March 05, 2024
 GUARDIAN HOME HEALTH
 100 W LAMBERTH RD #A

 SHERMAN, TX 75092
 NOT OKLAHOMA

Status:
Res:
Received: 03/05/2024
Entered: 03/05/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5940
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TEXAS WOMAN'S UNIVERSITY					
City: DALLAS		State: TX		Country: UNITED STATES	
Degree: OCCUPATIONAL THERAPY		From: 8/2019		To: 12/ 2021 Verified:	
<hr/>					
School Name: TEXAS WOMAN'S UNIVERSITY					
City: DENTON		State: TX		Country: UNITED STATES	
Degree: BIOLOGY		From: 8/2015		To: 5/ 2019 Verified:	
<hr/>					
School Name: TRENTON HIGH SCHOOL					
City: TRENTON		State: TX		Country: UNITED STATES	
Degree:		From: 8/2011		To: 5/ 2015 Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5940 SHANNA WILSON
 Occupational Therapist

PRACTICE HISTORY					
Employed:	Amedisys	Supervisor:			
	City: SHERMAN	State: TX	Country: UNITED STATES		
	Specialty: HOME HEALTH OCCUPATIONAL THERAPIST	From: 1 / 2024	To: /	Verified:	
Comments:					
Employed:	Carrus Specialty Hospital	Supervisor:			
	City: SHERMAN	State: TX	Country: UNITED STATES		
	Specialty: OT	From: 12 / 2021	To: /	Verified:	
Comments:	OCCUPATIONAL THERAPIST AT AN INPATIENT REHAB FACILITY				
Employed:	Pate Rehab	Supervisor:			
	City: ANNA	State: TX	Country: UNITED STATES		
	Specialty: REHAB TECHNICIAN	From: 1 / 2019	To: 3 / 2022	Verified:	
Comments:	REHAB TECHNICIAN AT A TRAUMATIC BRAIN INJURY FACILITY				
Employed:	Trenton ISD	Supervisor:			
	City: TRENTON	State: TX	Country: UNITED STATES		
	Specialty: SUBSTITUTE TEACHER FOR K-8TH GRADE	From: 10 / 2016	To: 5 / 2017	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational Therapy 122301	A	1/3/22	9/30/24	3/14/24

DEFICIENCIES
 Evidence of Status
 Application Instructions
 OATH
 TIME
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH CARRUS SPECIALTY HOSPITAL AND AMEDISYS?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5941 KAYLA VOGEL
 Occupational Therapist

Practice Address:
 March 07, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5941
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree:	From: 6/2021	To: /	Verified:		
School Name: PACIFIC UNIVERSITY					
City: HILLSBORO		State: OR		Country: UNITED STATES	
Degree:	From: 9/2019	To: 8/ 2021	Verified:		
School Name: FOOTHILL COLLEGE					
City: LOS ALTOS HILLS		State: CA		Country: UNITED STATES	
Degree:	From: 7/2018	To: 8/ 2018	Verified:		
School Name: COLLEGE OF THE REDWOODS					
City: EUREKA		State: CA		Country: UNITED STATES	
Degree:	From: 6/2018	To: 7/ 2018	Verified:		
School Name: HUMBOLDT STATE UNIVERSITY					
City: ARCATA		State: CA		Country: UNITED STATES	
Degree:	From: 8/2013	To: 12/ 2017	Verified:		
School Name: JOHN C. KIMBALL HIGH SCHOOL					
City: TRACY		State: CA		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA	From: 8/2009	To: 6/ 2013	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5941 KAYLA VOGEL
 Occupational Therapist

PRACTICE HISTORY

Employed: Pacific University **Supervisor:**
City: HILLSBORO **State:** OR **Country:** UNITED STATES
Specialty: LIBRARY STUDENT EMPLOYEE **From:** 10 /2019 **To:** 12 /2019 **Verified:**
Comments:

Employed: None **Supervisor:**
City: CORNELIUS **State:** OR **Country:** UNITED STATES
Specialty: UNEMPLOYED **From:** 7 /2019 **To:** 9 /2019 **Verified:**
Comments: MOVING TO OREGON FROM CALIFORNIA TO BEGIN GRADUATE SCHOOL AT PACIFIC UNIVERSITY

Employed: Humboldt State University **Supervisor:**
City: ARCATA **State:** CA **Country:** UNITED STATES
Specialty: STUDENT EMPLOYEE **From:** 9 /2015 **To:** 7 /2019 **Verified:**
Comments: STUDENT EMPLOYEE IN STUDENT DISABILITY RESOURCE CENTER

 PROFESSIONAL EMPLOYEE IN TESTING CENTER

Employed: C&K Market **Supervisor:**
City: MCKINLEYVILLE **State:** CA **Country:** UNITED STATES
Specialty: RAY'S FOOD PLACE GROCERY STORE EMPLOYEE **From:** 7 /2014 **To:** 2 /2016 **Verified:**
Comments:

Employed: Round Table Pizza **Supervisor:**
City: MCKINLEYVILLE **State:** CA **Country:** UNITED STATES
Specialty: ROUND TABLE PIZZA CREW MEMBER **From:** 5 /2014 **To:** 8 /2014 **Verified:**
Comments:

Employed: In-Shape Health Club **Supervisor:**
City: TRACY **State:** CA **Country:** UNITED STATES
Specialty: KID'S CLUB ATTENDANT AT IN-SHAPE HEALTH CLUB **From:** 6 /2013 **To:** 8 /2013 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Evidence of Status

Application Instructions

OATH

PHOTO

OTHER DEFICIENCIES: WHEN IS GRADUATION DATE FROM OU HEALTH SCIENCES CENTER?

WHERE DID YOU OBTAIN YOUR OT DEGREE?

NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5942 KELLI LYNN SWAIM
 Occupational Therapist

Practice Address:
 March 08, 2024

Status:
Res:
Received: 03/07/2024
Entered: 03/07/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5942
Sex: F
Ethnic Origin: 1

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE			
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Degree: ASSOCIATE IN AAS OCCUPATIONAL THERAPY ASSISTANT	From: 8/2022	To: 5/ 2024	Verified:
<hr/>			
School Name: OKLAHOMA CITY COMMUNITY COLLEGE			
City: OKLAHOMA CITY	State: OK	Country: UNITED STATES	
Degree: ASSOCIATE IN DIVERSIFIED STUDIES AA	From: 3/2020	To: 5/ 2022	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5942 KELLI LYNN SWAIM
 Occupational Therapist

PRACTICE HISTORY

Employed: Oklahoma City Community College **Supervisor:**
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: FEDERAL STUDENT EMPLOYEE **From:** 10 /2022 **To:** 6 /2024 **Verified:**
Comments: I AM CURRENTLY EMPLOYED AS A FEDERAL STUDENT EMPLOYEE IN THE FACILITIES
 MANAGEMENT OFFICE.

Employed: Stay at home mother **Supervisor:**
City: MCALESTER **State:** OK **Country:** UNITED STATES
Specialty: STAY AT HOME MOM **From:** 1 /2019 **To:** 9 /2022 **Verified:**
Comments:

Employed: McAlester Army Ammunition Plant **Supervisor:**
City: MCALESTER **State:** OK **Country:** UNITED STATES
Specialty: I WAS AN EXPLOSIVE WORKER ON A **From:** 1 /2011 **To:** 1 /2019 **Verified:**
 PRODUCTION LINE.
Comments:

Employed: Stay at home mom **Supervisor:**
City: MCALESTER **State:** OK **Country:** UNITED STATES
Specialty: STAY AT HOME MOM **From:** 1 /2006 **To:** 1 /2011 **Verified:**
Comments:

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Social Security Number
 Application Instructions
 OATH
 Evidence of Status
 Extended Background Check
 PHOTO
 OTHER DEFICIENCIES: CANNOT PROCESS RECEIVED BACKGROUND CHECK- NEED COPY OF SSN
 NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OT 5943 BRANDI DANIELLE HIGNITE
Occupational Therapist

Practice Address:
March 11, 2024

Status:
Res:
Received: 03/09/2024
Entered: 03/09/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5943
Sex: F
Ethnic Origin: 3

Endorsed By:
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:	3			

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5943 BRANDI DANIELLE HIGNITE
 Occupational Therapist

PRE-MED EDUCATION			
School Name: UNIVERSITY OF LOUISIANA MONROE City: MONROE	State: LA	Country: UNITED STATES	
Degree: MASTERS OF OCCUPATIONAL THERAPY	From: 1/2022	To: 5/ 2024	Verified:
School Name: CONNORS STATE COLLEGE City: WARNER	State: OK	Country: UNITED STATES	
Degree: ASSOCIATES OF ARTS (GENERAL STUDIES)	From: 6/2016	To: 12/ 2017	Verified:
School Name: BACONE COLLEGE City: MUSKOGEE	State: OK	Country: UNITED STATES	
Degree:	From: 6/2012	To: 12/ 2012	Verified:
School Name: UNIVERSITY OF CENTRAL OKLAHOMA City: EDMOND	State: OK	Country: UNITED STATES	
Degree:	From: 8/2011	To: 12/ 2011	Verified:
School Name: CONNORS STATE COLLEGE City: WARNER	State: OK	Country: UNITED STATES	
Degree:	From: 8/2009	To: 5/ 2011	Verified:
School Name: OKTAHA HIGH SCHOOL City: OKTAHA	State: OK	Country: UNITED STATES	
Degree:	From: 8/2007	To: 5/ 2011	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5943 BRANDI DANIELLE HIGNITE
 Occupational Therapist

PRACTICE HISTORY			
Employed: WONDERFULLY MADE THERAPY GROUP City: OKMULGEE Specialty: OA Comments:	Supervisor: STACIE PARKS, OT 5695 State: OK Country: UNITED STATES From: 11 /2023 To: / Verified:		
Employed: ACCESS 2 HEALTHCARE SOLUTIONS City: MUSKOGEE Specialty: OA Comments:	Supervisor: MADALYNN ELIZABETH RICE, OT5697 State: Country: UNITED STATES From: 2 /2023 To: 9 /2023 Verified:		
Employed: ACCESS 2 HEALTHCARE SOLUTIONS City: MUSKOGEE Specialty: OA Comments:	Supervisor: KAYLA MARIE MONHOLLAND, OT 2144 State: OK Country: UNITED STATES From: 9 /2022 To: 2 /2023 Verified:		
Employed: ACCESS 2 HEALTHCARE City: MUSKOGEE Specialty: OA Comments:	Supervisor: SYDNEY TUCKER, OT 1531 State: OK Country: UNITED STATES From: 9 /2021 To: 8 /2022 Verified:		
Employed: ACCESS 2 HEALTHCARE SOLUTIONS City: OKLAHOMA CITY Specialty: OA Comments:	Supervisor: KAYLA MONHOLLAND, OT 2144 State: OK Country: UNITED STATES From: 8 /2021 To: / Verified:		
Employed: 40:31 REHAB AND WELLNESS PLLC City: MUSKOGEE Specialty: OA Comments:	Supervisor: TARA LOONEY, OT 2138 State: OK Country: UNITED STATES From: 7 /2020 To: 5 /2021 Verified:		
Employed: SOONER HOME HEALTH City: MUSKOGEE Specialty: OA Comments:	Supervisor: PENNY GRAVITT, OT 1288 State: OK Country: UNITED STATES From: 7 /2020 To: 4 /2022 Verified:		
Employed: NONE City: MUSKOGEE Specialty: STAY AT HOME MOM Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2017 To: 8 /2018 Verified:		
Employed: VA Medical Center City: MUSKOGEE Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2016 To: 6 /2016 Verified:		
Employed: Walker Family Dentistry City: MUSKOGEE Specialty: DENTAL ASSISTANT Comments:	Supervisor: State: OK Country: UNITED STATES From: 5 /2015 To: 12 /2015 Verified:		
Employed: Creek Nation Dental Clinic	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5943 BRANDI DANIELLE HIGNITE
 Occupational Therapist

<p>City: COWETA Specialty: DENTAL ASSISTANT Comments:</p>	<p>State: OK Country: UNITED STATES From: 12 / 2014 To: 5 / 2015 Verified:</p>
<p>Employed: NONE City: MUSKOGEE Specialty: STAYING HOME, COMPLICATIONS WIHT PREGNANCY Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 8 / 2014 To: 12 / 2014 Verified:</p>
<p>Employed: Hine Dental Clinic City: MUSKOGEE Specialty: DENTAL ASSISTANT Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 5 / 2014 To: 8 / 2014 Verified:</p>
<p>Employed: Arlington Dental Clinic City: ADA Specialty: DENTAL ASSISTANT Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 12 / 2013 To: 5 / 2014 Verified:</p>
<p>Employed: First United Bank City: ADA Specialty: BANK TELLER Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 7 / 2013 To: 12 / 2013 Verified:</p>
<p>Employed: LegalShield City: ADA Specialty: CALL CENTER REP Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 2 / 2013 To: 7 / 2013 Verified:</p>
<p>Employed: American Bank of Oklahoma City: MUSKOGEE Specialty: BANK TELLER Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 5 / 2012 To: 10 / 2012 Verified:</p>
<p>Employed: NONE City: MUSKOGEE Specialty: WAITING ON ACCEPTANCE INOT PROGRAM AT BACONE COLL Comments:</p>	<p>Supervisor: State: OK Country: UNITED STATES From: 12 / 2011 To: 5 / 2012 Verified:</p>

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
OK	Occupational Therapy Assistant 2127	A	11/1/19	10/31/24	3/15/24

Oklahoma State Board of Medical Licensure and Supervision
Application Summary

Type	Number	Name
OT	5943	BRANDI DANIELLE HIGNITE

Occupational Therapist

DEFICIENCIES

Application Instructions

OATH

Time Deficiency Form for: 8/2018-7/2020 -- MUST USE TIME DEFICIENCY FORM.

PHOTO

OTHER DEFICIENCIES:

NBCOT-(Nat'l Certif/Regist)

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OT 5944 TIMA DEAL
Occupational Therapist

Practice Address:
March 20, 2024

Status:
Res:
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5944
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5944 TIMA DEAL
 Occupational Therapist

PRE-MED EDUCATION			
School Name: TEXAS WOMEN'S UNIVERSITY City: DENTON	State: TX	Country: UNITED STATES	
Degree: ADVANCED CERTIFICATION IN OCCUPATIONAL THERAPY	From: 8/1983	To: 5/ 1986	Verified:
School Name: UNIVERSITY OF TEXAS AT ARLINGTON City: ARLINGTON	State: TX	Country: UNITED STATES	
Degree: BFA IN ART	From: 8/1979	To: 5/ 1982	Verified:
School Name: BAUDER FASHION SCHOOL City: ARLINGTON	State: TX	Country: UNITED STATES	
Degree: ASSOCIATE IN MERCHANDISING	From: 8/1978	To: 5/ 1979	Verified:
School Name: TEXAS A&I UNIVERSITY City: KINGSVILLE	State: TX	Country: UNITED STATES	
Degree:	From: 8/1977	To: 5/ 1978	Verified:
School Name: SUL ROSS STATE UNIVERSITY City: ALPINE	State: TX	Country: UNITED STATES	
Degree:	From: 8/1976	To: 5/ 1977	Verified:
School Name: MT VERNON HIGH SCHOOL City: MT. VERNON	State: TX	Country: UNITED STATES	
Degree:	From: 8/1974	To: 5/ 1976	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5944 TIMA DEAL
 Occupational Therapist

PRACTICE HISTORY					
Employed:	Fusion Medical Staffing	Supervisor:			
	City: OMAHA	State: NE	Country: UNITED STATES		
	Specialty: OT TRAVELER WITHIN TEXAS AND SOUTH CAROLINA	From: 2 / 2021	To: /	Verified:	
Comments:					
Employed:	Self Employed	Supervisor:			
	City: MT. VERNON	State: TX	Country: UNITED STATES		
	Specialty: NEED JOB TITLE	From: 1 / 1998	To: 4 / 2020	Verified:	
Comments:	SELF EMPLOYED TO NURMEROUS HOME HEALTH AGENCIES COVERING GREATER THAN 8 COUNTIES IN TEXAS.				
Employed:	The Villa	Supervisor:			
	City: MT. PLEASANT	State: TX	Country: UNITED STATES		
	Specialty: DOR FOR OT DEPARTMENT	From: 1 / 1994	To: 1 / 1998	Verified:	
Comments:	DOR FOR OT DEPARTMENT WITH SERVICES EXPANDING HOSPITAL, INPT, OUTPT, LTC, SKILLED.				
Employed:	Region VIII ECI and school ISDs	Supervisor:			
	City: MT. PLEASANT	State: TX	Country: UNITED STATES		
	Specialty: PEDIATRIC OT	From: 6 / 1986	To: 1 / 1994	Verified:	
Comments:	PEDIATRIC OT FOR ECI AGES BIRTH TO 3 Y/O ALL REGION VIII SCHOOL ISDS FOR SCHOOL OT				
Employed:	Mt Vernon Optic Herald	Supervisor:			
	City: MT VERNON	State: TX	Country: UNITED STATES		
	Specialty: WORKING IN ADVERTISING DEPT	From: 5 / 1982	To: 8 / 1983	Verified:	
Comments:					

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
NC	Occupational Therapist 13789		1/8/21		
TX	Occupational Therapist 102286	A	4/28/86	9/30/24	3/20/24
FL	Occupational Therapist OT 23326		2/14/23		
SC	Occupational Therapist OT.6055		12/11/20		

DEFICIENCIES
 Evidence of Status
 Application Instructions
 OATH
 Time Deficiency Form for: 4/2020- 2/2021 --MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH FUSION MEDICAL STAFFING? NEED JOB TITLE FOR SELF EMPLOYED JOB HISTORY
 Verify License from NC 13789
 Verify License from FL OT 23326
 Verify License from SC OT.6055

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 704 JONNA STEPHENSON
 Occupational Therapist

Practice Address:

October 27, 2000
 PROFESSIONAL NURSING & REHAB SVCS
 5115 E 51ST

 TULSA, OK 74135
 TULSA

Status: I
Res: RI
Received: 03/14/2024
Entered: 03/14/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 704
Sex: F
Ethnic Origin: 1

Endorsed By: PREVIOUS NBCOT
Orig Issued: 08/25/1995 **Orig. Lic. Exp:** 10/31/2002

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		0			
Okla Passing:		0			
Total Score:		0			

PRE-MED EDUCATION					
School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: BACHELORS IN OCCUPATIONAL THERAPY		From: 8/1992	To: 5/ 1995	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: PREREQUISITES FOR OT SCHOOL		From: 8/1989	To: 5/ 1992	Verified:	
<hr/>					
School Name: THOMAS EDISON					
City: TULSA		State: OK		Country: UNITED STATES	
Degree: HIGH SCHOOL DIPLOMA		From: 8/1985	To: 8/ 1989	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 704 JONNA STEPHENSON
 Occupational Therapist

PRACTICE HISTORY			
Employed: Health-Pro Heritage City: SOUTHLAKE Specialty: STAFF THERAPIST AND DOR Comments:	Supervisor: State: TX Country: UNITED STATES From: 12 /2022 To: 1 /2024 Verified:		
Employed: Cantex City: FLOWER MOUND Specialty: NEED JOB TITLE Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 /2020 To: 11 /2022 Verified:		
Employed: Sage Crest Hospital/ LTACH City: GRAPEVINE Specialty: STAFF THERAPIST AND THEN THE DOR. Comments:	Supervisor: State: TX Country: UNITED STATES From: 2 /2016 To: 1 /2020 Verified:		
Employed: Attentive Primecare Home Health Care City: FORT WORTH Specialty: HOME HEALTH THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2008 To: 8 /2011 Verified:		
Employed: Visiting Nurses Association City: FORTH WORTH Specialty: HOME HEALTH AND HOSPICE OT. Comments:	Supervisor: State: TX Country: UNITED STATES From: 3 /2006 To: 8 /2008 Verified:		
Employed: Milestone Healthcare City: DALLAS Specialty: OT Comments: OT PROVIDING TREATMENTS AND EVALUATIONS FOR A VARIETY OF SETTINGS.	Supervisor: State: TX Country: UNITED STATES From: 8 /2003 To: 4 /2006 Verified:		
Employed: Complete Medical Staffing City: DALLAS Specialty: TRAVELING OT Comments: TRAVELING OT FOR A VARIETY OF FACILITIES WITH SHORT TERM NEEDS.	Supervisor: State: TX Country: UNITED STATES From: 8 /2002 To: 8 /2003 Verified:		
Employed: Kindred Rehabilitation Services City: TULSA Specialty: PROGRAM MANAGER/DIRECTOR Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2001 To: 6 /2002 Verified:		
Employed: Professional Rehab Consultants City: TULSA Specialty: NEED JOB TITLE Comments: DOR IN A NEW FACILITY AND ASSISTED WITH ORDERING OF EQUIPMENT AND TRAINING/HIRING EMPLOYEES IN A SNF	Supervisor: State: OK Country: UNITED STATES From: 11 /1999 To: 6 /2001 Verified:		
Employed: Trinity Rehab City: TULSA Specialty: OT Comments: OT PROVIDING SERVICES TO HOSPITALS, SNFS, AND HOME HEALTH.	Supervisor: State: OK Country: UNITED STATES From: 7 /1996 To: 6 /2001 Verified:		
Employed: Therapist Unlimited City: TULSA Specialty: NEED JOB TITLE	Supervisor: TALITHA SCOTT, OT640 State: OK Country: UNITED STATES From: 7 /1995 To: 7 /1996 Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	704	JONNA STEPHENSON
Occupational Therapist		

Comments: PROVIDED TEMPORARY STAFFING NEEDS IN A VARIETY OF SETTING.

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational Therapist 110531	A	7/15/02	8/31/25	3/20/24
OK	OT 704	I	8/25/95	10/31/02	3/20/24

DEFICIENCIES

Evidence of Status

OATH

Time Deficiency Form for: 08/2011-02/2016 -- MUST USE TIME DEFICIENCY FORM

PHOTO

OTHER DEFICIENCIES: NEED JOB TITLES FOR THERAPIST UNLIMITED, PROFESSIONAL REHAB CONSULTANTS, AND CANTEX.

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 2129 TONIA BINGHAM
 Occupational Therapist

Practice Address:

March 08, 2024
 OU MEDICAL CENTER
 700 NE 13TH STREET

OKLAHOMA CITY, OKLAHOMA, TX 51517
 NOT OKLAHOMA

Status: I
Res: RI
Received: 03/08/2024
Entered: 03/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 2129
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: 04/12/2017 **Orig. Lic. Exp:** 10/31/2018

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:		0			
Okla Passing:		0			
Total Score:		0			

PRE-MED EDUCATION					
<hr/>					
School Name: TEXAS WOMAN'S UNIVERISTY					
City: DENTON	State: TX	Country: UNITED STATES			
Degree:	From: 8/1994	To: 8/ 1997	Verified:		
<hr/>					
School Name: CLEAR CREEK					
City: LEAGUE CITY	State: TX	Country: UNITED STATES			
Degree:	From: 8/1987	To: 6/ 1991	Verified:		
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 2129 TONIA BINGHAM
 Occupational Therapist

PRACTICE HISTORY			
Employed: OU MEDICAL CENTER City: OKLAHOMA CITY Specialty: OT Comments:	Supervisor: MISTY BROWN, OT 1899 State: OK Country: From: 4 /2017 To: / Verified:		
Employed: SUPERIOR PEDIATRIC City: AZLE Specialty: OT Comments:	Supervisor: State: TX Country: From: 10 /2014 To: / Verified:		
Employed: REFLECT/MAXIUM City: FT WORTH Specialty: CONTRACT OT IN EARLY CHILDHOOD INTERVENTION Comments:	Supervisor: State: TX Country: From: 2 /2014 To: 5 /2014 Verified:		
Employed: CONTINUUM REHABILITATION City: FLOWER MOUND Specialty: PRN OT IN INPATIENT REHAB Comments:	Supervisor: State: TX Country: From: 2 /2011 To: / Verified:		
Employed: BAYLOR HEALTH SYSTEM City: DALLAS Specialty: PRN OT IN INPAT REHAB & ACUTE CARE Comments:	Supervisor: State: TX Country: From: 1 /2009 To: 10 /2014 Verified:		
Employed: NONE City: Specialty: STAY AT HOME MOM Comments:	Supervisor: State: Country: From: 6 /2007 To: 1 /2009 Verified:		
Employed: WARM SPRINGS REHAB HOSPITAL City: SAN ANTONIO Specialty: PRN/OT Comments:	Supervisor: State: TX Country: From: 11 /2004 To: 6 /2007 Verified:		
Employed: METHODIST HOSPITAL City: SAN ANTONIO Specialty: OT Comments:	Supervisor: State: TX Country: From: 6 /2003 To: 6 /2007 Verified:		
Employed: PARKLAND MEMORIAL HOSPITAL City: DALLAS Specialty: OT Comments:	Supervisor: State: TX Country: From: 11 /2001 To: 6 /2003 Verified:		
Employed: HENDRICK CENTER FOR REHABILITATION City: ABILENE Specialty: OCCUPATIONAL THERAPIST IN INPATIENT REHABILITATION Comments:	Supervisor: State: TX Country: From: 8 /1998 To: 11 /2001 Verified:		
Employed: NONE	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 2129 TONIA BINGHAM
 Occupational Therapist

<p>City: _____ Specialty: UNEMPLOYED Comments: _____</p>	<p>State: _____ From: 4 / 1998 To: 8 / 1998 Verified: _____</p>		
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Employed: MEDICAL COLLEGE OF VIRGINIA City: RICHMOND Specialty: OCCUPATIONAL THERAPIST IN ACUTE CARE Comments: _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Supervisor: _____ State: VA Country: _____ From: 11 / 1997 To: 4 / 1998 Verified: _____</p> </td> </tr> </table>		<p>Employed: MEDICAL COLLEGE OF VIRGINIA City: RICHMOND Specialty: OCCUPATIONAL THERAPIST IN ACUTE CARE Comments: _____</p>	<p>Supervisor: _____ State: VA Country: _____ From: 11 / 1997 To: 4 / 1998 Verified: _____</p>
<p>Employed: MEDICAL COLLEGE OF VIRGINIA City: RICHMOND Specialty: OCCUPATIONAL THERAPIST IN ACUTE CARE Comments: _____</p>	<p>Supervisor: _____ State: VA Country: _____ From: 11 / 1997 To: 4 / 1998 Verified: _____</p>		

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational Therapy 108231	A	8/1/97	7/31/24	3/20/24
OK	OT 2129	I	4/12/17	10/31/18	3/20/24

DEFICIENCIES
 OATH
 Extended Background Check
 Time Deficiency Form for: 7/1991-8/1994 -- MUST USE TIME DEFICIENCY FORM
 PHOTO
 OTHER DEFICIENCIES: ARE YOU CURRENTLY EMPLOYED WITH CONTINUUM REHAB, SUPERIOR PEDIATRIC, AND OU MEDICAL CENTER? WHERE DID YOU GET YOUR OT DEGREE?

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5917 ANGELA CHALYNNE CUSTER
 Occupational Therapist

Practice Address:
 March 06, 2024
 SENSATIONAL KIDS INC
 14715 BRISTOL PARK BLVD

 EDMOND, OK 73013
 OKLAHOMA

 UNITED STATES

Status:
Res:
Received: 01/03/2024
Entered: 01/03/2024
Temp Issued: 03/06/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5917
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: OKLAHOMA UNIVERSITY HEALTH AND SCIENCES CENER					
City: OKLAHOMA CITY		State: OK		Country: UNITED STATES	
Degree: MASTERS DEGREE IN OCCUPATIONAL THERAPY		From: 6/2013	To: 5/ 2016	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BACHELORS		From: 8/2009	To: 12/ 2012	Verified:	
<hr/>					
School Name: MUSTANG HIGH SCHOOL					
City: MUSTANG		State: OK		Country: UNITED STATES	
Degree:		From: 8/2005	To: 5/ 2009	Verified:	

Oklahoma State Board of Medical Licensure and Supervision

Application Summary

Type **Number** **Name**
 OT 5917 ANGELA CHALYNNE CUSTER
 Occupational Therapist

PRACTICE HISTORY			
Employed: SENSATIONAL KIDS, INC City: EDMOND Specialty: OT Comments: 14715 BRISTOL PARK BLVD EDMOND, OK 73013 405-840-1686	Supervisor: LORRAINE AUCHTER, OT 1088 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified:		
Employed: Therapy 2000 City: HOUSTON Specialty: OCCUPATIONAL THERAPIST. Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2023 To: 11 /2023 Verified:		
Employed: Pathfinder Pediatric Home Health Care City: HOUSTON Specialty: OCCUPATIONAL THERAPIST Comments:	Supervisor: State: TX Country: UNITED STATES From: 7 /2016 To: 7 /2023 Verified:		
Employed: The Stephenson Cancer Center City: OKLAHOMA CITY Specialty: OT STUDENT FIELDWORK Comments: OCCUPATIONAL THERAPY FIELDWORK EXPERIENCE (STUDENT).	Supervisor: State: OK Country: UNITED STATES From: 1 /2016 To: 3 /2016 Verified:		
Employed: Sensational Kids City: EDMOND Specialty: OT STUDENT FIELDWORK Comments: OCCUPATIONAL THERAPY FIELDWORK EXPERIENCE (STUDENT).	Supervisor: State: OK Country: UNITED STATES From: 10 /2015 To: 12 /2015 Verified:		
Employed: The Children's Center City: BETHANY Specialty: OT STUDENT FIELDWORK Comments: OCCUPATIONAL THERAPY FIELDWORK EXPERIENCE (STUDENT).	Supervisor: State: OK Country: UNITED STATES From: 6 /2015 To: 8 /2015 Verified:		
Employed: Fit-N-Wise Rehabilitation Center City: DECATUR Specialty: OT STUDENT FIELDWORK Comments: OCCUPATIONAL THERAPY FIELDWORK EXPERIENCE (STUDENT).	Supervisor: State: TX Country: UNITED STATES From: 7 /2014 To: 8 /2014 Verified:		
Employed: NONE City: OKC Specialty: UNEMPLOYED Comments: PENDING START OF GRAD SCHOOL	Supervisor: State: OK Country: UNITED STATES From: 12 /2012 To: 6 /2013 Verified:		
Employed: Jim Thorpe Rehabilitation City: OKLAHOMA CITY Specialty: TRS STUDENT Comments: THERAPEUTIC RECREATION FIELDWORK EXPERIENCE (STUDENT).	Supervisor: State: OK Country: UNITED STATES From: 8 /2012 To: 11 /2012 Verified:		
Employed: Integris Mental Health City: SPENCER Specialty: TRS STUDENT Comments: THERAPEUTIC RECREATION FIELDWORK EXPERIENCE (STUDENT).	Supervisor: State: OK Country: UNITED STATES From: 5 /2012 To: 8 /2012 Verified:		
Employed: Life Adult Day Center	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type	Number	Name
OT	5917	ANGELA CHALYNNE CUSTER
Occupational Therapist		

City: STILLWATER Specialty: PROGRAM ASSISTANT Comments:	State: OK Country: UNITED STATES From: 8 / 2010 To: 5 / 2012 Verified:
--	--

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	OT 117790	A	7/12/16	3/31/25	1/11/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5918 MARY KAETLIN KRAHN
 Occupational Therapist

Practice Address:
 January 04, 2024

Status:
Res:
Received: 01/04/2024
Entered: 01/04/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5918
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: NORTHEASTERN STATE UNIVERSITY					
City: MUSKOGEE		State: OK		Country: UNITED STATES	
Degree: MASTERS OF SCIENCE IN OCCUPATIONAL THERAPY		From: 1/2017	To: 8/ 2019	Verified:	
<hr/>					
School Name: TULSA COMMUNITY COLLEGE					
City: TULSA		State: OK		Country: UNITED STATES	
Degree:		From: 1/2016	To: 1/ 2017	Verified:	
<hr/>					
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER		State: OK		Country: UNITED STATES	
Degree: BACHELORS OF SCIENCES IN BIOLOGICAL SCIENCES		From: 8/2012	To: 12/ 2015	Verified:	
<hr/>					
School Name: COWETA HIGH SCHOOL					
City: COWETA		State: OK		Country: UNITED STATES	
Degree:		From: 8/2008	To: 5/ 2012	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OT 5918 MARY KAETLIN KRAHN

Occupational Therapist

PRACTICE HISTORY					
Employed: None					
City: PITTSBURGH			Supervisor:		
Specialty: UNEMPLOYED			State: PA	Country: UNITED STATES	
Comments: 1/29/24MT- CURRENT STATUS			From: 10 /2021	To: /	Verified:
PREGNANT/STAY AT HOME MOM. MILITARY MOVE TO NEW STATE.					
<hr/>					
Employed: Encompass Health IPR					
City: ALTAMONTE SPRINGS			Supervisor:		
Specialty: OT			State: FL	Country: UNITED STATES	
Comments: PRN OCCUPATIONAL THERAPIST WORKING TYPICALLY AT FULL TIME			From: 2 /2021	To: 10 /2021	Verified:
CAPACITY/HOURS.					
<hr/>					
Employed: None					
City: ORLANDO			Supervisor:		
Specialty: HOMEMAKER			State: FL	Country: UNITED STATES	
Comments: COVID- STUDENT CASELOAD DROPPED DRASTICALLY. HOMEMAKER AT THIS TIME.			From: 3 /2020	To: 2 /2021	Verified:
<hr/>					
Employed: UCP of Central Florida					
City: ORLANDO			Supervisor:		
Specialty: OT			State: FL	Country: UNITED STATES	
Comments: INDEPENDENT CONTRACT SCHOOL AND MEDICAL OCCUPATIONAL THERAPIST			From: 10 /2019	To: 3 /2020	Verified:
ACROSS MULTI CAMPUSES					
<hr/>					
Employed: None					
City: ORLANDO			Supervisor:		
Specialty: UNEMPLOYED			State: FL	Country: UNITED STATES	
Comments: TAKING NBCOT, AWAITING LICENSE, MOVING STATES WITH MILITARY FIANCE			From: 8 /2019	To: 10 /2019	Verified:
<hr/>					
Employed: Good Shepherd Veterinary Hospital					
City: BROKEN ARROW			Supervisor:		
Specialty: PART TIME RECEPTIONIST			State: OK	Country: UNITED STATES	
Comments: FOR VET CLINIC IN COLLEGE			From: 8 /2015	To: 4 /2016	Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
FL	OT 20374	A	9/20/19	2/28/25	1/17/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5924 SARAH MEREDITH
 Occupational Therapist

Practice Address:

January 19, 2024
 OU HEALTH
 701 NE 13TH ST

OKLAHOMA CITY, OK 73104
 OKLAHOMA

Status:

Res:
Received: 01/11/2024
Entered: 01/11/2024
Temp Issued: 02/12/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5924
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT

Orig Issued:

Orig. Lic. Exp:

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
<hr/>					
School Name: EASTERN KENTUCKY UNIVERSITY					
City: RICHMOND		State: KY	Country: UNITED STATES		
Degree: OCCUPATIONAL THERAPY		From: 8/2019	To: 8/ 2021	Verified:	
<hr/>					
School Name: EASTERN KENTUCKY UNIVERSITY					
City: RICHMOND		State: KY	Country: UNITED STATES		
Degree: OCCUPATIONAL SCIENCE		From: 8/2015	To: 5/ 2019	Verified:	
<hr/>					
School Name: CHRISTIAN ACADEMY OF LOUISVILLE					
City: LOUISVILLE		State: KY	Country: UNITED STATES		
Degree:		From: 8/2011	To: 5/ 2015	Verified:	
<hr/>					

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5924 SARAH MEREDITH
 Occupational Therapist

PRACTICE HISTORY

Employed: OU HEALTH **Supervisor:** TRACEY HARKESS, OT 2013
City: OKLAHOMA CITY **State:** OK **Country:** UNITED STATES
Specialty: OT **From:** 2 /2024 **To:** / **Verified:** 1/29/2024
Comments: 701 NE 13TH ST
 OKLAHOMA CITY, OK 73104
 405-271-8000

Employed: CoreMedical Group **Supervisor:**
City: MONTEREY **State:** CA **Country:** UNITED STATES
Specialty: TRAVEL OCCUPATIONAL THERAPIST **From:** 7 /2023 **To:** 11 /2023 **Verified:**
Comments: TRAVEL OCCUPATIONAL THERAPIST AT COMMUNITY HOSPITAL OF THE MONTEREY
 PENINSULA

Employed: CoreMedical Group **Supervisor:**
City: CRESCENT CITY **State:** CA **Country:** UNITED STATES
Specialty: TRAVEL OCCUPATIONAL THERAPIST **From:** 3 /2023 **To:** 6 /2023 **Verified:**
Comments: TRAVEL OCCUPATIONAL THERAPIST AT SUTTER COAST HOSPITAL

Employed: CoreMedical Group **Supervisor:**
City: TUCSON **State:** AZ **Country:** UNITED STATES
Specialty: TRAVEL OCCUPATIONAL THERAPIST **From:** 12 /2022 **To:** 3 /2023 **Verified:**
Comments: TRAVEL OCCUPATIONAL THERAPIST AT BENSON HOSPITAL REHABILITATION

Employed: CoreMedical Group **Supervisor:**
City: BERKELEY **State:** CA **Country:** UNITED STATES
Specialty: TRAVEL OCCUPATIONAL THERAPIST **From:** 2 /2022 **To:** 11 /2022 **Verified:**
Comments: TRAVEL OCCUPATIONAL THERAPIST AT ALTA BATES SUMMIT MEDICAL CENTER

Employed: CoreMedical Group **Supervisor:**
City: WICHITA FALLS **State:** TX **Country:** UNITED STATES
Specialty: TRAVEL OCCUPATIONAL THERAPIST **From:** 10 /2021 **To:** 1 /2022 **Verified:**
Comments: TRAVEL OCCUPATIONAL THERAPIST AT UNITED REGIONAL HOSPITAL

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
TX	OT 122135	A	10/5/21	4/30/24	1/23/24
CA	OT OT23729	A	5/24/22	4/30/25	1/29/24
AZ	OT OTH-009034	A	11/15/22	11/14/24	2/12/24

DEFICIENCIES

**Oklahoma State Board of Medical Licensure and Supervision
Application Summary**

Type **Number** **Name**
 OT 5925 MAYA LYNN WEST
 Occupational Therapist

Practice Address:
 March 06, 2024
 EMERALD CARE CENTER SW
 5600 S WALKER AVE

 OKLAHOMA CITY, OK 73109
 OKLAHOMA

 UNITED STATES

Status:
Res:
Received: 01/11/2024
Entered: 01/11/2024
Temp Issued: 03/06/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5925
Sex: F
Ethnic Origin: 2

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	<u>Test</u>	<u>Score</u>	<u>Date Taken</u>	<u>Date Verified</u>	<u>Attempts</u>
	Test 1:				
	Test 2:				
	Test 3:				
	Test AV:				
	Total Possible:				
	Okla Passing:				
	Total Score:				

PRE-MED EDUCATION					
School Name: MISSOURI STATE UNIVERSITY					
City: SPRINGFIELD	State: MO	Country: UNITED STATES			
Degree: MASTERS OF OCCUPATIONAL THERAPY	From: 8/2021	To: 12/ 2023	Verified:		
School Name: OKLAHOMA STATE UNIVERSITY					
City: STILLWATER	State: OK	Country: UNITED STATES			
Degree: BACHELOR OF SCIENCE IN PSYCHOLOGY	From: 8/2017	To: 12/ 2020	Verified:		
School Name: BROKEN ARROW HIGH SCHOOL					
City: BROKEN ARROW	State: OK	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 5/2015	To: 5/ 2017	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5925 MAYA LYNN WEST
 Occupational Therapist

PRACTICE HISTORY

Employed: EMERALD CARE CENTER SW	Supervisor: REBEKAH PAVITHRAN, OT 1613
City: OKLAHOMA CITY	State: OK Country: UNITED STATES
Specialty: OT	From: 3 /2024 To: / Verified:
Comments: 5600 S WALKER AVE OKLAHOMA CITY, OK 73109 405-632-7771	

Employed: Flip Shop	Supervisor:
City: JOPLIN	State: MO Country: UNITED STATES
Specialty: GYMNASTICS COACH	From: 5 /2023 To: 8 /2023 Verified:
Comments:	

Employed: Ozark Mountain Gymnastics	Supervisor:
City: SPRINGFIELD	State: MO Country: UNITED STATES
Specialty: GYMNASTICS COACH	From: 8 /2021 To: 5 /2023 Verified:
Comments:	

Employed: Youth Fitness Zone	Supervisor:
City: STILLWATER	State: OK Country: UNITED STATES
Specialty: GYMNASTICS COACH	From: 12 /2018 To: 3 /2020 Verified:
Comments:	

Employed: Broken Arrow Assembly of God	Supervisor:
City: BROKEN ARROW	State: OK Country: UNITED STATES
Specialty: CHILDCARE WORKER	From: 12 /2017 To: 5 /2021 Verified:
Comments:	

Employed: First United Methodist Church	Supervisor:
City: STILLWATER	State: OK Country: UNITED STATES
Specialty: CHILDCARE WORKER	From: 8 /2017 To: 12 /2020 Verified:
Comments:	

Employed: Universal Cheerleading Association	Supervisor:
City: BROKEN ARROW	State: OK Country: UNITED STATES
Specialty: CAMP INSTRUCTOR	From: 5 /2017 To: 8 /2017 Verified:
Comments:	

Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5929 MACY ANN CARROLL
 Occupational Therapist

Practice Address:
 February 28, 2024
 THERAPY SOURCE FOR KIDS
 3223 E 31ST ST

 TULSA, OK 74105
 TULSA

Status:
Res:
Received: 02/06/2024
Entered: 02/06/2024
Temp Issued: 02/28/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5929
Sex: F
Ethnic Origin: 3

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: UNIVERSITY OF ARKANSAS					
City: FAYETTEVILLE			State: AR		Country: UNITED STATES
Degree: DOCTOR OF OCCUPATIONAL THERAPY			From: 1/2021	To: 12/ 2023	Verified:
<hr/>					
School Name: UNIVERSITY OF ARKANSAS					
City: FAYETTEVILLE			State: AR		Country: UNITED STATES
Degree: B.A IN PSYCHOLOGY			From: 8/2016	To: 5/ 2020	Verified:
<hr/>					
School Name: STILLWATER HIGH SCHOOL					
City: STILLWATER			State: OK		Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA			From: 8/2012	To: 5/ 2016	Verified:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5929 MACY ANN CARROLL
 Occupational Therapist

PRACTICE HISTORY

Employed: THERAPY SOURCE FOR KIDS City: TULSA Specialty: OT Comments: 3223 E 31ST ST TULSA, OK 74105 918-250-7093	Supervisor: BRITTANY DAY, OT 5250 State: OK Country: UNITED STATES From: 2 /2024 To: / Verified: 2/6/2024
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Employed: Nomads City: FAYETTEVILLE Specialty: BARTENDER Comments: WORKED AS A LEAD BARTENDER AND FOOD RUNNER AT A LOCAL RESTAURANT	Supervisor: State: AR Country: UNITED STATES From: 5 /2020 To: 12 /2020 Verified:
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Employed: White Water City: BRANSON Specialty: WORKED AS A LIFE GUARD AT A WATER PARK Comments:	Supervisor: State: MO Country: UNITED STATES From: 5 /2019 To: 8 /2019 Verified:
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Employed: JJ's Beer Garden and Brewery City: FAYETTEVILLE Specialty: WAITRESS Comments: WORKED AS A WAITRESS AT LOCAL RESTAURANT/BREWERY WHILE IN COLLEGE	Supervisor: State: AR Country: UNITED STATES From: 5 /2018 To: 10 /2018 Verified:
--	---

Employed: Southern Food Company City: FAYETTEVILLE Specialty: WAITRESS Comments: WORKED AS A WAITRESS AT A LOCAL RESTAURANT WHILE IN COLLEGE	Supervisor: State: AR Country: UNITED STATES From: 2 /2018 To: 5 /2018 Verified:
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Employed: Tan and Tone Unlimited City: STILLWATER Specialty: WORKED AS A TANNING SALON SALES ASSOCIATE Comments:	Supervisor: State: OK Country: UNITED STATES From: 1 /2016 To: 8 /2017 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif
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DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5932 MICHAEL D HOPKINS
 Occupational Therapist

Practice Address:

February 08, 2024
 NEW BRAUNFELS SPORT AND SPINE PHYSICAL THI
 1744 EAST COMMON STREET, SUITE 400

 NEW BRAUNFELS, TX 78130
 NOT OKLAHOMA

Status:

Endorsed By: PREVIOUS NBCOT

Res:
Received: 02/08/2024
Entered: 02/08/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5932
Sex: M
Ethnic Origin: 1

Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: TEXAS WOMAN'S UNIVERSITY					
City: HOUSTON	State: TX	Country: UNITED STATES			
Degree: MASTER OF OCCUPATIONAL THERAPY	From: 8/1995	To: 12/ 1998	Verified:		
<hr/>					
School Name: TEXAS TECH UNIVERSITY					
City: LUBBOCK	State: TX	Country: UNITED STATES			
Degree: EXERCISE AND SPORT SCIENCE WITH EMPHASIS TEACHING	From: 9/1987	To: 5/ 1992	Verified:		
<hr/>					
School Name: SAN ANGELO STATE UNIVERSITY					
City: SAN ANGELO	State: TX	Country: UNITED STATES			
Degree: UNDECIDED	From: 9/1986	To: 5/ 1987	Verified:		
<hr/>					
School Name: SMYER HIGH SCHOOL					
City: SMYER	State: TX	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 9/1982	To: 5/ 1986	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OT 5932 MICHAEL D HOPKINS
Occupational Therapist

PRACTICE HISTORY			
Employed: Reliance Therapy Staffing (PRN HOME HEALTH OT) City: NEW BRAUNFELS Specialty: OCCUPATIONAL THERAPIST Comments: PRN HOME HEALTH OT (ADULT NEURO AND ORTHO EMPHASIS)	State: TX From: 3 /2011	Country: UNITED STATES To: 3 /2020	Verified:
Supervisor:			
Employed: New Braunfels Sport and Spine Physical Therapy City: NEW BRAUNFELS Specialty: OCCUPATIONAL THERAPIST Comments: 3/7/2024 CURRENTLY EMPLOYED HERE, TS OUTPATIENT ORTHOPEDIC HAND AND UPPER EXTREMITY THERAPY SPECIALTY (SHOULDER TO HAND)	State: TX From: 10 /2007	Country: UNITED STATES To: /	Verified:
Supervisor:			
Employed: VA Medical Center - Houston Campus City: HOUSTON Specialty: OCCUPATIONAL THERAPIST Comments: INPATIENT AND OUTPATIENT HAND AND UPPER EXTREMITY (PLASTIC, ORTHOPEDIC, AND PHYSICAL MEDICINE)	State: TX From: 5 /2003	Country: UNITED STATES To: 10 /2007	Verified:
Supervisor:			
Employed: Houston Hand and Upper Extremity Rehab Center City: HOUSTON Specialty: OCCUPATIONAL THERAPIST Comments: OUTPATIENT HAND AND UPPER EXTREMITY EMPHASIS (SHOULDER TO HAND)	State: TX From: 12 /2000	Country: UNITED STATES To: 5 /2003	Verified:
Supervisor:			
Employed: TIRR (The Institute of Rehabilitation and Research City: HOUSTON Specialty: OCCUPATIONAL THERAPIST Comments: OUTPATIENT HAND AND UPPER EXTREMITY SPECIALTY (SHOULDER TO HAND)	State: TX From: 2 /2000	Country: UNITED STATES To: 12 /2000	Verified:
Supervisor:			
Employed: VA Medical Center - Houston Campus City: HOUSTON Specialty: OCCUPATIONAL THERAPIST Comments: OUTPATIENT AND INPATIENT ORTHOPEDIC AND PLASTIC SURGERY UPPER EXTREMITY (ADULT)	State: TX From: 4 /1999	Country: UNITED STATES To: 2 /2000	Verified:
Supervisor:			
Employed: NONE City: HOUSTON Specialty: UNEMPLOYED Comments:	State: TX From: 12 /1998	Country: UNITED STATES To: 4 /1999	Verified:
Supervisor:			
Employed: Reliant Rehabilitation City: LUBBOCK Specialty: REHAB TECHNICIAN Comments: SKILLED NURSING HOME TRAVELING OT TECHNICIAN (TRAVELED WITH OT TO NURSING HOMES AROUND LUBBOCK TX)	State: TX From: 9 /1994	Country: UNITED STATES To: 8 /1995	Verified:
Supervisor:			
Employed: South Plains Rehabilitation City: LUBBOCK Specialty: REHAB TECHNICIAN Comments: OUTPATIENT PHYSICAL AND OCCUPATIONAL THERAPY TECH ASSISTING WITH NEUROLOGICAL AND ORTHOPEDIC PATIENT	State: TX From: 10 /1992	Country: UNITED STATES To: 8 /1994	Verified:
Supervisor:			
Employed: NONE	Supervisor:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5932 MICHAEL D HOPKINS
 Occupational Therapist

City: LUBBOCK Specialty: UNEMPLOYED Comments:	State: TX Country: UNITED STATES From: 5 / 1992 To: 10 / 1992 Verified:
Employed: Methodist Hospital City: LUBBOCK Specialty: CLERK Comments: CENTRAL SUPPLY CLERK (STOCK AND ISSUE VARIOUS MEDICAL SUPPLIES) AND COMPUTER DATA MANAGEMENT.	Supervisor: State: TX Country: UNITED STATES From: 9 / 1989 To: 7 / 1991 Verified:
Employed: NONE City: LUBBOCK Specialty: SUMMER BREAK Comments:	Supervisor: State: TX Country: UNITED STATES From: 5 / 1987 To: 9 / 1987 Verified:
Employed: RADCO City: MIDLAND Specialty: CLERK Comments: X-RAY MACHINE CHEMICAL DISTRIBUTION AND FACILITY MAINTENANCE	Supervisor: State: TX Country: UNITED STATES From: 5 / 1986 To: 8 / 1986 Verified:

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
TX	Occupational Therapist 109099	A	5/18/99	2/28/26	3/5/24

<u>DEFICIENCIES</u>

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5936 JULIANNA DREY BOURLAND
 Occupational Therapist

Practice Address:
 March 13, 2024

Status:
Res:
Received: 02/16/2024
Entered: 02/16/2024
Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5936
Sex: F
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: ABILENE CHRISTIAN UNIVERSITY					
City: ABILENE		State: TX	Country: UNITED STATES		
Degree: DOCTORATE OF OCCUPATIONAL THERAPY		From: 8/2021	To: 12/ 2023	Verified:	
<hr/>					
School Name: HARDIN SIMMONS UNIVERSITY					
City: ABILENE		State: TX	Country: UNITED STATES		
Degree: MASTER OF SCIENCE IN KINESIOLOGY, SPORT AND REC.		From: 5/2020	To: 5/ 2021	Verified:	
<hr/>					
School Name: ABILENE CHRISTIAN UNIVERSITY					
City: ABILENE		State: TX	Country: UNITED STATES		
Degree: BACHELOR'S OF SCIENCE IN KINESIOLOGY		From: 8/2016	To: 5/ 2020	Verified:	
<hr/>					
School Name: EDMOND MEMORIAL HIGH SCHOOL					
City: EDMOND		State: OK	Country: UNITED STATES		
Degree: HIGH SCHOOL DIPLOMA		From: 8/2012	To: 5/ 2016	Verified:	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5936 JULIANNA DREY BOURLAND
 Occupational Therapist

PRACTICE HISTORY

Employed: Hendrick Center for Rehabilitation City: ABILENE Specialty: NURSE CLERK/TECH Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2019 To: 3 /2024 Verified:
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Employed: Abilene Christian University City: ABILENE Specialty: HELPLINE STUDENT WORKER/DATA ENTRY Comments:	Supervisor: State: TX Country: UNITED STATES From: 9 /2018 To: 8 /2019 Verified:
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Employed: Nothing Bundt Cakes City: ABILENE Specialty: CASHIER Comments:	Supervisor: State: TX Country: UNITED STATES From: 8 /2018 To: 8 /2019 Verified:
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Employed: Academy Sports + Outdoors City: ABILENE Specialty: CASHIER/INVENTORY CHECKER FOR SHOE DEPARTMENT Comments:	Supervisor: State: TX Country: UNITED STATES From: 6 /2018 To: 7 /2018 Verified:
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Employed: Chile Pepper Cafe City: EDMOND Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 12 /2017 To: 3 /2018 Verified:
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Employed: Fuzzy's Taco Shop City: EDMOND Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 6 /2017 To: 8 /2017 Verified:
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Employed: BerriLicious/Cafe Veranda City: EDMOND Specialty: CASHIER Comments:	Supervisor: State: OK Country: UNITED STATES From: 7 /2014 To: 12 /2016 Verified:
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Other Licenses

State	Lic Type and Number	Status	Issued	Exp	Verif

DEFICIENCIES

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
OT 5939 JACOB I NESSER
Occupational Therapist

Practice Address:

March 02, 2024
UNIVERSITY OF OKLAHOMA MEDICAL CENTER
700 NE 13TH STREET

OKLAHOMA CITY, OK 73104
OKLAHOMA

Status:
Res:
Received: 03/02/2024
Entered: 03/02/2024
Temp Issued: 03/15/2024
Temp Expires: 05/16/2024
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:
License #: 5939
Sex: M
Ethnic Origin: 1

Endorsed By: NBCOT
Orig Issued: **Orig. Lic. Exp:**

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:					
Test 2:					
Test 3:					
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED EDUCATION					
School Name: GANNON UNIVERSITY					
City: ERIE	State: PA	Country: UNITED STATES			
Degree: MASTER'S DEGREE IN OCCUPATIONAL THERAPY	From: 8/2020	To: 5/ 2022	Verified:		
School Name: GANNON UNIVERSITY					
City: ERIE	State: PA	Country: UNITED STATES			
Degree: DEGREE IN HEALTH SCIENCE	From: 8/2016	To: 5/ 2020	Verified:		
School Name: GREENSBURG CENTRAL CATHOLIC					
City: GREENSBURG	State: PA	Country: UNITED STATES			
Degree: HIGH SCHOOL DIPLOMA	From: 8/2012	To: 5/ 2016	Verified:		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type **Number** **Name**
 OT 5939 JACOB I NESSER
 Occupational Therapist

PRACTICE HISTORY					
Employed: OU MEDICAL CENTER City: OKLAHOMA CITY Specialty: OT Comments: 700 NE 13TH ST OKLAHOMA CITY, OK 73104 405-271-4700	Supervisor: MISTY BROWN, OT 1899 State: OK Country: UNITED STATES From: 3 /2024 To: / Verified: 3/13/2024				
Employed: Functional Pathways Rehabilitation City: WINSTON SALEM Specialty: OT Comments: WORKED AS A TRAVEL OCCUPATIONAL THERAPIST IN A SKILLED NURSING FACILITY	Supervisor: State: NC Country: UNITED STATES From: 8 /2023 To: 3 /2024 Verified:				
Employed: Flagship Rehabilitation City: YORK Specialty: OT Comments: WORKED AS A TRAVEL OCCUPATIONAL THERAPIST IN A SKILLED NURSING FACILITY	Supervisor: State: PA Country: UNITED STATES From: 5 /2023 To: 8 /2023 Verified:				
Employed: Genesis Rehabilitation City: FREDERICKSBURG Specialty: OT Comments: WORKED AS A TRAVEL OCCUPATIONAL THERAPIST IN A SKILLED NURSING FACILITY.	Supervisor: State: VA Country: UNITED STATES From: 3 /2023 To: 4 /2023 Verified:				
Employed: NONE City: ERIE Specialty: UNEMPLOYED Comments:	Supervisor: State: PA Country: UNITED STATES From: 1 /2022 To: 2 /2023 Verified:				

Other Licenses					
State	Lic Type and Number	Status	Issued	Exp	Verif
PA	Occupational Therapist OC019050	A	2/28/23	6/30/25	2/29/24
VA	Occupational Therapist 0119009824	A	2/10/23	11/30/24	3/14/24
NC	Occupational Therapist 16240	A	8/18/23	6/30/24	3/4/24

<u>DEFICIENCIES</u>

Amended: November 1, 2019

**STATE OF OKLAHOMA
OCCUPATIONAL THERAPY PRACTICE ACT
Title 59 O.S., Sections 888.1 - 888.16**

INDEX

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- 888.7. Application for license - form - examination and reexamination
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- 888.9. Denial, refusal, suspension, revocation, censure, probation and reinstatement of license
- 888.10. Renewal of license - continuing education
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- 888.12. Oklahoma Occupational Therapy Advisory Committee - creation - membership - term - vacancies - removal - liability
- 888.13. Oklahoma Occupational Therapy Advisory Committee - officers - meetings - rules - records - expenses
- 888.14. Powers and duties of Committee
- 888.15. Titles and abbreviations - misrepresentation - penalties

888.1. Short title

This act shall be known and cited as the "Occupational Therapy Practice Act".

888.2. Purpose

In order to safeguard the public health, safety and welfare, to protect the public from being misled by incompetent and un-authorized persons, to assure the highest degree of professional conduct on the part of occupational therapists and occupational therapy assistants, and to assure the availability of occupational therapy services of high quality to persons in need of such services, it is the purpose of this act to provide for the regulation of persons offering occupational therapy services to the public.

888.3. Definitions

As used in this the Occupational Therapy Practice Act:

1. "Occupational therapy" is a health profession for which practitioners provide assessment, treatment, and consultation through the use of purposeful activity with individuals who are limited by or at risk of physical illness or injury, psycho-social dysfunction, developmental or learning disabilities, poverty and cultural differences or the aging process, in order to maximize independence, prevent disability, and maintain health. Specific occupational therapy services include but are not limited to the use of media and methods such as instruction in daily living skills and cognitive retraining, facilitating self-maintenance, work and leisure skills, using standardized or adapted techniques, designing, fabricating, and applying selected orthotic equipment or selective adaptive equipment with instructions, using therapeutically applied creative activities, exercise, and other media to enhance and restore functional performance, to administer and interpret tests which may include sensorimotor evaluation, psycho-social assessments, standardized or nonstandardized tests, to improve developmental skills, perceptual and motor skills, and sensory integrative function, and to adapt the environment for the handicapped. These services are provided individually, in groups, via telehealth or through social systems;
2. "Occupational therapist" means a person licensed to practice occupational therapy pursuant to the provisions of the Occupational Therapy Practice Act;
3. "Occupational therapy assistant" means a person licensed to provide occupational therapy treatment under the general supervision of a licensed occupational therapist;
4. "Occupational therapy aide" means a person who assists in the practice of occupational therapy and whose activities require an understanding of occupational therapy, but do not require the technical or professional training of an occupational therapist or occupational therapy assistant;
5. "Board" means the State Board of Medical Licensure and Supervision;

6. "Person" means any individual, partnership, unincorporated organization or corporate body, except only an individual may be licensed pursuant to the provisions of the Occupational Therapy Practice Act;

7. "Committee" means the Oklahoma Occupational Therapy Advisory Committee;

8. "Telehealth" means the use of electronic information and telecommunications technologies to support and promote access to clinical health care, patient and professional health-related education, public health and health administration; and

9. "Telerehabilitation" or "teletherapy" means the delivery of rehabilitation and habilitation services via information and communication technologies (ICT), also commonly referred to as "telehealth" technologies.

888.4. License required - Application of act

A. No person shall practice occupational therapy or hold himself or herself out as an occupational therapist, or as being able to practice occupational therapy, or to render occupational therapy services in this state unless he or she is licensed in accordance with the provisions of this act. The licensing provisions of this act shall not be applicable to a person who assists in the practice of occupational therapy as an occupational therapy aide.

B. The provisions of this act shall not be construed to authorize occupational therapists or occupational therapy assistants to practice medicine and surgery within the meaning of Section 492 of Title 59 of the Oklahoma Statutes.

C. Notwithstanding any other provisions of this act, a plan of care developed by a person authorized to provide services within the scope of the Occupational Therapy Practice Act shall be deemed to be a prescription for purposes of providing services pursuant to the provisions of the Individuals with Disabilities Education Act, Amendment of 1997, Public Law 105-17, and Section 504 of the Rehabilitation Act of 1973.

888.5. Practices, services and activities not prohibited

Nothing in the Occupational Therapy Practice Act shall be construed to prevent or restrict the practice, services, or activities of:

1. Any persons of other licensed professions or personnel supervised by licensed professions in this state from performing work incidental to the practice of their profession or occupation, if that person does not represent himself as an occupational therapist or occupational therapy assistant;

2. Any person employed as an occupational therapist or occupational therapy assistant by

the Government of the United States if such person provides occupational therapy solely under the direction or control of the organization by which he or she is employed;

3. Any person pursuing a course of study leading to a degree or certificate in occupational therapy at an accredited educational program if such activities and services constitute a part of a supervised course of study, if such a person is designated by a title which clearly indicates his status as a student or trainee;

4. Any person fulfilling the supervised field work experience requirements of Section 888.6 of this title, if such activities and services constitute a part of the experience necessary to meet the requirements of that section;

5. Any person performing occupational therapy services in this state, if services are performed for no more than ninety (90) days in a calendar year in association with an occupational therapist licensed pursuant to the provisions of this act, if:

a. such person is licensed according to the laws of another state which has licensure requirements equal to or surpassing the requirements of the Occupational Therapy Practice Act, or

b. such person is certified as an occupational therapist registered (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.), by the National Board for Certification in Occupational Therapy;

6. Any person employed or working under the direct supervision of an occupational therapist as an occupational therapy aide; or

7. A certified recreational therapist in the area of play and leisure.

888.6. Application for license - Information required

An applicant applying for a license as an occupational therapist or as an occupational therapy assistant shall file written application on forms provided by the Board, as recommended by the Committee, showing to the satisfaction of the Board that the applicant meets the following requirements:

1. **Residence:** Applicants need not be a resident of this state;

2. **Character:** Applicants shall meet the standards of the Code of Ethics and if licensure rules adopted by the Board to safeguard the public;

3. **Education:** Applicants shall present evidence satisfactory to the Board of having successfully completed the academic requirements of an educational program in occupational therapy recognized by the Board, with concentration in biological or physical

science, psychology and sociology, and with education in selected manual skills. For an occupational therapist the educational program shall be accredited by the Accreditation Council for Occupational Therapy Education (ACOTE). For an occupational therapy assistant, such a program shall be approved by ACOTE;

4. Experience: Applicants shall submit to the Board evidence of having successfully completed a period of supervised field work experience at a recognized educational institution or a training program approved by the educational institution where he or she met the academic requirements. For an occupational therapist, a minimum of six (6) months of supervised field work experience is required. For an occupational therapy assistant, a minimum of two (2) months of supervised field work experience is required;

5. Examination: Applicants shall submit to the Board evidence of having successfully completed an examination as provided for in Section 888.7 of this title.

888.7. Application for license - Form - Examination and reexamination

A. A person applying for a license shall demonstrate his or her eligibility in accordance with the requirements of Section 888.6 of this title and shall make application for examination upon a form in such a manner as the National Board for Certification in Occupational Therapy (NBCOT) shall prescribe. A person who fails the examination may make reapplication for reexamination accompanied by the prescribed fee.

B. Each applicant for licensure pursuant to the provisions of this the Occupational Therapy Practice Act shall be examined on the applicant's knowledge of the basic and clinical sciences relating to occupational therapy and occupational theory and practice, including the application of professional skills and judgment in the utilization of occupational therapy techniques and methods and such other subjects as the Board may deem useful to determine the applicant's fitness to practice. The Board shall approve an examination and establish standards for acceptable practice. NBCOT shall be the approved provider for the examination according to national standards for entry-level practice.

C. Applicants for licensure shall be examined at a time and place as NBCOT may determine. Applicants must pass the examination by a score determined by the NBCOT. Examinations shall be given at least two times each year at such places as NBCOT may determine.

D. In case of failure of any examination the applicant shall have the privilege of a second examination on payment of the regular fees. In case of a second failure, the applicant shall be eligible for the third examination, but shall, in addition to the requirements for previous examinations have to wait a specific period as determined by NBCOT, not to exceed one (1) year, before reexamination. The waiting period may include completion of academic or clinical work as prescribed by rules promulgated by the Board. A temporary license may be issued

pursuant to the provisions of Section 888.8 of this title. Further testing shall be at the discretion of the Board and NBCOT guidelines.

E. Applicants shall be given their examination scores in accordance with such rules and regulations as the Board may establish.

888.8. Waiver of examination, education or experience requirements

A. The Board shall waive the examination and grant a license to any person certified prior to the effective date of this act as an occupational therapist registered (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.) by the American Occupational Therapy Association. The Board may waive the examination, education, or experience requirements and grant a license to any person so certified after the effective date of this act if the Board considers the requirements for such certification to be at least equivalent to the requirements for licensure in this act.

B. The Board may waive the examination, education, or experience requirements and grant a license to any applicant who shall present proof of current licensure as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or territory of the United States which requires standards of licensure considered by the Board to be at least equivalent to the requirements for licensure in this act.

C. An applicant may be licensed as an occupational therapist if he has first practiced as an occupational therapy assistant for four (4) years and has completed the requirements of paragraph 4 of Section 6 of this act before January 1, 1988, and has passed the examination for occupational therapist.

888.9. Denial, refusal, suspension, revocation, censure, probation and reinstatement of license

A. The Board may deny or refuse to renew a license, or may suspend or revoke a license, or may censure a licensee, publicly or otherwise, or may impose probationary conditions where the licensee or applicant for license has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare, or safety of the public. Such unprofessional conduct includes:

1. Obtaining a license by means of fraud, misrepresentation, or concealment of material facts;
2. Engaging in unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board;
3. Being convicted of a felony crime that substantially relates to the occupation of occupational therapy or poses a reasonable threat to public safety;

4. Violating any lawful order, rule, or regulation rendered or adopted by the Board;
and
5. Violating any provisions of this act.

B. Such denial, refusal to renew, suspension, revocation, censure, or imposition of probationary conditions upon a license may be ordered by the Board in a decision made after a hearing in the manner provided by the rules and regulations adopted by the Board. One (1) year from the date of the revocation, refusal of renewal, suspension, or probation of the license, application may be made to the Board for reinstatement. The Board shall have discretion to accept or reject an application for reinstatement and may, but shall not be required to, hold a hearing to consider such reinstatement.

C. As used in this section:

1. “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; and
2. “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.

888.10. Renewal of license - Continuing education

A. Licenses under this act shall be subject to annual renewal and shall expire unless renewed in the manner prescribed by the rules and regulations of the Board, upon payment of a renewal fee provided for in Section 11 of this act. The Board may provide for the late renewal of a license upon payment of a late fee in accordance with its rules and regulations, but no such late renewal of a license may be granted more than five (5) years after its expiration. A hearing before the Board may be required in addition to a late fee.

B. A suspended license is subject to expiration and may be renewed as provided in this section, but such renewal shall not entitle the licensee, while the license remains suspended and until it is reinstated, to engage in the licensed activity, or in any conduct or activity in violation of the order or judgment by which the license was suspended. If a license revoked on disciplinary grounds is reinstated, the licensee as a condition of reinstatement, shall pay the renewal fee and any late fee that may be applicable.

C. The Board may establish continuing education requirements to facilitate the maintenance of current practice skills of all persons licensed under this act.

888.11. Fees

The Board shall prescribe and publish, in the manner established by its rules and regulations, fees in the amounts determined by the Board for the following:

1. Initial license fee;
2. Renewal of license fee; and
3. Late renewal fee.

888.12. Oklahoma Occupational Therapy Advisory Committee - Creation - Membership - Term - Vacancies - Removal - Liability

An Oklahoma Occupational Therapy Advisory Committee of the State Board of Medical Licensure and Supervision is hereby created. The Committee shall consist of five (5) members appointed by the Board, upon recommendation of the Oklahoma Occupational Therapy Association, for staggered terms of three (3) years, except for the first Committee appointed hereunder. Three members shall be occupational therapists with at least five (5) years' experience, one member shall be an occupational therapy assistant with at least three (3) years' experience, and one member shall be a consumer. All of the therapists shall be licensed except for the first members of the Committee who shall be licensed as soon after their appointments as possible. Said licensing shall take place within ninety (90) days after this act becomes effective.

The terms of the members shall be for three (3) years and until their successors are appointed and qualify; except of those first appointed, one shall serve for one (1) year, one shall serve for two (2) years, and three shall serve for three (3) years. Vacancies shall be filled in the manner of the original appointment for the unexpired portion of the term only. The Board after notice and opportunity for hearing may remove any member of the Committee for neglect of duty, incompetence, revocation or suspension of license, or other dishonorable conduct. A member of the Committee is not liable to civil action for any act performed in good faith in the execution of his duties in this capacity.

888.13 Oklahoma Occupational Therapy Advisory Committee - Officers - Meetings - Rules - Records - Expenses

A. The members of the Oklahoma Occupational Therapy Advisory Committee shall elect from their number a chairman. Special meetings of the Committee shall be called by the chairman on the written request of any three members. The Committee shall recommend to the Board for adoption rules as necessary to govern its proceedings and implement the purposes of this act.

B. The Board shall keep a written record of each meeting of the Committee and maintain a register containing names of all occupational therapists licensed under this act, which shall be at all times open to public inspection. On March 1, of each year, the Board shall transmit an

official copy of the list of licensees to the Secretary of State for a permanent record, a certified copy of which shall be admissible as evidence in any court in the state.

C. Members of the Committee shall be reimbursed for all actual and necessary expenses incurred in the performance of duties required by this act in accordance with the provisions of the State Travel Reimbursement Act.

888.14 Powers and duties of Committee

A. The Oklahoma Occupational Therapy Advisory Committee shall recommend to the Board for approval a list of applicants for licenses at least twice each year at such reasonable times and places as shall be designated by the Board in its discretion.

B. The Board shall approve the examination as described in Section 7 of this act.

C. The Board may investigate complaints, issue, suspend, deny, and revoke licenses, reprimand licensees and place them on probation, issue subpoenas, and hold hearings.

D. The Committee shall propose rules to the Board consistent with this act to carry out its duties in administering this act.

E. The Board may hire individuals as it deems necessary to implement the purposes of this act.

F. The Board shall assist the proper legal authorities in the prosecution of all persons violating any provisions of this act.

G. The Board shall issue a license to any person who meets the requirements of this act upon payment of the prescribed license fee.

888.15 Titles and abbreviations - Misrepresentation - Penalties

A. Any person holding a license as occupational therapist issued by the Board may use the title "Occupational Therapist", "Registered Occupational Therapist", "Licensed Occupational Therapist", or the letters "O.T.", "O.T.R.", or "O.T.R./L.". Any person holding a license as an occupational therapy assistant issued by the Board may use the title "Occupational Therapy Assistant", "Certified Occupational Therapy Assistant", or "Licensed Occupational Therapy Assistant" or use the letters "O.T.A.", "C.O.T.A.", or "O.T.A./L.". No other person shall in any way, orally or in writing, in print, or by sign or transmission of sound or sight, directly or by implication, represent himself as an occupational therapist. Such misrepresentation, upon conviction, shall constitute a misdemeanor and shall be punishable as herein provided; provided, however, that nothing in this act shall prohibit any person who does not in any way assume or represent himself to be an occupational therapist, registered occupational therapist, licensed occupational therapist, occupational therapy assistant, certified occupational therapy assistant, or licensed occupational therapy assistant, from doing other types of therapies as may be authorized

by law.

B. Any person who obtains, or attempts to obtain, licensure as an occupational therapist or occupational therapy assistant by any willful misrepresentation, grossly negligent misrepresentation, or any fraudulent misrepresentation, upon conviction, shall be guilty of a misdemeanor and punishable as herein set forth.

C. Any person who violates any provisions of this act, upon conviction, shall be guilty of a misdemeanor, and shall be punished by a fine of not less than Fifty Dollars (\$50.00) nor more than Five Hundred Dollars (\$500.00) or by imprisonment in the county jail in the county in which such conviction occurred for not less than five (5) days or more than thirty (30) days, or by both such fine and imprisonment. Each day upon which this act shall be violated shall constitute a separate offense and shall be punishable as such.

Effective: September 11, 2020

***OKLAHOMA ADMINISTRATIVE CODE**
TITLE 435. STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
CHAPTER 30. OCCUPATIONAL THERAPISTS AND ASSISTANTS

Section

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[**Authority:** Title 59 O.S., Section 888.14]

[**Source:** Codified 12-30-91]

*This is an unofficial copy of Chapter 30 of Title 435 of the Oklahoma Administrative Code. Official copies may be obtained from the Office of Administrative Rules.

435:30-1-1. Purpose

The rules of this Chapter have been adopted to establish the licensure procedure for occupational therapists and occupational therapy assistants; as well as establishing the regulation of practice.

435:30-1-2. Definitions

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

"Alternate supervisor" means an Oklahoma licensed Occupational Therapist who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the Occupational Therapy Assistant or applicant for licensure in the absence of the supervising 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, Verification of Supervision, agreeing to supervise the 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 is not trained.

"Distant site" means the location of the Occupational Therapist via telecommunications systems.

"General supervision" means responsible supervision and control by an Oklahoma licensed occupational therapist who has signed a Form #5, Verification of Supervision, agreeing to supervise the 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 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.

"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.

"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 who has signed a Form #5, Verification of Supervision, agreeing to provide supervision to the 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.

"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 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 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) Submission of proof of scores of a passing grade, 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 a reporting service approved by this Board.
- (5) An applicant who meets academic, clinical and educational requirements for licensure as an Occupational Therapist or Occupational Therapy Assistant may practice under the direct, on-sight supervision of a licensed Occupational Therapist in the status of a graduate Occupational Therapy student or a graduate 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.

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

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

(7) 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) 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 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.

(5) The Board may issue a temporary license to any applicant for licensure by endorsement for no more than ninety (90) days upon the Board's receipt of an application for licensure together with a completed 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 October 31 upon forms provided by the Board and shall be accompanied by fees set by the Board. 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' involvement in activities which keep their skills and knowledge of current practice up to date. A point is the equivalent of 1 contact hour. Twenty contact hours every 2 years will be required. 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, 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) A Sub-Committee, composed of Occupational Therapists and Occupational Therapy Assistants, may review all 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. Should any individual therapist have questions as to the appropriateness of a program, the therapist could consult the Committee. The Committee would 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 will be with the therapist applying for approval. The Committee will automatically accept programs offered or approved by the American Occupational Therapy Association or the Oklahoma Occupational Therapy Association as proved courses.

(3) The Committee recognizes the role that ongoing practice plays in maintaining competence as an Occupational Therapist or Occupational Therapy Assistant. 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:

(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
- (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. 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:
 - (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) Assigned Value: 2 points per hour for first presentation of original material. No additional points for subsequent presentations.
 - (v) Documentation: Copies of supporting documentation such as brochures, programs, or syllabus and a statement of objectives of presentation.
 - (B) Clinical Instruction of Occupational Therapist students or 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 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. 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 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) 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, ninety (90) days before 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.
 - (C) The Occupational Therapy Committee or its appointed sub-committee shall review the documentation of each 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 within (5) 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 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.
- (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.

435:30-1-6. Prescribing drugs

The occupational therapist or occupational therapy assistant shall not administer or dispense any scheduled or legend drug, except as directed by an authorized person.

435:30-1-7. Disclosure of examination contents by licensee prohibited

An occupational therapist or occupational therapy assistant shall not reproduce in written form, or reveal in any other manner, any part of the written or oral/practical examination for the purpose of aiding licensure of candidates.

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

(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 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.

(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) 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 with-out 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) **Agendas.** The executive secretary 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 upon written request and by paying the cost per page set by the Board. Payment shall be made prior to release of the records and may be made by personal check.

(l) **Elections.**

(1) At the 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 of chairperson and vice-chairperson may be filled by a majority vote of those members present and voting at the next advisory committee meeting.

(m) **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) 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 or revoke or suspend any license issued to an 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 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, 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) 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) 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) 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 in nature.

(14) Verbally or physically abusing patients.

(15) Discriminating in the rendering of patient care.

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

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

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

(19) Negligence while in practice of occupational therapy or violating the "Standards of Ethics and Professional Conduct" adopted by the Board.

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

(21) Failing to timely make application for license renewal.

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

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

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

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

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

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

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

(29) 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 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) All 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.

All 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.

[Source: Amended at 22 Ok Reg 952, eff 5-12-05]

435:30-1-11. Disciplinary hearings

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

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 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

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 Occupational Therapist for the Occupational Therapy student in models of healthcare or educational systems. Supervision of the Occupational Therapy Assistant student may be provided by an Oklahoma licensed Occupational Therapy Assistant working under supervision of an 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 on site, the occupational therapy practitioner 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 during all working hours. It is understood that 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 for new Occupational Therapist and Occupational Therapist 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 for aides/technicians providing patient care. Occupational 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 must ensure the aide/technician has demonstrated competency in the delegated tasks.

[Source: Added at 17 Ok Reg, eff 5-11-00; Amended at 19 Ok Reg 2779, eff 6-24-02 (emergency); Amended at 20 Ok Reg 982, eff 5-21-03]

435:30-1-16. Responsible supervision

(a) An occupational therapist will not sign the Form #5, Verification of Supervision, to be the direct 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;

(3) document in the client treatment record each time the occupational therapist supervising the occupational therapy assistant is physically present 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 for consultation prior to implementation of any treatment program revisions; and

(5) review with the occupational therapy assistant in person or via telecommunication 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 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, Verification of Supervision.

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

[Source: Added at 18 Ok Reg , eff 7-12-01 Amended at 20 Ok Reg 1613, eff 7-12-12]

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

An Occupational Therapy Assistant's participation in evaluations is not independent. The Occupational Therapy Assistant works in collaboration with and under the supervision of an Occupational Therapist. It is the Occupational Therapist's responsibility to give appropriate supervision and the Occupational Therapy Assistant's responsibility to seek appropriate supervision. The 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 after competency has been established. It is the Occupational Therapist who initiates the evaluation process and delegates the appropriate assessment to be carried out by the Occupational Therapy Assistant. The Occupational Therapy Assistant may administer and score these assessments. The Occupational Therapist interprets the results with input from the 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 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 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. Therefore, it is the occupational therapy practitioner'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) 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) 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) Failure to comply with telehealth regulations shall be considered unprofessional conduct as set forth in Section 9 of the Occupational Therapy Practice Act.