Date: \_\_\_ / \_\_\_ / \_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Email: \_\_\_\_\_

## **Required Documents – Occupational Therapy**

State of Israel

**Ministry of Health** 

משרד הבריאות. ישר

Following your meeting with the Israeli Ministry of Health (MOH), here is a list of the documents required in order to open a file with the Medical Professions Licensing Department:

- □ 1 passport photo
- Application Form to take the examination in occupational therapy.

- **Questionnaire for Health Care Professionals.**
- □ Photocopy of your **Israeli identification card**, including the attachment showing your address (if you don't have it yet, a copy of your current passport).
- □ **Final diploma** in occupational therapy. Alternatively, certification from the university that you have completed your studies and have fulfilled all obligations to the university and are eligible for a degree in this profession, which will be awarded at a certain time.
- □ Valid license to practice
- $\hfill\square$  Official confirmation of the studies start and completion dates.
- □ Official **certification of having successfully completed internship** (1,000 hours). Alternatively, documents relating to at least one year of overseas work experience as an occupational therapist>
- Professional Certificate of Good Standing from the authority authorized to issue this in the state where you are licensed. The Certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant. To be mail directly from the medical board of the state in which you are licensed to the Israeli Ministry of Health.

Notes:\_\_\_\_\_

The marked documents <u>were</u> submitted by you today. You will have to obtain the remaining documents and have them **notarized by an Israeli notary**<sup>i</sup>.

Send, using registered mail only, the notarized documents + a **<u>copy</u>** of the originals (**<u>do not send the originals</u>**) to:

The Medical Professions Licensing Division Israeli Ministry of Health 39 Yirmiyahu St. P.O.Box 1176 Jerusalem 9101002

On the envelope state your full name, your passport number, your file number (if you have it) and Teudat Zehut number (if applicable).

All the best,

MOH representative (name+ signature)

<sup>&</sup>lt;sup>i</sup> Email Allison and Ronen at <u>Medpro@nbn.org.il</u> if you need names of Israeli notaries and Save the original receipts from the notary for the option of a future reimbursement from the Israeli Ministry of Aliyah and Integration.