



**Los Angeles Unified School District  
Human Resources Division – Certificated Employee Operations**

**SCHOOL OCCUPATIONAL THERAPIST AND SCHOOL PHYSICAL THERAPIST**

**Applicant Employment Checklist**

Please use this checklist to ensure that you have included all necessary materials. This checklist must be included with the documents below and submitted in person, via fax or U.S. Mail to the following address:

Los Angeles Unified School District  
Division of Special Education  
Related Services Department  
OT & PT Program  
333 South Beaudry Avenue, 18<sup>th</sup> Floor  
Los Angeles, CA 90017  
Fax: 213-241-8435

- Cover Letter
- Current Resume
- For OTs:      1) Copy of “frameable” wall certificate from NBCOT  
                         2) Copy of current California OT license or current state issued license
- For PTs:        1) Copy of current California PT license or current state issued license

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**I have read and reviewed the “Class Description” for the position which I am applying. There is nothing listed in the “Functions” or “Qualifications” that precludes me from performing the requirements of the assignment.**

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Please sign and submit this checklist with your documents.  
Please call 213-241-6200 if you need additional information.