

# NBCOT<sup>®</sup> 2024 Certification Renewal Application Instructions

ID 47 rev122123

This application is for certificants who are due to renew their certification ins 2024 only. **Do not use this application if your certification is past due, or you are not due to renew until 2025.**

To renew your NBCOT certification, you must complete the following:

1. Fulfill the required minimum of 36 units within the last three years (2021-2024).
2. Read and agree to abide by the NBCOT Certification Attestation Statement.
3. Submit a completed certification renewal application.
4. Pay the associated fees.

To proceed with this application, complete the following steps.

## Section 1: Background Information

- Fill in all the requested information.
- If your name has legally changed since your last renewal, submit the required documentation requested on this application.

## Section 2: Character Review

- Answer all of the Character Review questions.

## Section 3: Renewal Information

- Check the box that best corresponds to the completion of the renewal requirements.
- Check the box that best corresponds to the primary area in which you practice as an OTR<sup>®</sup> or COTA<sup>®</sup>.  
(*Select one box only.*)

## Section 4: Practice Information

- Answer all questions pertaining to your practice.

## Section 5: Signature and Attestation

Certificants MUST read, sign, and date the attestation statement indicating their agreement to abide by the conditions outline therein. The application will not be processed without this signed attestation.

## Payment Form & Mailing

Follow mailing and payment instructions on the payment page of this application. If you have further questions, please contact us at [recert@nbcot.org](mailto:recert@nbcot.org) or 301-990-7979.

**!** **Submission of an incomplete application (e.g., unsigned attestation, no payment, insufficient name change documentation) will result in the delayed processing of that application until all deficiencies have been resolved.**

# NBCOT<sup>®</sup> 2024 Certification Renewal Application

This application is for certificants who are due to renew their certification ins 2024 only. **Do not use this application if your certification is past due, or you are not due to renew until 2025.**

## Section 1: Background Information

Please provide your current name and contact information below. *(Please print.)*

Certification Type:	<input type="checkbox"/> OTR <sup>®</sup>	<input type="checkbox"/> COTA <sup>®</sup>	Certification #:	Date of Birth:
Name:				
Street Address:				
City:	State/Province:		Postal Code, Country:	
Home Phone:	Cell Phone:			
E-mail:				

If your name has legally changed since your last renewal, print your former name below and submit with this application a copy of one of the following government-issued IDs that reflects your current legal name: driver's license, state-issued ID, passport, or signed social security card.

### WHY DOES NBCOT REQUEST THIS INFORMATION?

It is essential that we understand the population of certified occupational therapy professionals, including demographic characteristics, practice information, and the geographic distribution of certificants. This type of information provides valuable workforce planning insight to our entire OT community. In addition, as part of our efforts to ensure representation and inclusivity on all of our committees and working groups, we are seeking to obtain accurate information about the characteristics of our certificant population. No personally identifying information will be shared outside of NBCOT.

#### With which gender do you identify?

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Woman     | <input type="checkbox"/> A gender not listed ( <i>please self identify</i> ): _____ |
| <input type="checkbox"/> Man       | <input type="checkbox"/> Prefer not to answer                                       |
| <input type="checkbox"/> Nonbinary |   |

#### What pronouns do you use? (*Select all that apply.*)

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> She/her   | <input type="checkbox"/> Pronouns not listed here ( <i>please specify</i> ): _____ / _____ |
| <input type="checkbox"/> He/his    | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> They/them |  |

Which of the following describes your race and ethnicity? (Please select all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian or Alaska native    | <input type="checkbox"/> Middle Eastern or North African           |
| <input type="checkbox"/> Asian                               | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Black or African American           | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Prefer not to answer                      |

## Section 2: Character Review

Since you last answered NBCOT Character Review questions in an examination application or your most recent renewal application:

1. a. Have you been convicted of a felony? (NOTE: Applicants must answer affirmatively even if convictions have been pardoned, expunged, released, or sealed.)  Yes  No  
b. Do you currently have a felony charge or charges against you?  Yes  No
2. a. Have you surrendered any professional license, registration, or certification or had one denied, revoked, suspended, or subject to probationary conditions by a regulatory authority or certification board, including NBCOT?  Yes  No  
b. Do you currently have a professional license, registration, or certification under review for possible disciplinary action?  Yes  No
3. a. Have you been found by any court, administrative, or disciplinary proceeding to have committed negligence, malpractice, recklessness, or willful or intentional misconduct which resulted in harm to another?  Yes  No  
b. Do you currently have a charge(s) of negligence, malpractice, recklessness, or willful or intentional misconduct that resulted in harm to another against you?  Yes  No
4. a. Have you been suspended and/or expelled from a college/university?  Yes  No  
b. Are you currently under active investigation that could lead to being suspended and/or expelled from a college or university?  Yes  No

**!** If you answered "Yes" to any of the Character Review questions above, you will be contacted for additional information as a review must be completed before your renewal application may be approved.

## Section 3: Renewal Information

What is your primary area of practice? (Select only one from the areas listed below.)

- |  |  |
|--|--|
| <input type="checkbox"/> Adult Rehabilitation      | <input type="checkbox"/> Musculoskeletal/Orthopedics |
| <input type="checkbox"/> Cardiopulmonary           | <input type="checkbox"/> Neurology                   |
| <input type="checkbox"/> Developmental             | <input type="checkbox"/> Older Adult                 |
| <input type="checkbox"/> Early Childhood           | <input type="checkbox"/> Pediatrics                  |
| <input type="checkbox"/> Education and/or Research | <input type="checkbox"/> Prevention and/or Wellness  |
| <input type="checkbox"/> Ergonomics                | <input type="checkbox"/> Schools                     |
| <input type="checkbox"/> General Medical/Systemic  | <input type="checkbox"/> Not Currently Practicing    |
| <input type="checkbox"/> Management                | <input type="checkbox"/> Other                       |
| <input type="checkbox"/> Mental Health             |  |

How many of these units support the primary area of practice that you indicated above?

- 0-7       8-15       16-23       24 or more

## Section 4: Practice Information

Do you have a current OT license in your state/country of residence?     Yes     No

Do you have a current OT license in other states/countries?     Yes     No

If yes, in what other states/countries are you licensed? \_\_\_\_\_

What is your employment status? (Select only one.)

- Actively working in a position that requires an OT license
- Actively working in a position in the field of OT that does not require a license
- Actively working in a field other than OT
- Not currently working

What best describes your employment plans for the next two years? (Select only one.)

- Increase hours in a field related to OT
- Decrease hours in a field related to OT
- Seek employment in a field unrelated to OT
- Retire
- Continue as you are
- Unknown

Which population do you work most frequently with in your OT practice? (Select only one.)

- Children: Early Intervention
- Children: Preschool aged
- Children: Elementary school aged
- Adolescents: Middle and/or high school aged
- Young adults
- Middle-aged adults
- Older adults
- I do not currently provide direct OT services

Please indicate your primary workplace setting. (Select only one.)

- |   |   |
|---|---|
| <input type="checkbox"/> Acute Care                 | <input type="checkbox"/> School                           |
| <input type="checkbox"/> Assisted Living Facility   | <input type="checkbox"/> Skilled Nursing Facility         |
| <input type="checkbox"/> Early Intervention         | <input type="checkbox"/> Specialty Clinic                 |
| <input type="checkbox"/> Home Health Agency         | <input type="checkbox"/> Subacute Care                    |
| <input type="checkbox"/> Mental Health              | <input type="checkbox"/> University/College               |
| <input type="checkbox"/> Outpatient                 | <input type="checkbox"/> Vocational Rehabilitation Center |
| <input type="checkbox"/> Prevention/Wellness Clinic | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Regulatory Agency          | <input type="checkbox"/> Not applicable                   |
| <input type="checkbox"/> Research Institute         |   |

Which of the following best describes the location of your primary work setting? (Select only one.)

Rural

Urban

**Telehealth may be defined as the use of electronic information and telecommunications technologies to extend care to patients, and may include videoconferencing, store-and-forward imaging, streaming media, and terrestrial and wireless communications.**

Do you use telehealth to deliver services to patients?

Yes

No

Reflecting on your OT case load, indicate the clients to whom you provide the majority of OT services or programs. (Select only one.)

Cardiopulmonary Dysfunction Disorders

Cognitive Disorders

Developmental Disorders

General Medical/Systemic Disorders

Musculoskeletal/Orthopedic Disorders

Neurological Disorders

Psychosocial Dysfunction Disorders

Not applicable

## Section 5: Signature and Attestation

By my signature, I attest that the information I submit in this application and in any required accompanying or subsequent documentation is true and accurate to the best of my knowledge. Additionally, I understand that persons who apply for certification as an OCCUPATIONAL THERAPIST REGISTERED OTR® or CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®, or persons who have been certified by NBCOT, are subject to NBCOT's Procedures for the Enforcement of the NBCOT's Candidate/Certificant Code of Conduct.

I understand NBCOT reserves the right to not accept or delay approval of this application. I also understand that I may be subject to audit at any time and that NBCOT reserves the right to take action for failure to comply with the audit procedures.

In order to maintain my certification, I understand that from time-to-time NBCOT may amend its requirements, policies, and procedures to include: initial certification, certification renewal, and Procedures for the Enforcement of the Candidate/Certificant Code of Conduct.

I agree to disclose any criminal, legal, or other disciplinary matters within sixty (60) days of any such matter, per the NBCOT Candidate/Certificant Code of Conduct.

I also agree to notify NBCOT in writing of any address or name change(s) within thirty (30) days after the change becomes effective. If requested to do so, NBCOT may verify my certification status.

I attest that I have completed all certification renewal requirements.

**I acknowledge that I have read and agree to the Attestation Statement.**

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

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

# NBCOT<sup>®</sup> Certification Renewal Payment Instructions

NBCOT recommends returning the paper application to us no later than March 15, 2024 to allow adequate time for mailing and processing. **Final deadline for renewal is 11:59 EST on March 31, 2024.**

## FEE SCHEDULE

**Paper Certification Renewal Application Fee:** \$75

**Online Certification Renewal Application Fee:** \$65

**Late Fee:** \$25

*A late fee will be assessed on paper application postmarked after March 31, 2024 and online applications submitted after 11:59PM EST on March 31, 2024. Online applications will automatically be charged a late fee. Applications postmarked after March 31, 2024 should include a total payment of \$100.*

**Returned Check Fee:** \$35

**Credit Card Challenge Fee:** \$35

*Credit card transactions that are subsequently challenged unsuccessfully will result in a \$40 transaction fee payable by the applicant prior to the processing of their renewal application (e.g., use of credit card by someone other than the card owner, where payment is unsuccessfully challenged by the card owner, with result in a transaction fee being issued to the applicant.)*

**Application Withdrawal Processing Fee:** \$40

*This amount will be deducted from the Certification Renewal Application fee, and the \$80 difference will be reimbursed to you.*

## SUBMITTING THE FORM AND PAYMENT

### Mail Your Form and Payment

Please mail your Certification Renewal Application and payment to:

**NBCOT Certification Renewal**  
One Bank Street, Suite 300  
Gaithersburg, MD 20878

**!** **Be sure to affix the correct postage before mailing.**

### Email Your Form and Payment

Please consider completing an online renewal application. Do NOT email this form with your credit card information. If you were asked to email this form, follow the instructions provided by the NBCOT representative.

# NBCOT<sup>®</sup> Certification Renewal Payment

## NBCOT CERTIFICATION RENEWAL PAYMENT

Certificant's Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_

### Choose a Payment Method:

- Personal Check
- Money Order
- Visa
- Mastercard
- American Express
- Discover

*Please make check/money order payable to "NBCOT".*

**Credit Card Number:** \_\_\_\_\_

**Expiration Date (mm/yy):** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Credit Card Holder:** \_\_\_\_\_

**Card Holder's Billing Address:**

**Total Payment:**

### Signature of Card Holder:

*I authorize the amount indicated above to be charged to my credit card.*

\_\_\_\_\_