

# Verification of OT License, Registration, or Certification Form

**OTED Applicant:** Please complete this section only and submit the form to regulatory authority(s) for completion of next section.

First Name:	Middle:	Last:
Date of Birth:		
Daytime Phone (with country/city/area codes):		Evening Phone (with country/city/area codes):
Name in which the license/registration/certification/recognition was issued:		
OT License/Registration/Certification/Recognition Number:		
<i>I authorize the regulatory authority completing this form to provide the National Board for Certification in Occupational Therapy, Inc. (NBCOT<sup>®</sup>) with all the information/documentation requested, both favorable and unfavorable.</i>		
Signature:	Date:	

**Regulatory Authority:** The above-named person is applying for the Occupational Therapist Eligibility (OTED). Please complete this form, include any required supporting documentation and an official stamp or seal, and mail to NBCOT (see address below). NBCOT appreciates your cooperation.

Type of Recognition Issued:  License  Registration  Certification  Other (specify):

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Recognition Status:  Active/Current  Inactive  Expired  Restricted (*revoked, suspended, limited, or probation*)  
*If restricted, please attach supporting documentation (in English, if possible) that identifies the nature of the restriction.*

Date(s) of Lapse in Recognition: \_\_\_\_\_

Recognition Issued Through:  National/State/Provincial Examination  
 Review of another Form of Recognition  
 Other (please specify): \_\_\_\_\_

Name of Regulatory Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime Phone (with country and city/area codes): \_\_\_\_\_

E-mail: \_\_\_\_\_

Official Stamp/Seal

**I hereby attest that my responses are complete and accurate to the best of my knowledge.**

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_