

2018 Certification Renewal Application Instructions

* This application is for certificants due to renew their certification in 2018 only.
* Do not use this application if you are due to renew in 2019 or if you are past due.

****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.****

In order to renew your NBCOT certification, you must complete the following:

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

***Renew online at www.nbcot.org – Quick, Easy, Instant
Save \$10.00 by renewing online!***

To proceed with this application, complete the following steps:

Section 1: Background Information

- Fill in all the information requested related to your background.
- If your name has changed since your last renewal, log in to your MyNBCOT account, hover over your name, select "Name Change" from the drop-down menu and follow the steps, or submit the required documentation requested on this application.

Section 2: 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[®] or COTA[®] (*Select one box only.*)
- Check the box that indicates the number of units that support your primary area of practice.
- Check the yes or no box to indicate if you wish to have the Practice Area of Emphasis printed on your renewal certificate. (*You must have 24 or more units accrued within your primary area of practice to select this option.*)

Section 3: Practice Information

- Answer all questions pertaining to your practice.

Section 4: Signature and Attestation

Certificants **MUST** read, sign and date the attestation statement indicating their agreement to abide by the conditions outlined therein. The application will not be processed without this signed attestation. For a full copy of the attestation statement, see the *Certification Renewal Handbook* located in the certificant section at www.nbcot.org.

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 or 301-990-7979.



National Board for Certification in Occupational Therapy

ID49 rev201801

2018 Certification Renewal Application



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Section 1: Background Information

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

Certification Type: OTR® COTA® Certification #: _____ Date of Birth: _____

Name: _____

Street Address: _____

City: _____ State/Province: _____ Postal Code, Country: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

If your name has changed since your last renewal, log in to your MyNBCOT account, hover over your name, select "Name Change" from the drop-down menu and follow the steps, **OR** 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 social security card.

Section 2: Renewal Information

Have you accrued 36 units as required to renew your certification?

- I attest that I have earned the minimum 36 units required to renew my certification within the last three years.
- No. *(Please do not submit the application — you are ineligible to renew at this time.)*

What is your primary area of practice? *(Select only one from the areas listed below. Please note: Practice areas that are written in will not be printed on your certificate.)*

- Administration and/or Management
 - Education and/or Research
 - Geriatrics
 - Health and Wellness
 - Mental Health
 - Orthopedics
- Pediatrics
 - Rehabilitation
 - Skilled Nursing
 - Work and Industry
 - Not Currently Practicing

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

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

If you answered 24 or more, would you like to have this Practice Area of Emphasis printed on your renewal certificate?

- Yes
- No
- N/A

Section 3: Practice Information

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

Do you have a current license in another state(s)? Yes No

If yes, in what other state(s) are you licensed? _____

How would you describe your current employment status? *(Select only one.)*

- Actively working in a position that requires an OT license
- Actively working in a field other than OT
- Not currently working

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

- | | |
|---|---|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> OT Education/Research |
| <input type="checkbox"/> Administration/Management | <input type="checkbox"/> Pediatrics |
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> School Systems |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Older Adult | <input type="checkbox"/> Wellness |
| <input type="checkbox"/> Orthopedics | <input type="checkbox"/> Work & Industry |

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

- | | |
|--|---|
| <input type="checkbox"/> Cardiopulmonary Dysfunction Disorders | <input type="checkbox"/> Neurological Disorders |
| <input type="checkbox"/> Cognitive Disorders | <input type="checkbox"/> OT Education/Research |
| <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Psychosocial Dysfunction Disorders |
| <input type="checkbox"/> General Medical/Systemic Disorders | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Musculoskeletal/Orthopedic Disorders | |

What social media platforms do you use? *(Please check all that apply.)*

- Facebook Twitter LinkedIn

Section 4: Signature & 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. **I acknowledge that I have read and agree to the Attestation Statement.** *(For a full copy of the Attestation Statement, see the Certification Renewal Handbook.)*

Signature: _____ Date: _____

Certification Renewal Payment

NBCOT recommends returning the paper application no later than March 15, 2018 to allow adequate time for mailing and processing. Final deadline for renewal is 11:59PM EST on March 31, 2018.

Questions?

Call: 301-990-7979

E-mail: recert@nbcot.org

Where to mail your form and payment:

Please use the return envelope provided to send your Certification Renewal Application and payment to:

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

Be sure to affix the correct postage before mailing.

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 applications postmarked after March 31, 2018 and online applications submitted after 11:59PM EST on March 31, 2018. Online applications will be automatically charged the late fee. Applications postmarked after March 31, 2018 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 \$35 transaction fee payable by the applicant prior to the processing of their renewal application (e.g. use of a credit card by someone other than the card owner, where payment is unsuccessfully challenged by the card owner, will result in a transaction fee being issued to the applicant).

Application Withdrawal Processing Fee: \$40

This amount will be deducted from the \$75 Certification Renewal Application Fee and the \$35 difference will be reimbursed to you.

Certificant's Name: _____

Certification Number: _____

Choose a Payment Method:

- Personal Check
- Money Order
- Visa
- Master Card
- American Express
- Discover

Please make check/money order payable to 'NBCOT.'

Credit Card Number: _____ - _____ - _____

Expiration Date (mm/yy): _____ CVW: _____

Credit Card Holder: _____

Card Holder's Billing Address (*required*): _____

Signature of Cardholder: _____

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