

Program Director Form

OTED Applicant: Please complete this section only.

First Name: _____ Middle: _____ Last: _____

Any previous name(s) used: _____

I authorize the college/university completing this form to provide the National Board for Certification in Occupational Therapy, Inc. (NBCOT[®]) with all the information/documentation requested, both favorable and unfavorable.

Signature: _____ Date: _____

Program Director: The above named person is applying for eligibility to take the NBCOT Certification Examination for OCCUPATIONAL THERAPIST REGISTERED OTR. Please complete this form, include an official stamp or seal, and mail to NBCOT. (See address below.)

Program: Occupational Therapy Program Department: _____

College/University: _____

Address: _____ City: _____

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

Phone (with country and city/area codes): _____

E-mail: _____

Clinical/Fieldwork Experience: The following grid does not need to be completed for US and Canadian programs

Number of Hours		Please describe the type of experience (physical disabilities, pediatrics, mental health, acute care, rehab, etc.)
hrs	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
hrs	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
hrs	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

OT Syllabi reflect:

- Curriculum at time applicant was admitted to program
- Curriculum at time applicant obtained degree

Has the applicant completed clinical/fieldwork under the supervision of a qualified occupational therapist? Yes No
If no, please explain on reverse side of this form.

Total Number of clinical/fieldwork hours/weeks: _____ Date of completion: _____

At the time of the applicant's graduation, the OT program was approved by one of the following: **(Check One)**

US Occupational Therapy Programs

- The Accreditation Council for Occupational Therapy Education (ACOTE), OR

International Occupational Therapy Programs

- National governmental institution that approves/accredits occupational therapy programs that grant a degree in occupational therapy (e.g., Ministry of Health.)

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

Signature of Program Director: _____ Date: _____

Print Name: _____

Official Stamp/Seal