



National Board for Certification in Occupational Therapy

National Board for Certification in Occupational Therapy, Inc.

Retired in Good Standing Application

ID 48 rev20171129

Your current name and contact information (please print):

Certification Number:

Certification Type:  OTR  COTA

Name:

Street Address:

City:

State/Province:

Country, Postal Code:

Date of Birth:

Home Phone:

Work Phone:

E-mail:

Gender:  Male  Female

The Retired in Good Standing designation is available to certificants who are retired and have no intent of returning to practice.

I am retired and understand that my certification status will be considered Noncompliant-Inactive if I do not renew my NBCOT certification. However, by signing this statement and returning the application, I may use the appropriate designation, "OTR, Retired" or "COTA, Retired" with my name.



Please mail this form to:

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

OR



Email form to info@nbcot.org.

Signature:

Date: