

Section 1: Applicant Information

I am a graduate from a program: within the U.S. or its territories outside the U.S.

I am a: first-time applicant repeating test-taker

Date of Birth:

First Name:

Middle Name:

Last Name:

Mailing Address:

City:

State/Province:

Postal Code: Country:

Phone: home work mobile

Phone: home work mobile

Social Security Number:

If no SSN, skip to next line and provide Student ID#.

Student ID Number:

This is the number assigned by school for U.S. graduates; assigned by NBCOT for OTED approvals (including internationally-educated).

Email Address (*must be active*):

Choose a Password:

This password can be used to check your application status online.

FOR NBCOT USE ONLY

*State Approved
"State Reactivation"
Candidate:*

Exam

COTA

OTR

First-Time

Repeat

Section 2: General Information (optional)

Gender: Male Female

Ethnicity: American Indian or Alaskan Native Multi-racial
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Hispanic/Latino of any race

Age: under 21 21-25 26-29 30-39 40 or above

Name:

Section 3: Credential Information

Exam Level: CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®
 OCCUPATIONAL THERAPIST REGISTERED OTR®

U.S. School Name*:

U.S. School Code*:

Graduation Date (mm/yyyy):

*available online at www.nbcot.org/pdf/US-School-Codes.pdf

Exam Eligibility Pathway:

OTR Credential:

- Entry-Level Master's Degree
 - Entry-Level Doctoral Degree
 - OTED (including internationally educated)
-

COTA Credential:

- Associate Degree
 - Certificate
-

Educational Program Director Requests

In the event that my education program director requests my certification examination score, I hereby grant permission to release my score. **Please check one:**

- Yes, I grant permission to release my score to my education program director upon their request.
 - No, I prefer not to release my score.
-

Section 4: Character Questions

HAVE YOU EVER...

been charged with or convicted of a felony? (NOTE: Certificants must answer affirmatively if records, charges, or convictions have been pardoned, expunged, released or sealed.) Yes No

had any professional license, registration, or certification denied, revoked, suspended, or subject to probationary conditions by a regulatory authority or certification board? Yes No

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

been suspended and/or expelled from a college or university? Yes No

If you answer "yes" to any of the character questions, please refer to page 7 of the handbook for further detail regarding documentation requirements.

All documentation must be submitted to and reviewed by NBCOT before the examination application will be approved.

Mail documentation to:

NBCOT, Inc.; Attn: Qualifications and Compliance Review
12 South Summit Avenue, Suite 100
Gaithersburg, MD 20877-4150

Name: _____

Section 5: Application Acknowledgement and Attestation Statement

By submitting this exam application, you are attesting to having read and understood the following NBCOT Certificant Attestation Statement and the information provided in the NBCOT Certification Examination Handbook. Please read this statement carefully.

I have read, understand, and agree to adhere to the provisions of the current edition of the NBCOT Certification Examination Handbook, the NBCOT Candidate/Certificant Code of Conduct (hereinafter referred to as the “Code of Conduct”), and the NBCOT Procedures for Enforcement of the NBCOT Code of Conduct (hereinafter referred to as the “Procedures”), all of which can be found on the NBCOT website at www.nbcot.org. By signing below, I am attesting that I have reviewed and completed the exam application myself and 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 the Code of Conduct and the Procedures. I understand that from time-to-time NBCOT may amend its requirements, policies, and procedures for initial certification, certification renewal, and Procedures for Enforcement of the Code of Conduct. During my three-year certification cycle, I agree to notify NBCOT in writing of any violation of the Code of Conduct (e.g. felony charge and/or conviction, suspension, or revocation of a license to practice occupational therapy).

I agree to hold NBCOT, its directors, officers, employees, and agents free from any damage or complaint by reason of any action taken in connection with the score or score given with respect to this or any other NBCOT certification examination, or the failure of NBCOT to issue me certification. I understand that if it is confirmed I was not eligible at the time I examined, my examination score will be voided. If it is ever determined that I was a participant in any testing irregularity, such as use of any electronic device during the examination and/or break, or cheating, to include discussing, transmitting or copying a test item(s) or answer(s) to a third-party, before, during or after the examination, my certification or eligibility status with NBCOT may be changed. Further, I understand that if I need to file an examination administrative or technical complaint that I must file such a complaint on-site at the Prometric Test Center, and must request a ticket number. I also agree to notify NBCOT in writing of any address and/or name change within thirty days (30) after the change becomes effective. If requested to do so, NBCOT may verify my certification status. I hereby consent to NBCOT’s release of any information regarding this application, my examination eligibility, my examination administration, or my certification status to any academic institution, employer, regulatory agency, or other party that may inquire in writing.

I understand that NBCOT reports aggregate school performance data to all occupational therapy education programs and to the Accreditation Council for Occupational Therapy Education, (ACOTE) on an annual basis.

Signature: _____

Date: _____

Please print name here: _____

Section 6: Special Testing Accommodations - US Testing Only

I am requesting Special Testing Accommodations for the certification examination, due to a documented disability.

Please submit a completed Special Testing Accommodations Application with supporting documentation to NBCOT. The handbook and application can be found online at www.nbcot.org.

I am reapplying for the certification examination, and am requesting identical accommodations previously approved by NBCOT.

If you were approved to take the exam with accommodations prior to 2009, you may be required to submit updated documents.

I am reapplying for the certification examination, and am requesting different or additional accommodations.

Please submit a completed Special Testing Accommodations Application with supporting documentation to NBCOT. The handbook and application can be found online at www.nbcot.org.

Name: _____

Section 7: Option to Take the Spanish OTR or COTA Certification Examination

Candidates may choose to take the OTR or COTA examinations written in American Spanish. If you wish to take the certification examination in American Spanish examination you **MUST** check one of the following:

- I wish to take the OTR examination written in American Spanish
- I wish to take the COTA examination written in American Spanish

If you have checked one of the boxes above, you **MUST** take and pass the *Test of English as a Foreign Language (TOEFL®)* **BEFORE** exam eligibility is approved. See *Exam Candidate Handbook* for details.

Section 8: Confirmation of Examination Registration and Eligibility to Examine Notice

- Please send a Confirmation of Examination Registration and Eligibility to Examine Notice to the following third parties. I have included the \$45 fee for EACH notice requested. Please Note: When a confirmation notice is requested for a third party, the candidate will receive a copy at no extra charge. Fees for confirmation notices are non-refundable.

To State Regulatory Boards:

Please Note: ONLY the states listed below accept confirmation notices.

- | | | | | |
|---|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Idaho | <input type="checkbox"/> Montana | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Oregon | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nevada | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maine | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New York | <input type="checkbox"/> South Dakota | |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Tennessee | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Missouri | <input type="checkbox"/> Ohio | <input type="checkbox"/> Texas | |

To Employers and Other Third Parties:

Attn: _____

Company Name: _____

Address: _____

City: State: Postal Code/Zip: _____

Section 9: Official Score Transfer

- Please send an *Official Score Transfer* to the jurisdiction(s) selected below. I have included the \$40 fee for EACH score report. **Please Note:** No state will receive a report unless it is marked here and the additional payment for EACH state marked is enclosed. Fees for score reports are non-refundable. **ONLY the states listed below accept score reports.**

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Idaho | <input type="checkbox"/> Minnesota | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Illinois | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Indiana | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Iowa | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Washington |
| <input type="checkbox"/> California | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota | |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas | |

Name: _____

Section 10: Fees and Payment for Paper Applicants

Examination Application/Study Tools

NBCOT offers a number of study tools to assist candidates with their exam preparation including online tools, practice tests, and study guides.

Visit www.nbcot.org > *Study Tools Central* for more information.



Service Fees:		Each	Qty.	Amount
Examination Application Fee	\$500 (online application) \$540 (paper application)	Application Fee	\$500/\$540 x	=
Official Score Transfer Request	\$40 per score report	Official Score Transfer	\$40 x	=
Confirmation of Examination Registration and Eligibility Notice	\$45 per notice	Confirmation Notice	\$45 x	=
Returned Check Fee	\$35	Total Payment =		

NBCOT Application Payment

Name: _____

Credit Card Number: _____

Street Address: _____

Expiration Date: _____

City: _____

Credit Card Holder's Name: _____

State/Province: Postal Code: _____

Card Holder's Address (required): _____

Country: _____

Phone: _____

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

E-mail: _____

Signature of Cardholder (required) _____

Payment:

Check Money Order Visa MasterCard

Please make checks and money orders payable to "NBCOT."

Checks must be drawn on a U.S. bank.

Mail completed application, signed attestation, any required documentation and payment together in one envelope, to:

**NBCOT, Inc.
P.O. Box 64971
Baltimore, MD 21264-4971**