

**Occupational Therapist Eligibility Determination (OTED)**  
**Verification of OT License, Registration, Certification or Other**  
**Form of Official Government Recognition Request**

**OTED Applicant:** Please complete this section only.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Name in which the license/registration/certification/recognition was issued: \_\_\_\_\_

OT License/Registration/Certification/Recognition Number: \_\_\_\_\_

I authorize the regulatory authority completing this form to provide National Board for Certification in Occupational Therapy, Inc. (NBCOT<sup>®</sup>) with all the information/documentation requested, both favorable and unfavorable.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Regulatory Authority:** 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  Temporary License/Permit  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): \_\_\_\_\_

Regulatory Agency: \_\_\_\_\_

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

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

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

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

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

Official Stamp/Seal

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

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

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

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