

# Professional Development Provider Registry Application

Check one: — New Application — Renewal

### Registry Applicant Agreement/Conditions of Participation

As an applicant for the NBCOT Professional Development Provider Registry, our organization accepts and agrees to the following conditions of participation in the Registry:

1. Provide accurate, complete, and truthful information in all communications to and at the request of NBCOT<sup>®</sup>.
2. Ensure that the content being offered for PDU credit is relevant to the practice of occupational therapy.
3. Conduct all educational and business operations in an ethical, professional, and lawful manner, and will respect the rights and worth of all educational participants.
4. Provide full, accurate, and truthful statements and representations regarding our firm's business activities, registry descriptions, fees, and services in all marketing and advertising of products, publications, and/or services.
5. Make no statements or representations indicating or implying, in any manner, that NBCOT has accredited, certified, sponsored, or endorsed any products, publications or services.

### Send application and payment to:

*By Mail:*  
NBCOT, Inc.  
Attn: PDP Coordinator  
12 S. Summit Avenue  
Suite 100  
Gaithersburg, MD 20877-4150

*By Fax (credit cards only):*  
301-869-8492

**Organization:**

**Address:**

**City, State, Zip:**

**Phone:**

**Fax:**

**URL:**

**E-mail:**

**Contact Person:**

**Credentials/Title:**

**Which of the following best describes your organization?**

- college/university
- professional development/continuing education provider
- governmental agency
- consultant
- regulatory entity
- professional association

**Who do your courses  
typically serve?**

- OTR practitioners
- COTA practitioners
- both practitioner levels

On behalf of the applying organization, and with full authority to enter into this agreement, the undersigned agrees to accept, and abide by all terms and conditions of this agreement, as outlined in this document, and further agrees to accept sole and full responsibility for the quality of any professional development or continuing education course or program offered while participating in the Registry.

**Signature:**

**Date:**

**Title:**

**Print Name:**

**Annual Fee: \$420** *please indicate payment method below*

- Check
- Visa
- MasterCard

Credit Card Number:

Expiration Date:

Name on card:

*Check/money order  
payable to NBCOT.*

Signature:

*required for charge requests*

Please describe your organization (up to 50 words)

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