To renew your NBCOT certification, you must complete the following:
1) Fulfill the required minimum of 36 units within the last three years (2017 – 2020).
2) Read and agree to abide by the NBCOT Certificant Attestation Statement.
3) Submit a completed certification renewal application.
4) Pay the associated fees.

Section 3: Renewal Information
☐ Check the box that best corresponds to the completion of the renewal requirements.
☐ Check the box that best corresponds to the primary area in which you practice as an OTR® or COTA®.
(Select one box only.)
☐ Check the box that indicates the number of units that support your primary area of practice.
☐ Check the yes or no box to indicate if you wish to have the Practice Area of Emphasis printed on your renewal certificate. (You must have 24 or more units accrued within your primary area of practice to select this option.)
Please note, recording a Practice Area of Emphasis on the certificate does not connote a specialty certification or advanced practitioner certification.

Section 4: Practice Information
☐ Answer all questions pertaining to your practice.

Section 5: Signature and Attestation
Certificants MUST read, sign and date the attestation statement indicating their agreement to abide by the conditions outlined therein. The application will not be processed without this signed attestation.

Payment Form & Mailing
Follow mailing and payment instructions on the payment page of this application. If you have further questions, please contact us at recert@nbcot.org or 301-990-7979.

**Submission of an incomplete application (e.g., unsigned attestation, no payment, insufficient name change documentation) will result in the delayed processing of that application until all deficiencies have been resolved.**
**Section 1: Background Information**

Please provide your current name and contact information below. *(Please print.)*

Certification Type: ☐ OTR® ☐ COTA®

Certification #: Date of Birth:

Name:

Street Address:

City: State/Province: Postal Code, Country:

Home Phone: Cell Phone:

E-mail:

If your name has legally changed since your last renewal, print your former name below and submit with this application a copy of one of the following government-issued IDs that reflects your current legal name: driver's license, state-issued ID, passport, or signed social security card.

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**Section 2: Character Review**

Since you last answered NBCOT Character Review questions in an examination application or your most recent renewal application:

1. a. Have you been convicted of a felony? *(NOTE: Applicants must answer affirmatively even if convictions have been pardoned, expunged, released, or sealed.)* ☐ Yes ☐ No
   b. Do you currently have a felony charge or charges against you? ☐ Yes ☐ No

2. a. Have you had any professional license, registration, or certification denied, revoked, suspended, or subject to probationary conditions by a regulatory authority or certification board, including NBCOT? ☐ Yes ☐ No
   b. Do you currently have a professional license, registration, or certification under review for possible disciplinary action? ☐ Yes ☐ No

3. a. Have you 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
   b. Do you currently have a charge(s) of negligence, malpractice, recklessness, or willful or intentional misconduct that resulted in harm to another against you? ☐ Yes ☐ No

4. a. Have you been suspended and/or expelled from a college/university? ☐ Yes ☐ No
   b. Are you currently under active investigation that could lead to being suspended and/or expelled from a college or university? ☐ Yes ☐ No

*If you answered "Yes" to any of the Character Review questions above, you will be contacted for additional information as a review must be completed before your renewal application may be approved.*
Section 3: Renewal Information

Have you accrued 36 units as required to renew your certification?

☐ I attest that I have earned the minimum 36 units required to renew my certification within the last three years.
☐ No. (Please do not submit the application — you are ineligible to renew at this time.)

What is your primary area of practice? (Select only one from the areas listed below.)

☐ Adult Rehabilitation  ☐ Neurology
☐ Cardiopulmonary  ☐ Older Adult
☐ Developmental  ☐ Pediatrics
☐ Early Childhood  ☐ Prevention and/or Wellness
☐ Education and/or Research  ☐ Psychosocial
☐ Ergonomics  ☐ Schools
☐ General Medical/Systemic  ☐ Not Currently Practicing
☐ Management  ☐ Other
☐ Musculoskeletal/Orthopedics

How many of these units support the primary area of practice that you indicated above?

☐ 0-7  ☐ 8-15  ☐ 16-23  ☐ 24 or more

If you answered 24 or more, would you like to have this Practice Area of Emphasis printed on your renewal certificate? (If you selected "Other", it cannot be printed on your certificate.)

☐ Yes  ☐ No  ☐ N/A

Please note, recording a Practice Area of Emphasis on the certificate does not connote a specialty certification or advanced practitioner certification.

Section 4: Practice Information

Do you have a current OT license in your state/country of residence?  ☐ Yes  ☐ No

Do you have a current OT license in other states/countries?  ☐ Yes  ☐ No

If yes, in what other states/countries are you licensed? 

How would you describe your current employment status? (Select only one.)

☐ Actively working in a position that requires an OT license
☐ Actively working in a field other than OT
☐ Actively working in a position, in the field of OT, that does not require an OT license
☐ Not currently working
Reflecting on your OT case load, indicate the clients to whom you provide the majority of OT services or programs. (Select only one.)

☐ Cardiopulmonary Dysfunction Disorders  ☐ Musculoskeletal/Orthopedic Disorders
☐ Cognitive Disorders  ☐ Neurological Disorders
☐ Developmental Disorders  ☐ Psychosocial Dysfunction Disorders
☐ General Medical/Systemic Disorders  ☐ Not applicable

Please indicate your primary workplace setting. (Select only one.)

☐ Acute Care Setting  ☐ School Setting
☐ Assisted Living Facility  ☐ Skilled Nursing Facility
☐ Early Intervention Setting  ☐ Specialty Clinic
☐ Home Health Agency  ☐ Subacute Care Setting
☐ Mental Health Setting  ☐ University
☐ Outpatient Setting  ☐ Vocational Rehabilitation Center
☐ Prevention/Wellness Clinic  ☐ Other ______________________
☐ Regulatory Agency  ☐ Not applicable
☐ Research Institute

What social media platforms do you use? (Please check all that apply.)

☐ Facebook  ☐ Twitter  ☐ LinkedIn  ☐ Instagram  ☐ Not applicable

Section 5: Signature and Attestation

By my signature, I attest 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 NBCOT’s Procedures for the Enforcement of the NBCOT’s Candidate/Certificant Code of Conduct. I understand NBCOT reserves the right to not accept or delay approval of this application. I also understand that I may be subject to audit at any time and that NBCOT reserves the right to take action for failure to comply with the audit procedures.

In order to maintain my certification, I understand that from time-to-time NBCOT may amend its requirements, policies, and procedures to include: initial certification, certification renewal, and Procedures for the Enforcement of the Candidate/Certificant Code of Conduct.

I agree to disclose any criminal, legal, or other disciplinary matters within sixty (60) days of any such matter, per the NBCOT Candidate/Certificant Code of Conduct.

I also agree to notify NBCOT in writing of any address or name change(s) within thirty (30) days after the change becomes effective. If requested to do so, NBCOT may verify my certification status.

I attest that I have completed all certification renewal requirements.

I acknowledge that I have read and agree to the Attestation Statement.

Signature: ___________________________ Date: ___________________
NBCOT recommends returning the paper application no later than March 15, 2020 to allow adequate time for mailing and processing. Final deadline for renewal is 11:59PM EST on March 31, 2020.

Questions?
Call: 301-990-7979  
E-mail: recert@nbcot.org

Where to mail your form and payment:
Please use the return envelope provided to send your Certification Renewal Application and payment to:

NBCOT Certification Renewal  
One Bank St., Suite 300  
Gaithersburg, MD 20878

Be sure to affix the correct postage before mailing.

Certificant’s Name:            Certification Number:

Choose a Payment Method:  
☐ Personal Check  
☐ Money Order  
☐ Visa  
☐ Master Card  
☐ American Express  
☐ Discover

Credit Card Number: - - - -  
Expiration Date (mm/yy): CVV:

Credit Card Holder:  
Card Holder’s Billing Address (required):

Signature of Cardholder:  
I authorize the amount indicated above to be charged to my credit card.