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.

To renew your NBCOT certification, you must complete the following:
1) Fulfill the required minimum of 36 units within the last three years (2016 – 2019).
2) Read and agree to abide by the NBCOT Certificant Attestation Statement.
3) Submit a completed certification renewal application.
4) Pay the associated fees.

To proceed with this application, complete the following steps:

Section 1: Background Information
- Fill in all the information requested related to your background.
- If your name has legally changed since your last renewal, log in to your MyNBCOT account, hover over your name, select "Name Change" from the drop-down menu and follow the steps, or submit the required documentation requested on this application.

Section 2: 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 3: Practice Information
- Answer all questions pertaining to your practice.

Section 4: 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. For a full copy of the attestation statement, see the Certification Renewal Handbook located in the Certificant section at www.nbcot.org.

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.
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, log in to your MyNBCOT account, hover over your name, select "Name Change" from the drop-down menu and follow the steps, OR 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 social security card.

Section 2: 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. Please note: Practice areas that are written in will not be printed on your certificate.)

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

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?

☐ Yes  ☐ No  ☐ N/A
Section 3: Practice Information

Do you have a current OT license in your state of residence? □ Yes □ No

Do you have a current OT license in another state(s)? □ Yes □ No

If yes, in what other state(s) 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

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
☐ Research Institute
☐ Not applicable

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

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

☐ Facebook ☐ Twitter ☐ LinkedIn ☐ Instagram ☐ Not applicable

Section 4: Signature & 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. I acknowledge that I have read and agree to the Attestation Statement. (For a full copy of the Attestation Statement, see the Certification Renewal Handbook.)

Signature: ___________________________________________ Date: ___________________________
NBCOT recommends returning the paper application no later than March 15, 2019 to allow adequate time for mailing and processing. Final deadline for renewal is 11:59PM EST on March 31, 2019.

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

Please make check/money order payable to 'NBCOT.'

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.