

2019 Certification Renewal Application Instructions

- * This application is for certificants due to renew their certification in 2019 only.
- * Do not use this application if you are due to renew in 2020 or if you are past due.

ID 47 rev111918

****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.

***Renew online at www.nbcot.org – Quick, Easy, Instant
Save \$10.00 by renewing online!***

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.

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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.)*

- | | |
|---|--|
| <input type="checkbox"/> Adult Rehabilitation | <input type="checkbox"/> Musculoskeletal/Orthopedics |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Neurology |
| <input type="checkbox"/> Developmental | <input type="checkbox"/> Older Adult |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Prevention and/or Wellness |
| <input type="checkbox"/> Education and/or Research | <input type="checkbox"/> Psychosocial |
| <input type="checkbox"/> Ergonomics | <input type="checkbox"/> Schools |
| <input type="checkbox"/> General Medical/Systematic | <input type="checkbox"/> Not Currently Practicing |
| <input type="checkbox"/> 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.)*

- | | |
|---|---|
| <input type="checkbox"/> Acute Care Setting | <input type="checkbox"/> School Setting |
| <input type="checkbox"/> Assisted Living Facility | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Early Intervention Setting | <input type="checkbox"/> Specialty Clinic |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Subacute Care Setting |
| <input type="checkbox"/> Mental Health Setting | <input type="checkbox"/> University |
| <input type="checkbox"/> Outpatient Setting | <input type="checkbox"/> Vocational Rehabilitation Center |
| <input type="checkbox"/> Prevention/Wellness Clinic | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Regulatory Agency | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Research Institute | |

Reflecting on your OT case load, indicate the clients to whom you provide the majority of OT services or programs. *(Select only one.)*

- | | |
|--|---|
| <input type="checkbox"/> Cardiopulmonary Dysfunction Disorders | <input type="checkbox"/> Musculoskeletal/Orthopedic Disorders |
| <input type="checkbox"/> Cognitive Disorders | <input type="checkbox"/> Neurological Disorders |
| <input type="checkbox"/> Developmental Disorders | <input type="checkbox"/> Psychosocial Dysfunction Disorders |
| <input type="checkbox"/> General Medical/Systemic Disorders | <input type="checkbox"/> 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: _____

Certification Renewal Payment

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.

Fee Schedule

Paper Certification:
Renewal Application Fee: **\$75**

Online Certification:
Renewal Application Fee: **\$65**

Late Fee: **\$25**

A late fee will be assessed on paper applications postmarked after March 31, 2019 and online applications submitted after 11:59PM EST on March 31, 2019. Online applications will be automatically charged the late fee. Applications postmarked after March 31, 2019 should include a total payment of \$100.

Returned Check Fee: **\$35**

Credit Card Challenge Fee: **\$35**

Credit card transactions that are subsequently challenged unsuccessfully will result in a \$35 transaction fee payable by the applicant prior to the processing of their annual renewal application (e.g., use of a credit card by someone other than the card owner, where payment is unsuccessfully challenged by the card owner, will result in a transaction fee being issued to the applicant).

Application Withdrawal Processing Fee: **\$40**

This amount will be deducted from the Certification Renewal Application Fee and the difference will be reimbursed to you.

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): _____ CWV: _____

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.