

Retired in Good Standing Application

Your current name and contact information (please print):

Certification Number:

Certification Type: OTR COTA

Name:

Street Address:

City:

State/Province:

Country, Postal Code:

Date of Birth:

Home Phone:

Work Phone:

E-mail:

Gender: Male Female

The *Retired in Good Standing* designation is available to certificants who are retired and have no intent of returning to practice.

I am retired and understand that my certification status will be considered *Noncompliant-Inactive* if I do not renew my NBCOT certification. However, by signing this statement and returning the application, I may use the appropriate designation, "OTR, Retired" or "COTA, Retired" with my name.



Please mail this form to:

NBCOT Certification Renewal
One Bank Street, Suite 300
Gaithersburg, MD 20878

OR



Email form to info@nbcot.org.

Signature:

Date: