

Section 1: Applicant Information

I am a graduate from a program: within the U.S. or its territories outside the U.S.

I am a: first-time applicant repeating test-taker

First Name: _____

Middle Name: _____

Last Name: _____

Mailing Address: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Phone: home work mobile

Phone: home work mobile

Select ID Type (*must provide one of the following: SSN, SIN, or OTED[®] ID*):

Social Security Number (SSN)/Social Insurance Number (SIN): _____

If internationally educated applicant does not have an SSN/SIN, skip to next line and provide OTED[®] ID number.

OTED[®] ID Number: _____

Assigned by NBCOT for OTED approvals (including internationally-educated)

Date of Birth: _____

E-mail address (*must be active*): _____

Create a Password: _____

This password can be used to check your application status online at MyNBCOT. (It must include a minimum of eight characters alpha/numeric plus one capital letter.)

Security Questions (*must provide answers for ALL three questions*):

What is your birth city? _____

What is your favorite color? _____

What was your high school mascot? _____

Section 2: General Information (optional)

Gender: Male Female

Race/Ethnicity: (*Select only one answer.*)

American Indian/Alaskan native

Native Hawaiian/Other Pacific Islander

Asian

White

Black/African American

Multiracial

Hispanic/Latino

Other

Age: under 21 21-25 26-29 30-39 40 or above

Name: _____

Section 3: Credential Information

- Exam Level: CERTIFIED OCCUPATIONAL THERAPY ASSISTANT COTA®
 OCCUPATIONAL THERAPIST REGISTERED OTR®

U.S. School Name: _____

Student ID Number: _____ Graduation Date (mm/dd/yyyy): _____

(This is the number assigned by the school for U.S. graduates.)

Exam Eligibility Pathway:

- OTR® Credential: Entry-Level Master's Degree
 Entry-Level Doctoral Degree
 OTED (including internationally-educated)

- COTA® Credential: Associate Degree
 Certificate

After submitting your application, please have your college/university registrar mail your official final transcript to:

NBCOT, Inc.
One Bank Street, Suite 300
Gaithersburg, MD 20878

Or send it electronically using a secure document transfer program to: transcripts@nbcot.org

Section 4: Testing Accommodations

- I am requesting Testing Accommodations (TA) for the certification examination, due to a documented disability. *Please read the Testing Accommodations Handbook, and submit required documentation to NBCOT. The handbook and forms can be found online at www.nbcot.org.*
- I am reapplying for the certification examination, and am requesting identical accommodations previously approved by NBCOT. *If your documentation is no longer current, you may be required to submit updated documents.*
- I am reapplying for the certification examination, and am requesting different or additional accommodations. *Please read the Testing Accommodations Handbook, and submit required documentation to NBCOT. The handbook and forms can be found online at www.nbcot.org.*

What TA are you requesting from NBCOT? _____

Date disability was diagnosed: _____

Describe your disability and how it limits one or more of your major life activities as compared to most people in the general public: _____

Describe how your disability impacts your ability to take the examination under standard NBCOT testing conditions. _____

Please list any previous accommodations granted for educational or testing experiences. Include the accommodation(s) provided, who provided the accommodation(s), and the date(s) provided. _____

Name: _____

Declaration Statement

I understand that NBCOT will use the information obtained by this authorization to determine eligibility for a reasonable TA in regard to the Certification Examination, by reason of my disability. I understand that NBCOT reserves the right to make additional inquiries regarding my disability and previous accommodations before making a determination as to whether to provide the TA I have requested above. I declare that the foregoing statements, and those in any required accompanying documents or statements, are true. I understand that false information may be cause for denial or revocation of certification. I hereby certify that I personally completed this application and that I may be asked to verify this information at any time.

Signature: _____ Date: _____

Authorization Statement

I hereby authorize and request the qualified professional identified within the required documentation to release the information requested by NBCOT related to my disability and the accommodation(s) appropriate to my disability to take the NBCOT examination.

Signature: _____ Date: _____

Section 5: Character Questions

- 1. a. Have you ever 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 ever 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 ever 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 ever been suspended and/or expelled from a college or 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 answer “yes” to any of the character questions, please refer to page 8 of the exam handbook for further detail regarding documentation requirements.

All documentation must be submitted to and reviewed by NBCOT before the examination application will be approved.

Mail documentation to: **NBCOT, Inc.; Attn: Qualifications and Compliance Review**
One Bank Street, Suite 300
Gaithersburg, MD 20878

Name: _____

Section 6: Eligibility Confirmation Notice

- This service confirms that a candidate has applied for and been deemed eligible to take the NBCOT certification exam. Please send an Eligibility Confirmation Notice to the following third parties. I have included the \$40 fee for EACH notice requested. **Please Note:** When a confirmation notice is requested for a third party, the candidate will receive a copy at no extra charge. **Fees for confirmation notices are nonrefundable. ONLY the states listed below accept eligibility confirmation notices.**

To State Regulatory Boards:

- | | | | | |
|---|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Illinois | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Oregon | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nevada | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maine | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New York | <input type="checkbox"/> South Dakota | |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Tennessee | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Missouri | <input type="checkbox"/> Ohio | <input type="checkbox"/> Texas | |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Montana | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Utah | |

To Employers and Other Third Parties:

Attn.: _____

Company Name: _____

Address: _____

Email: _____

City: _____

State: _____

Postal Code/Zip: _____

Section 7: Score Transfer

- Please send a *Score Transfer* to the jurisdiction(s) selected below. I have included the \$40 fee for EACH score transfer. **Please Note:** No state will receive a score unless it is marked here and the additional payment for EACH state marked is enclosed. **Fees for score transfers are nonrefundable. ONLY the states listed below accept score transfers.**

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Idaho | <input type="checkbox"/> Minnesota | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Illinois | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Indiana | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Iowa | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Washington |
| <input type="checkbox"/> California | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota | |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee | |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas | |

Name: _____

Section 8: Application Acknowledgment and Attestation Statement

By submitting this exam application, you are attesting to having read and understood the following NBCOT Certificant Attestation Statement and the information provided in the NBCOT Certification Examination Handbook. Please read this statement carefully.

I have read, understand, and agree to adhere to the provisions of the current edition of the NBCOT Certification Examination Handbook, the NBCOT Professional Practice Standards, the NBCOT Candidate/Certificant Code of Conduct (hereafter referred to as the “Code of Conduct”), and the NBCOT Procedures for Enforcement of the NBCOT Code of Conduct (hereafter referred to as the “Procedures”), all of which can be found on the NBCOT website at www.nbcot.org. By signing below, I am attesting that I have personally completed the exam application and that the information I submit in the 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 the Code of Conduct and the Procedures. I understand that from time-to-time NBCOT may amend its requirements, policies, and procedures for initial certification, certification renewal, and Procedures for Enforcement of the Code of Conduct. During my three-year certification cycle, I agree to notify NBCOT in writing of any violation of the Code of Conduct (e.g., felony conviction, suspension, or revocation of a license to practice occupational therapy).

I agree to hold NBCOT, its directors, officers, employees, and agents free from any damage or complaint by reason or any action taken in connection with the score or score given with respect to this or any other NBCOT certification examination, or the failure of NBCOT to issue me certification. I understand that if it is confirmed I was not eligible at the time I examined, my examination score will be voided. If it is ever determined that I was a participant in any testing irregularity, such as use of any electronic device during the examination and/or break, or cheating, to include discussing, transmitting, or copying a test item(s) or answer(s) to a third-party, before, during, or after the examination, my certification or eligibility status with NBCOT may be changed. Further, I understand that if I need to file an examination administrative or technical complaint that I must file such a complaint on-site at the Prometric Test Center. I understand that an exam results appeal must be submitted in writing. Filing of a complaint or appeal must follow the procedures outlined in this handbook.

I understand NBCOT’s Aspire study tools and OTKE are copyrighted and protected by the United States Copyright Office. Copying, sharing, or posting NBCOT’s materials is illegal and violates the Code of Conduct. If it is ever determined that I was a participant in sharing this information at any time, my certification or eligibility status with NBCOT may be changed.

I also agree to notify NBCOT in writing of any address and/or name change within thirty (30) days after the change becomes effective. If requested to do so, NBCOT may verify my certification status. I hereby consent to NBCOT's release of any information regarding this application, background check results, my examination eligibility, my examination administration, or my certification status to any academic institution, employer, regulatory authority, or other party that may inquire in writing. I understand that all documentation submitted to NBCOT becomes the property of the organization.

I understand that NBCOT reports aggregate school performance data to all occupational therapy education programs and to the Accreditation Council for Occupational Therapy Education (ACOTE) on an annual basis.

Signature: _____

Please print name here: _____

Name: _____

Section 9: Disclosure and Authorization

[IMPORTANT — PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The National Board for Certification in Occupational Therapy (“the Company”) may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside your organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (goo.gl/SahnWV) and certify that I have read and understand both of those documents. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CARCO Group, Inc. also known as Cisive, 5000 Corporate Court, Suite 203, Holtsville, NY 11742, 1-800-645-4556, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <https://www.cisive.com/privacy-policy>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A (goo.gl/itZbbi) of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: State law entitles you to a copy of your background report. It will be mailed to you.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW (goo.gl/Ns5A9x). State law entitles you to a copy of your background report. It will be mailed to you.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

I understand and authorize for my background investigation to be disclosed to NBCOT.

Signature: _____

Date: _____

Name:

Section 10: Fees and Payment

Examination Application/NBCOT Aspire®

NBCOT offers an entry-level development tool suite to prepare for the OTR® and COTA® certification exams. Build a successful study plan using the tools in NBCOT Aspire.



National Board for Certification in Occupational Therapy

Visit www.nbcot.org/aspire for more information.

Service Fees:

		Each	Qty.	Amount
Examination Application Fee	\$555 (paper application)	Paper Application Fee	\$555	x =
Score Transfer Request	\$40 per score transfer	Score Transfer	\$40	x =
Eligibility Confirmation Notice	\$40 per notice	Confirmation Notice	\$40	x =
Returned Check Fee	\$35	Returned Check Fee	\$35	x =
Credit Card Challenge Fee	\$35	Credit Card Challenge Fee	\$35	x =

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 exam 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).

Once this exam application is submitted, it is valid for three months. The certification exam must be taken within this three month period, or by the Authorization to Test (ATT) expiration date. I understand that if I do not test within my eligibility period all fees will be forfeited. A new exam application and fee will then need to be submitted.

Fees for Score Transfers and Eligibility Confirmation Notices are non-refundable.

Total payment =

NBCOT Application Payment

Name:

Credit Card Number:

Street Address:

Expiration Date:

3-digit CVW code:

City:

Credit Card Holder's Name:

State/Province:

Postal Code:

Card Holder's Address (required):

Country:

Phone:

I authorize the amount indicated above to be charged to my credit card.

Email:

Signature of Cardholder (required)

Payment:

Check Money Order Visa MasterCard American Express Discover

Please make checks and money orders payable to "NBCOT." Checks must be drawn on a U.S. bank.

Mail completed application, signed attestation, any required documentation and payment together in one envelope to:

**NBCOT, Inc.
One Bank Street, Suite 300
Gaithersburg, MD 20878**