

Verification of OT License, Registration, or Certification Form

OTED Applicant: Please complete this section only and submit the form to regulatory authority(s) for completion of next section.

First Name:	Middle:	Last:
Date of Birth:		
Daytime Phone (with country/city/area codes):		Evening Phone (with country/city/area codes):
Name in which the license/registration/certification/recognition was issued:		
OT License/Registration/Certification/Recognition Number:		
<p><i>I authorize the regulatory authority completing this form to provide the National Board for Certification in Occupational Therapy, Inc. (NBCOT[®]) with all the information/documentation requested, both favorable and unfavorable.</i></p>		
Signature:	Date:	

Regulatory Authority: The above-named person is applying for the Occupational Therapist Eligibility (OTED). Please complete this form, include any required supporting documentation and an official stamp or seal, and mail to NBCOT (see address below). NBCOT appreciates your cooperation.

Type of Recognition Issued: License Registration Certification Other (specify): _____

Date Issued: _____ Expiration Date: _____

Recognition Status: Active/Current Inactive Expired Restricted (*revoked, suspended, limited, or probation*)
If restricted, please attach supporting documentation (in English, if possible) that identifies the nature of the restriction.

Date(s) of Lapse in Recognition: _____

Recognition Issued Through: National/State/Provincial Examination
 Review of another Form of Recognition
 Other (please specify): _____

Name of Regulatory Agency: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

Daytime Phone (with country and city/area codes): _____

E-mail: _____

Official Stamp/Seal

I hereby attest that my responses are complete and accurate to the best of my knowledge.

Signature: _____ Date: _____

Print Name: _____

Title: _____