

2022 Certification Renewal Application Instructions

- * This application is for certificants who are due to renew their certification in 2022 only.
- * Do not use this application if your certification is past due, or you are not due to renew until 2023.

To renew your NBCOT certification, you must complete the following:

- 1) Fulfill the required minimum of 36 units within the last three years (2019 – 2022).
- 2) Read and agree to abide by the NBCOT Certificant Attestation Statement.
- 3) Submit a completed certification renewal application.
- 4) Pay the associated fees.

**Save \$10.00 by
renewing online!
(www.nbcot.org)**

To proceed with this application, complete the following steps:

Section 1: Background Information

- Fill in all the requested information.
- If your name has legally changed since your last renewal, submit the required documentation requested on this application.

Section 2: Character Review

- Answer all of the Character Review questions.

Section 3: 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 4: Practice Information

- Answer all questions pertaining to your practice.

Section 5: 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.

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.

****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.****



National Board for Certification
in Occupational Therapy

2022 Certification Renewal Application



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Section 1: Background Information

Why does NBCOT request this information?

It is essential that we understand the population of certified occupational therapy professionals, including demographic characteristics, practice information, and the geographic distribution of certificants. This type of information provides valuable workforce planning insight to our entire OT community. In addition, as part of our efforts to ensure representation and inclusivity on all of our committees and working groups, we are seeking to obtain accurate information about the characteristics of our certificant population. No personally identifying information will be shared outside of NBCOT.

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, 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 signed social security card.

With which gender do you identify?

- Woman
- Man
- Nonbinary
- A gender not listed (*please self identify*): _____
- Prefer not to answer

What pronouns do you use? (*Select all that apply.*)

- She/her
- He/his
- They/them
- Pronouns not listed here (*please specify*): _____ / _____
- Prefer not to answer

Which of the following describes your race and ethnicity? (*Please select all that apply.*)

- American Indian or Alaska native
- Asian
- Black or African American
- Hispanic, Latino, or Spanish origin
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer

Section 2: Character Review

Since you last answered NBCOT Character Review questions in an examination application or your most recent renewal application:

1. a. Have you 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 surrendered any professional license, registration, or certification or had one 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 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 been suspended and/or expelled from a college/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 answered "Yes" to any of the Character Review questions above, you will be contacted for additional information as a review must be completed before your renewal application may be approved.

Section 3: 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.)*

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

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? (If you selected "Other", it cannot be printed on your certificate.)

Yes

No

N/A

Please note, recording a Practice Area of Emphasis on the certificate does not connote a specialty certification or advanced practitioner certification.

Section 4: Practice Information

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

Do you have a current OT license in other states/countries? Yes No

If yes, in what other states/countries 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

Assisted Living Facility

Early Intervention Setting

Home Health Agency

Mental Health Setting

Outpatient Setting

Prevention/Wellness Clinic

Regulatory Agency

Research Institute

School Setting

Skilled Nursing Facility

Specialty Clinic

Subacute Care Setting

University

Vocational Rehabilitation Center

Other _____

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

Cognitive Disorders

Developmental Disorders

General Medical/Systemic Disorders

Musculoskeletal/Orthopedic Disorders

Neurological Disorders

Psychosocial Dysfunction Disorders

Not applicable

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

Facebook

Twitter

LinkedIn

Instagram

Not applicable

Section 5: Signature and 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. 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 NBCOT's Procedures for the Enforcement of the NBCOT's Candidate/Certificant Code of Conduct.

I understand NBCOT reserves the right to not accept or delay approval of this application. I also understand that I may be subject to audit at any time and that NBCOT reserves the right to take action for failure to comply with the audit procedures.

In order to maintain my certification, I understand that from time-to-time NBCOT may amend its requirements, policies, and procedures to include: initial certification, certification renewal, and Procedures for the Enforcement of the Candidate/Certificant Code of Conduct.

I agree to disclose any criminal, legal, or other disciplinary matters within sixty (60) days of any such matter, per the NBCOT Candidate/Certificant Code of Conduct.

I also agree to notify NBCOT in writing of any address or name change(s) within thirty (30) days after the change becomes effective. If requested to do so, NBCOT may verify my certification status.

I attest that I have completed all certification renewal requirements.

I acknowledge that I have read and agree to the Attestation Statement.

Signature: _____

Date: _____



National Board for Certification
in Occupational Therapy

National Board for Certification in Occupational Therapy, Inc. (NBCOT®)

Certification Renewal Payment

NBCOT recommends returning the paper application no later than March 15, 2022 to allow adequate time for mailing and processing. Final deadline for renewal is 11:59PM EST on March 31, 2022.

Mail your form and payment.

Please mail 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.

To email your form:

Please consider completing an online renewal application. **Do NOT email this form with your credit card information.** If you were asked to email this form, follow the instructions provided by the NBCOT representative.

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, 2022 and online applications submitted after 11:59PM EST on March 31, 2022. Online applications will be automatically charged the late fee. Applications postmarked after March 31, 2022 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 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.

NBCOT Certification Renewal Payment

Certificant's Name: _____

Certification Number: _____

Choose a payment method:

- Personal Check
- Money Order
- Visa
- MasterCard
- American Express
- Discover

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

Credit Card Number: _____

Expiration Date (mm/yy): _____

CW: _____

Credit Card Holder: _____

Card Holder's Billing Address: _____

Total payment:

Signature of Card Holder: _____

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