



National Board for Certification
in Occupational Therapy

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):

면허 발급기관 이름
Name in which the license/registration/certification/recognition was issued: Ministry of Health & Welfare

면허 번호
OT License/Registration/Certification/Recognition Number: ○○

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.

Signature: 개인 서명 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.

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

면허 발급일
Date Issued: ○○○/○th/○○○○ 면허 만료일
Expiration Date (must be completed): t Applicable

면허 상태
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 국가 시험
 Review of another Form of Recognition
 Other (please specify):

Name of Regulatory Agency: Ministry of Health & Welfare

Address: 13, Doum 4 - ro City: Sejong-si

State/Province: Sejong-si Country: Republic of Korea Postal Code: 30113

Daytime Phone (with country and city/area codes): +82-44-202-2143

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: