NBCOT®
National Board for Certification in Occupational Therapy

Occupational Therapist Eligibility Determination (OTED®)

ID 33 rev122221

Program Director Form

OTED Applicant: Please complete this section only.

First Name: Middle: Last:

Any previous name(s) used:

I authorize the college/university 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: Date:

Program Director: The above named person is applying for eligibility to take the NBCOT Certification Examination for OCCUPATIONAL THERAPIST REGISTERED OTR®. Please complete all fields on this form, include an official stamp or seal, and mail to NBCOT. (See address below.)

Program: Occupational Therapy Program Department:

College/University:

Address: City:

State/Province: Country: Postal Code:

Phone (with country and city/area codes):

E-mail:

Clinical/Fieldwork Experience: The following grid does not need to be completed for US and Canadian programs

Number of Hours		Please describe the type of experience (physical disabilities, pediatrics, mental health, acute care, rehab, etc.)
hrs	❒ Full-Time ❒ Part-Time	
hrs	❒ Full-Time ❒ Part-Time	
hrs	❒ Full-Time ❒ Part-Time	

OT Syllabi reflect:

❒ Curriculum at time applicant was admitted to program

❒ Curriculum at time applicant obtained degree

Has the applicant completed clinical/fieldwork under the supervision of a qualified occupational therapist? ❒ Yes ❒ No
If no, please explain on reverse side of this form.

Total Number of clinical/fieldwork hours: Date of completion:

Please confirm the statement below: (Check box)

International Occupational Therapy Programs

❒ At the time of the applicant's graduation, the OT program was approved/accredited by a National Government institution to grant a degree in occupational therapy (e.g., Ministry of Health)

Official Stamp/Seal

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

Signature of Program Director: Date:

Print Name:

Mail form to: NBCOT, Inc., Attn: OTED; One Bank Street, Suite 300; Gaithersburg, MD 20878 USA