NBCOT®
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):

Name in which the license/registration/certification/recognition was issued:

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: **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 (must be completed):

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:

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