

# NBCOT Application for Continuing Education Units (CEUs)

(Please photocopy this form as many times as necessary)

**Please Note: All areas on both pages must be completed. \* Items required**

Are there any changes to your personal information or ethics status (see pg. 2) currently on file with NBCOT? **YES**  **NO**

\*Date: \_\_\_\_\_ \*OTC® Certification # \_\_\_\_\_ - \_\_\_\_\_ \*OT-SC™ Certification # \_\_\_\_\_ - \_\_\_\_\_

\*Name: \_\_\_\_\_ \*Home # \_\_\_\_\_ \*Work # \_\_\_\_\_

\*Home Address \_\_\_\_\_ (NOT EMPLOYERS)

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ Last Year Certified \_\_\_\_\_

\*E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

\*Total CEU's Requested \_\_\_\_\_ @ **\$2.00 per CEU** = \$ \_\_\_\_\_ + Late Fee if applicable \_\_\_\_\_  
 The deadline for submitting CEUs is October 1st, of the year the Certificant is due to recertify.  
**CEU submissions that are received after October 1st in the year you are due to recertify will be charged an additional \$100.00 late fee.**

Please send this form with your CEU Documentation and Group/Corporate Check, Money Order or Credit Card information made payable to the NBCOT, Inc.

**WE DO NOT ACCEPT PERSONAL CHECKS – ALL FEES MUST BE PAID IN US CURRENCY**

There will be a \$40.00 Processing Fee for returned checks for ANY reason.

Charge to U.S. Bank Issued: **Visa**  **MasterCard**

\*Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Exp. Date: \_\_\_\_\_ \* Last 3 CID digits from back of your card: \_\_\_\_\_

\*Print Name Exactly as it is on card: \_\_\_\_\_

**\*Authorized Cardholder Signature:** \_\_\_\_\_

\*Cardholder Billing Address: \_\_\_\_\_ \*Zip Code \_\_\_\_\_

\*Cardholders Phone #: \_\_\_\_\_

Refer to the NBCOT Continuing Education Guidelines for an explanation of the required documentation to be submitted. Forms submitted without the required proof of attendance, course syllabus or agenda will be automatically rejected.

Date of Activity	Category (Circle One)	Description	Amount Requested
	1   2   1A		
	1   2   1A		
	1   2   1A		
	1   2   1A		
	1   2   1A		
	1   2   1A		
	1   2   1A		
	1   2   1A		
		<b>Total CEUs Requested:</b>	

Remit CEU Form, Documentation and Payment to:  
**NBCOT, Inc**  
 4736 Onondaga Blvd. #166  
 Syracuse, NY 13219

I hereby verify that all information provided within this submission form is accurate and true. Further I realize that falsification of continuing education documentation will be grounds for rescinding OTC®, OT-SC™ or both Certifications.

X \_\_\_\_\_  
 \*Signature of Applicant \_\_\_\_\_  
 \*Date signed

rev. 03.16

**MUST BE COMPLETED TO PROCESS YOUR CEU SUBMISSION**

**Continued Ethics Representations and Agreements**

**Read Carefully**

1. I agree to act, and conduct my Orthopaedic Technology services and activities, consistent with the current NBCOT Code of Ethics, NBCOT Ethics Case Procedures, and other applicable NBCOT Certification and/or Recertification Policies, and as they may be amended or revised.  AGREE

**DURING MY CURRENT CERTIFICATION CYCLE:**

2. I have **not been**, nor am I **currently**, the subject of any charge, complaint, or conviction related to a criminal matter, military court matter, or other court matter that involves a jail sentence (imprisonment).  AGREE  **DISAGREE**
3. I have **not been**, nor am I **currently**, the subject of any formal complaint or charge by a government or other regulatory body, professional association, or certifying organization.  AGREE  **DISAGREE**
4. I have **not been** found in violation of any law, regulation, or policy by a government or other regulatory body, professional association, or certifying organization.  AGREE  **DISAGREE**
5. I have **not been**, nor am I **currently**, the subject of any other court or governmental matter or proceeding, related to my professional practice or business activities.  AGREE  **DISAGREE**
6. I understand that any intentional or unintentional failure to provide timely, accurate, and complete responses to this Application may result in sanctions by the NBCOT Certification Program.  AGREE  **DISAGREE**

IF YOU ANSWERED “**DISAGREE**” TO ANY QUESTION(S) ABOVE, YOU MUST PROVIDE A COMPLETE, DETAILED EXPLANATION OF THE CIRCUMSTANCES RELATED TO YOUR “**DISAGREE**” RESPONSE. THE FINAL DISPOSITION AND/OR DECREE RELATED TO ANY MATTERS INCLUDED IN ITEMS 2, 3, 4, OR 5, ABOVE MUST BE PROVIDED. PLACE THESE MATERIALS IN A SEALED ENVELOPE MARKED “ETHICS” AND STAPLE THE ENVELOPE TO YOUR CEU SUBMISSION. FAILURE TO INCLUDE THE REQUIRED INFORMATION MAY DELAY THE PROCESSING OF YOUR CEU SUBMISSION

X \_\_\_\_\_ \*Signature of Applicant      \_\_\_\_\_ \*Date signed