

DO NOT WRITE IN THIS BOX: FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Entered: \_\_\_\_\_

BC  SCH  DB  CM



**2019 OTC® CERTIFICATION EXAMINATION APPLICATION**  
**Orthopaedic Technologist Certified**  
**TO BE USED FOR ELIGIBILITY ROUTE B ONLY**  
**(GRADUATES OF AN ORTHOPAEDIC TECHNOLOGIST PROGRAM OR U.S. MILITARY)**

Return this ENTIRE Original SINGLE SIDED Completed Application Booklet (All 15 Pages)

Mail FLAT To:  
 NBCOT Examinations  
 4736 Onondaga Blvd. #166  
 Syracuse, NY 13219-3304

[www.nbcot.net](http://www.nbcot.net)  
 1-866-466-2268  
[nbcot\\_office@nbcot.net](mailto:nbcot_office@nbcot.net)



The National Board for Certification of Orthopaedic Technologists, Inc. does not discriminate against any individual on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law.

**Applications may take up to Fourteen (14) Business Days to process.**



**Revised Nov. 2018 to be used for 2019 Examinations Only**

National Board for Certification of Orthopaedic Technologists, Inc.  
OTC® or OT-SC™ Certification Examination Non-Refundable  
Application Fee:

\$75.00

The following Applicants are required to include a **mandatory Non- Refundable \$75.00 Application fee** with any submission, as outlined below:

1. **All NEW Applicants** applying to take the OTC® or OT-SC™ Examination:  
(Definition: A candidate that has **never** taken the OTC® or OT-SC™ Examination before.)
2. **Any Applicant that is taking the OTC® or OT-SC™ Examination again.**  
(Definition: A candidate that has sat for, but did not pass the OTC® or OT-SC™ Examination and is retesting beyond six (6) months of his/her initial application).
3. **Applicants that have allowed their certification to lapse.**  
(Definition: One who had held the OTC® or OTC, OT-SC™ credential in the past, and as of the date of any upcoming examination does not).

The Application fee is separate from the Examination Testing Fee and must be included separate with the completed application at the time of submission.

**Accepted forms of payment made payable to NBCOT, Inc.**

- U.S. Bank issued Cashier's Check, Official Check or Certified Bank Check.
- U.S. or Canadian Postal Money Order
- U.S. Bank issued Money order
- Official Hospital/Group or Corporate check

**NO Personal Checks or Credit Cards are accepted for this Fee.**

**NOTE:** If you are recertifying by Examination and your Certification has not lapsed or you are retesting within 6 months of your initial application or US Military Active Duty, you ARE NOT required to submit an application fee.

*Attach your payment here*

**DO NOT TAPE OR STAPLE YOUR PAYMENT. ATTACH WITH PAPER CLIP**

# Application for the NBCOT OTC® Certification Examination

Must be completed in INK or on Website and print

**Be sure you read and print a copy of the entire Candidate Handbook prior to completing this application for your records. Failure to provide all requested information will result in your Application being RETURNED to you UNPROCESSED. All candidates are subject to a complete verification of documentation provided.**

Today's Date: \_\_\_\_\_ (This date must be within 12 months of graduation date from Ortho Tech Program)

Please check your status: Check one only

New Applicant

I plan on applying for ADA Accommodations

(Instructions and forms are found under "Applicants" within the General Exam Info. Tab on [www.nbcot.net](http://www.nbcot.net)) Review Candidate Handbook for complete information on the needs and requirements for ADA Accommodations. ISO Quality will send a confirmation letter, which includes details of the special arrangements made if documentation is acceptable.

Retesting Under what name did you previously take this exam? \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

When would you like to take this examination?  February  April  June  September  November

What State do You Plan to Take Your Exam? \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Jr., Sr., II, Etc

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month/Day/Year

Physical Home Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**E-MAIL Required for Registration – DO NOT USE EMPLOYER OR SCHOOL EMAIL ADDRESS**

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Mailing Address if Different from Physical Address. This is where all mail will be going to. DO NOT USE EMPLOYER ADDRESS:  
Home Mailing Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Highest Academic Level: (Check ONLY One) Must have a minimum of a High School Diploma or GED.

**Proof of Degree beyond a High School Diploma MUST be submitted with application.**

GED/High School  Associates  Bachelors  Masters  Doctorate

Primary Place of Employment (Check ONLY one):  Hospital  Private Practice  Military

Date you graduated from an Orthopaedic Technologist Program: \_\_\_\_\_

Other Professional Certifications/Licenses you currently hold: \_\_\_\_\_

**Attach copies of Certifications/Licenses**

**Eligibility Routes: Review Eligibility Route breakdowns and requirements found in the Candidate Handbook.**

In order to qualify for the Orthopaedic Technologist Certified™ (OTC®) Certification Examination, an applicant must provide evidence that the OTC® certification eligibility requirements in this Policy have been met.

**I. CERTIFICATION ELIGIBILITY ROUTE B.**

An applicant must satisfy the requirements of Eligibility Route B to qualify for the OTC® Certification Examination. In its sole discretion, NBCOT reserves the right to accept, reject, or request any additional information concerning, any information or material submitted by, or on behalf of, the applicant, in order to ensure conformity with the OTC® eligibility requirements in this Policy.

➤ **Eligibility Route B (OT Training Program Applicants):**

The applicant has completed a qualified Orthopaedic Technologist (OT) Training Program that satisfies the following requirements:

1. The Program is administered by an educational institution accredited by an accrediting agency recognized by the U.S. Department of Education, or the Council for Higher Education Accreditation; and,
2. The Program includes the following components:
  - a. **Program Curriculum:** The OT Training Program curriculum must be consistent with the current NBCOT OTC® Job Analysis, and all OTC® Certification Examination domains (qualified Curriculum).
  - b. **Instruction Hours:** The OT Training Program curriculum must consist of at least four hundred and fifty (450) hours of qualified Curriculum instruction, including both classroom lecture and practical laboratory instruction. Each curriculum course must be related to an OTC® Certification Examination domain or OTC® Job Analysis subject.
  - c. **Military OT Programs:** A qualified military OT Training Program curriculum must include at least four hundred and fifty (450) hours of qualified Curriculum instruction, including both classroom lecture and practical laboratory instruction, and must include the following courses: a Medical Services course; and, an Orthopaedic Specialty course.
  - d. **Clinical or Externship Component:** The OT Training Program curriculum must include a clinical rotation and/or externship component of at least two hundred (200) practice training hours. Clinical rotations and/or externships must provide students with experience in all of the following settings:
    - 1) Hospital (orthopaedic floor/department).
    - 2) Operating room.
    - 3) Orthopaedic physician's office.

***NOTE to Military OT Programs: A qualified military OT Training program curriculum must include a clinical rotation and/or externship component of at least three (3) months.***

- e. **Instructor Qualifications:** Each OT Training Program instructor must be licensed, or otherwise authorized, to practice in the health care field that is the subject of his/her OT Program course and **coincides with the OTC Examination Qualified to Teach Table found on page 6 within the current OTC Applicant Handbook.** In addition, the OT Training Program must include at least one (1) instructor who is certified as an OTC® by NBCOT.
- f. **Physician Advisor:** The OT Training Program must include at least one (1) licensed Physician Advisor, specializing in Musculoskeletal System, who can: confirm that the applicant has successfully completed the OT Program; and, attest to the eligibility of the applicant for NBCOT Certification. The Physician Advisor must provide a signed, notarized Physician Advisor Verification form, confirming that the applicant has satisfied the requirements of the NBCOT OTC® Examination Application, and this Policy.
- g. **Certificate Requirement:** The OT Training Program must issue and provide to all students a Certificate of Program Completion, or Certificate of Graduation (diploma), within ninety (90) days after the student has successfully completed all Program requirements. University transcripts will not be accepted to satisfy this requirement. No OTC® Examination Application will be accepted by NBCOT until such certificate documents are issued by the OT Program, and reviewed by NBCOT.

**Military OT Programs:** Applicants who have completed a military OT Training Program will be required to submit a Certificate of Course Completion issued by the relevant branch of the U.S. Military, or a certified copy of his/her U.S. Department of Defense DD Form 214 "Certificate of Release or Discharge From Active Duty."

- h. **Program Appeals Policy:** The OT Training Program must maintain a fair and appropriate student appeals policy, which permits students to appeal an adverse Program decision or action to an impartial Program representative with authority to reverse or modify the decision.
- i. **Ethical Business Practices:** The OT Training Program must operate in a lawful and ethical manner.

### **Eligibility Route B Submission Requirements: In order to qualify for NBCOT Eligibility Route B:**

- The applicant must submit a complete OTC® Examination Application within twelve (12) months of his/her completion of a qualified OT Training Program, including all applicable OT Program certificates, consistent with Section 2.g, above;
- The OT Program Director must submit to NBCOT a complete and accurate Program Director Verification form, confirming that the Program satisfies the identified requirements; and,
- The OT Program Physician Advisor must submit to NBCOT a complete and accurate Physician Advisor Verification form, confirming that the applicant has: successfully completed the OT Program; and, satisfied the requirements of the OTC® Examination Application, and this Policy.

### **OTC® CERTIFICATION EXAMINATION.**

1. An eligible applicant must complete and achieve a passing score on the current OTC® Certification Examination. NBCOT reserves the exclusive right to void an applicant's test score based on a violation of an NBCOT Policy or other requirement.

### **ID Photos Requirements: Both items outlined in A & B below are required.**

**A. A clear photocopy of your valid U.S Driver's License or valid U.S Passport.**

**B. Two (2) Professionally taken Passport style color photos.**

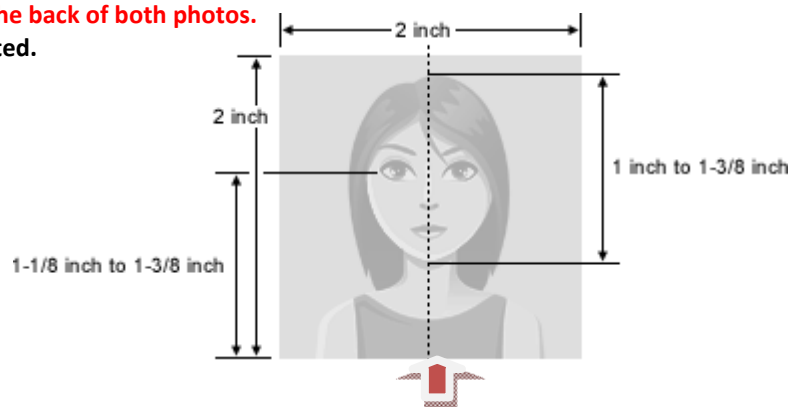
To identify the certificant and to issue an ID Certification, two (2) Passport type photos are required. ID Photos can be taken in your local area and need to be sent with rest of your documentation for processing. As you can see by the illustration given, ID Photos have certain requirements and must be professionally taken. When you have your ID photos you will receive **two** identical photos to submit. **Both photos** are to be sent in for processing. **Print and sign your name on the back of both photos.** **Selfies or photos on regular paper will not be accepted.**

---

**PRINT NAME**

**Paper clip second photo to this page**

**USE NO STAPLES**



Attach Passport Size Photo Here taped from back  
Do Not Staple or Tape over Face

**For Use with OTC Certification Eligibility Route B  
PROGRAM DIRECTOR ATTESTATION FORM**

**OTC® APPLICANT: Please complete this section ONLY**

Print Name: \_\_\_\_\_

I authorize the college/university OT Program Director completing this form to provide the National Board for Certification of Orthopaedic Technologists, Inc. (NBCOT) with all information/documentation requested by NBCOT related to my OTC® Examination Application and certification eligibility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OT Program Director: Please complete this section in its entirety.**

- 1 I, \_\_\_\_\_, am the current Program Director for the Orthopaedic Technologist (OT) Training Program at \_\_\_\_\_ (college/university), located at \_\_\_\_\_ (address).
- 2 I understand that the above-named individual is applying for Orthopaedic Technologist Certified™ (OTC®) Certification, and that, as part of his/her OTC® application, I am required to provide complete and accurate responses to the information identified in this Verification Form.
- 3 I attest and verify that the OT Training Program satisfies the program requirements identified in Eligibility Route B of the NBCOT Certification Eligibility Policy; specifically, that:
  - a. The college/university is accredited by an accrediting agency recognized by the U.S. Department of Education, or the Council for Higher Education Accreditation.
  - b. The OT Training Program curriculum is consistent with the current NBCOT OTC Job Analysis, and all OTC® Certification Examination domains, which are published on the NBCOT website, located at [www.nbcot.net](http://www.nbcot.net).
  - c. The OT Training Program curriculum includes at least four hundred and fifty (450) hours of both classroom lecture and practical laboratory instruction, and each curriculum course is related to an OTC® Certification Examination domain or OTC® Job Analysis subject.
  - d. The OT Training Program curriculum includes a clinical rotation and/or externship component of at least two hundred (200) practice training hours, providing students with experience in all of the following settings: hospital (orthopaedic floor/department); operating room; and, orthopaedic physician's office.

The above-named applicant completed his/her clinical rotation and/or externship at:

\_\_\_\_\_ (name of company/facility)

Company/Facility Address: \_\_\_\_\_

Company/Facility Telephone: \_\_\_\_\_

Rotation/Externship Supervisor: \_\_\_\_\_

Rotation/Externship Supervisor Telephone: \_\_\_\_\_

- e. Each OT Training Program instructor is licensed, or otherwise authorized, to practice in the health care field that is the subject of his/her OT Program course(s) and coincides with the OTC Examination Qualified to Teach Table found within the current OTC Applicant Handbook.
- f. The OT Training Program includes at least one (1) instructor currently certified as an OTC® by NBCOT.
- g. The OT Training Program includes at least one (1) Licensed Physician Advisor, specializing in the musculoskeletal system.
- h. The OT Training Program issues a Certificate of Program Completion, or Certificate of Graduation (diploma), to each student who has successfully completed all Program requirements. Such certificates are provided to students within ninety (90) days of successful completion of the Program.
- i. The OT Training Program maintains a fair and appropriate student appeals policy, which permits students to appeal an adverse Program decision or action to an impartial Program representative with authority to reverse or modify the decision.
- j. The OT Training Program operates in a lawful and ethical manner.

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

**NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed above, and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
Notary Public

PLACE STAMP HERE

**For Use with OTC Certification Eligibility Route B  
PHYSICIAN ADVISOR ATTESTATION FORM**

**OTC® APPLICANT: Please complete this section ONLY**

Print Name: \_\_\_\_\_

I authorize the physician completing this form to provide the National Board for Certification of Orthopaedic Technologists, Inc. (NBCOT) with all information/documentation requested by NBCOT related to my OTC® Examination Application and certification eligibility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Physician Advisor: Please complete this section in its entirety**

1. I, \_\_\_\_\_, am a physician licensed in the State of \_\_\_\_\_, specializing in the musculoskeletal system. I am the Physician Advisor for the OT Training Program at \_\_\_\_\_ (name of college/ university), and am currently employed with \_\_\_\_\_ (name of employer), located at \_\_\_\_\_ (address).
2. I understand that the above-named individual is applying for Orthopaedic Technologist Certified™ (OTC®) Certification (applicant), and that, as part of his/her OTC application, I am required to provide complete and accurate responses to the information identified in this Verification Form.
3. I attest and verify that the applicant satisfies the eligibility requirements identified in Eligibility Route B of the NBCOT Certification Eligibility Policy; specifically, that:
  - a. The applicant has completed in its entirety the Orthopaedic Technology (OT) Training Program at \_\_\_\_\_ (name of college/ university); and,
  - b. The OT Training Program curriculum is consistent with the current NBCOT Job Analysis, and all OTC® Certification Examination domains, which are published on the NBCOT website, located at [www.nbcot.net](http://www.nbcot.net).
4. I am not aware of any information that raises a concern about the applicant’s ability to provide orthopaedic technology services, or which would affect his/her eligibility for NBCOT OTC certification.

\_\_\_\_\_  
Signature of Physician Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Telephone Number



**NOTARY PUBLIC**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed above, and acknowledged to me that s/he executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_ Notary Public

PLACE STAMP HERE

**NATIONAL BOARD FOR CERTIFICATION OF ORTHOPAEDIC TECHNOLOGISTS  
(NBCOT)**

**CERTIFICATION ELIGIBILITY POLICY**

The National Board for Certification of Orthopaedic Technologists, Inc. (NBCOT) requires that all NBCOT applicants disclose any criminal, legal, or other disciplinary matters when applying for certification or within sixty (60) days of the occurrence of any such matter, unless otherwise specified by NBCOT in writing.

NBCOT has an obligation to carefully review and deny the certification, or renewal of any certification, consistent with this policy.

**I. PRESUMPTIVE DENIAL**

**A. Criminal Matters** (convictions, guilty pleas, or deferred adjudications)

Applications for certification from individuals who have been convicted of serious crimes will not be accepted for certification or renewal. Specifically, crimes involving the following circumstances will presumptively disqualify a candidate for certification or recertification unless: there are significant and extraordinary circumstances supporting certification or renewal; a period of ten (10) years has elapsed since the completion of all court-ordered requirements; and, significant rehabilitative actions have been taken by the applicant or certificant. Submissions regarding circumstances, rehabilitative actions, etc., will be considered in context of NBCOT policies and procedures.

1. Crimes involving death, physical harm, or the threat of physical harm to another person (e.g., murder, aggravated assault, domestic violence, assault, battery, communicating threats).
2. Sexual crimes (e.g., rape, indecent assault).
3. Crimes involving the abuse of children, the elderly, or individuals of diminished mental or physical capacity.
4. Crimes involving intimidation, harassment, involuntary enslavement or restraint (e.g., hate crimes, terroristic threats, kidnapping, human trafficking).
5. Crimes against the property of others, or involving the deception of others (e.g., theft, arson, embezzlement, forgery, fraud).
6. Crimes involving the manufacture or distribution of controlled, dangerous substances.
7. Crimes involving possession of a schedule I or II controlled substance (e.g., heroin, cocaine, oxycodone).
8. Multiple offenses of driving under the influence/driving while ability impaired.

**B. Submission of Inaccurate or False Application Information**

Applications for certification from individuals who have submitted inaccurate or false information to NBCOT in connection with his or her application will not be accepted for certification or renewal.

Applicants for certification who submit false information will be considered ineligible for certification for a minimum period of five (5) years. Following this time period, applicants may submit for consideration written documentation of how prior unprofessional behavior has been addressed and resolved. Such submissions will be considered in accordance with established NBCOT policies and procedures.

**II. OTHER MATTERS**

Applications for certification or renewal also may not be accepted when the individual has been convicted, entered a plea agreement, or deferred adjudication relating to criminal matter(s); has been the subject of any governmental or professional disciplinary matter; or, has been named as a defendant in a civil litigation relating to his or her professional services or activities. The following criteria will be considered in determining whether an applicant or certificant involved in such a matter is eligible for NBCOT certification.

1. The seriousness of the disclosed matter.
2. The relationship of the disclosed matter to the applicant’s or certificant’s professional activities or ethical responsibilities.
3. The amount of time that has passed since the matter occurred.
4. The completion of any court, agency or organizational conditions or requirements.
5. The amount of time that has passed since the completion of all court, agency or organizational conditions and requirements.
6. Whether certification of the individual would negatively affect the public’s trust of the NBCOT certification.

**III. GENERAL PROCESS**

Certification eligibility determinations will be communicated to the applicant or certificant in writing. Application fees will not be refunded for certification applications that are rejected by NBCOT pursuant to this Policy.

**My signature attests that I acknowledge and understand pages 10 & 11**

**Today’s Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### 7.4 Applicant 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 Program policies, and as they may be amended or revised.  AGREE  NO
- 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  NO
- 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  NO
- 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  NO
- 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  NO
- 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  NO

IF YOU ANSWERED “NO” TO ANY QUESTION(S) ABOVE, YOU MUST PROVIDE A COMPLETE, DETAILED EXPLANATION OF THE CIRCUMSTANCES RELATED TO YOUR “NO” 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 APPLICATION. FAILURE TO INCLUDE THE REQUIRED INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION

Today’s Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## PRIVACY STATEMENT

**Your Certification status is a matter of Public Record, and therefore is not covered in the Opt In/Opt Out Choices below.**

The National Board for Certification of Orthopaedic Technologists, Inc. (NBCOT, Inc.) does not arbitrarily share personal and confidential information regarding its credential holders unless express permission has been given to the NBCOT, Inc. or is required under law.

**For the purposes below the NBCOT, Inc. will only release your name, email and mailing address information. Your choice does not apply to any emails or US mail from the NBCOT, Inc.**

**Please choose one option below to be applied to your record, which you may change at any time.**

- The **NBCOT, Inc.** may receive requests for our Certified Orthopaedic Technologists list from the National Association of Orthopaedic Technologists (NAOT) or NAOT recognized State Associations. NAOT is a not-for-profit, educational Membership organization that provides CEU credit opportunities which may include conferences, workshops, webinars, and articles which may be used for OTC and/or OT-SC™ recertification credit.
- The **NBCOT, Inc.** may receive requests from Orthopaedic/Surgical Companies and/or NBCOT Partnership Program Sponsors to provide them with our list of Certified Orthopaedic Technologists.
- The **NBCOT, Inc.** will not release your name, your physical mailing address, e-mail address or any contact information to be used for educational opportunity notification or vendor purposes.

**Please check only one option.**

**A: Yes. The NBCOT, Inc. may release my information only to The National Association of Orthopaedic Technologists (NAOT) and/or NAOT recognized State Associations.**

**B: Yes. The NBCOT, Inc. may release my information to all parties listed above, including Orthopaedic/Surgical Companies and/or NBCOT Partnership Program Sponsors.**

**C: No. DO NOT RELEASE ANY INFORMATION. I instruct the National Board for Certification of Orthopaedic Technologists, Inc., to treat all of my personal information on file as confidential for the purposes listed above.**

To change your choice at any time, please visit [www.nbcot.net](http://www.nbcot.net) and go to “Credential Holders” tab then click Important Information.

**Today's Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

## Applicant Attestation Section:

**By submitting this exam application, you are attesting to having read and understood the following National Board for Certification of Orthopaedic Technologists, Inc. Certification Attestation Statement and the information provided in the National Board for Certification of Orthopaedic Technologists, Inc. Certification Candidate Examination Handbook.**

**Please read this statement carefully.**

**I attest that I am of legal age.**

I have read, understand, and agree to adhere to the provisions of the current National Board for Certification of Orthopaedic Technologists, Inc. Certification Candidate Examination Handbook, Code of Ethics and Standards of Practice, all of which can also be found on the website at *www.nbcot.net*. By signing below, I am attesting that I have personally completed the exam application and that the information I submit in the application myself and in any required accompanying or subsequent documentation is true and accurate to the best of my knowledge. I also have included all documentation, photo and ID requirements listed within the application

Additionally, I understand that persons who apply for certification as an ORTHOPAEDIC TECHNOLOGIST OTC® or ORTHOPAEDIC TECHNOLOGIST–SURGERY CERTIFIED OT-SC™ or persons who have been certified by the National Board for Certification of Orthopaedic Technologists, Inc., are subject to the Code of Ethics and the Procedures and Standards.

I understand that the National Board for Certification of Orthopaedic Technologists, Inc. may amend its requirements, policies, and procedures for initial certification, certification renewal, and Procedures for Enforcement of the Code of Ethics. During my six-year certification cycle, I agree to notify the National Board for Certification of Orthopaedic Technologists, Inc. in writing of any violation of the Code of Ethics, specifically as it refers to Item 7.4 “Applicant Ethics Representations and Agreements which can be found within the Examination Application.

I agree to hold the National Board for Certification of Orthopaedic Technologists, Inc., its directors, officers, employees, and agents free from any damage or complaint by reason of any action taken in connection with the score or score given with respect to this or any other National Board for Certification of Orthopaedic Technologists, Inc. certification examination, or the failure of National Board for Certification of Orthopaedic Technologists, Inc. to issue me certification.

I understand that if it is confirmed that I was not eligible at the time I took the examination; my examination score may be voided. If it is ever determined that I was a participant in any testing irregularity, such as use of any electronic device during the examination and/or break, or cheating, to include discussing, transmitting or copying a test item(s) or answer(s) to a third-party, before, during or after the examination, my certification or eligibility status with the National Board for Certification of Orthopaedic Technologists, Inc. may be changed, and I may be subject to disciplinary and/or legal action.

Further, I understand that if I need to file an examination administrative or technical complaint that I must file such a complaint on-site at the IQT Test Center on the day of my examination.

I also agree to notify National Board for Certification of Orthopaedic Technologists, Inc. in writing of any address and/or name change within thirty days (30) after the change becomes effective.

If requested to do so, the National Board for Certification of Orthopaedic Technologists, Inc. may verify my certification status. I hereby consent to the National Board for Certification of Orthopaedic Technologists, Inc. release of any regarding my certification status to any academic institution, employer, regulatory agency, legal entity or other party that may inquire.

Today’s Date: \_\_\_\_\_

Please print name here: \_\_\_\_\_

Signature: \_\_\_\_\_

**Examination Payment Section:**

- Testing Fee: \$400.00 U.S. Currency.
- \$100.00 Late Fee for applications received after deadline is included. This fee is non-refundable.

Total Testing Fee Enclosed: \$\_\_\_\_\_

- U.S. or Canadian Postal Money Order made payable to NBCOT, Inc.
- U.S. Bank/Corporate Check or U.S issued Money Order made payable to NBCOT, Inc.  
(No Personal Checks Accepted. Application will be returned unprocessed. \$40.00 will be charged for any returned funds by your bank.)

I HEARBY AUTHORIZE THE NBCOT TO CHARGE THE ABOVE AMOUNT TO MY U.S. ISSUED:

- Visa®       MasterCard®

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

Exp. Date: \_\_\_\_\_ CID #: \_\_\_\_\_ (Last 3 digits found on the back of your card)

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

Cardholder Signature: \_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

Cardholder Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Card Billing Address: (Where your bill is received)

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

## **OTC® CERTIFICATION EXAMINATION APPLICATION CHECK LIST**

- I have read the “Examination Candidate Handbook” and I completely understand it.
- I have printed, signed, and dated all pages that require MY signature and attention.
- I have checked the boxes on the "Ethics Page" to address item 7.4 within the “Code of Ethics” and provided my signature. If I answered **No** to any issues, I have sent my declaration of charges with a written explanation of all charges in my own words. **COPIES OF ALL COURT DOCUMENTS (final decree of charges and/or dismissal papers showing all fees paid) HAVE BEEN INCLUDED.**
- Privacy Statement is understood and my “Option” is checked.
- The “Physician Verification” statement is complete, with his/her signature present and **NOTARIZED**. There is **NO EXCEPTION** to this. Even if you are recertifying. The signature **MUST BE** a Licensed Physician only. (MD, DO), NOT a PA, OPA, OTC® or ANY other Allied Health Care Provider. **There are NO exceptions to this.**
- I have enclosed **ALL** supporting documentation that is required for the eligibility route I am applying under.
- I have enclosed a clear color photocopy of my Photo ID. (Valid U.S Driver’s License or U.S. Passport)
- I have enclosed **TWO (2)** clear color passport type photos. One (1) attached to page 4 and enclosed a second photo with the application. These photos must be professionally taken.
- I have enclosed the mandatory \$75.00 application fee (If applicable)  
**NO PERSONAL CHECKS OR CREDIT CARDS ACCEPTED FOR THIS FEE.**
- I have enclosed the proper testing fee (s) (NO PERSONAL CHECKS) made payable to the National Board for Certification of Orthopaedic Technologists (NBCOT, Inc.). **(If you know that your application will be RECEIVED after the posted deadline, you must include the late filing fee of \$100.00. Any submission received without the proper fees enclosed will be returned unprocessed.**
- I have made a copy of all documents being submitted for my records.
- I am mailing this entire ORIGINAL SINGLE SIDED “Examination Application” including cover page **FLAT**, NOT a photocopy to: (MISSING PAGES OR APPLICATIONS THAT ARE TWO SIDED/DOUBLE SIDED COPIES WILL RESULT IN THE RETURN OF YOUR APPLICATION).

NBCOT Examinations  
National Board for Certification of Orthopaedic Technologists, Inc.  
4736 Onondaga Blvd. #166  
Syracuse, NY 13219-3304

**Applications MUST be mailed FLAT and SINGLE SIDED and cannot be emailed or faxed.**