

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

*Today's Date: _____ *OTC® Certification # _____ - _____ *OT-SC™ Certification # _____ - _____
 *Name: _____ *Home # _____ *Work # _____
 *Home Address _____ (NOT EMPLOYERS)
 *City _____ *State _____ *Zip _____ ** Last Year Certified _____
 *E-Mail: _____ @ _____ **Date of Birth: _____

*Total CEU's Requested _____ **\$2.00 per CEU** = \$ _____ + \$100.00 Late Fee if applicable _____
 The deadline for submitting CEUs is October 1st, of the year the Certificant is due to be recertified.
 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 (**DO NOT USE STAPLES**) 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.

If paying with a credit card: There will be a 3% surcharge for all credit card transactions.

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		
		Total CEUs Requested:	

Remit CEU Form, Documentation and Payment to:
 NBCOT, Inc
 PO Box 349
 Crompond, NY 10517-0349

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. 11.24

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