		ion for Continuing Educ otocopy this form as many times		
	Please Note: All areas or		• /	equired
Are there	e any changes to your personal information	or ethics status (see pg. 2) curre	ently on file with NBCOT?	
*Date:	*OTC® Certification #	*OT-SC™ Certifi	cation #	
*Name:		*Home #	*Work #	
*Home Addres	SS		(NOT	EMPLOYERS)
*City	*State	*ZipL	ast Year Certified	
*E-Mail:		Date of Bir	th:	
Please send	submissions that are received after October I this form with your CEU Documer information m PT PERSONAL CHECKS – ALL FEES MU	ntation and Group/Corpora ade payable to the NBCO	ate Check, Money Ord T, Inc.	
There w	vill be a \$40.00 Processing Fee for retur	ned checks for ANY reason.		
Charge to U.S.	Bank Issued: Visa	MasterCard		
*Card Number:				
*Exp. Date:	* Last 3 CID di	gits from back of your card:		
*Print Name Ex	actly as it is on card:			
*Authorized Ca	rdholder Signature:			
*Cardholder Bil	ling Address:		*Zip Code_	
*Cardholders P	hone #:			

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	C	ategory (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		
				Total CEUs Requested:	

Remit CEU Form, Documentation and Payment to:

> NBCOT, Inc Attn: CME Committee 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

PAGE ONE OF TWO

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. \Box 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.
- 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

*Signature of Applicant

*Date signed

PAGE TWO OF TWO