

DO NOT WRITE IN THIS BOX: FOR OFFICE USE ONLY

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BC  SCH  DB  CM



## OTC® EXAMINATION APPLICATION

### Orthopaedic Technologist Certified

**TO BE USED FOR ELIGIBILITY ROUTE A,  
RECERTIFICATIONS OR LAPSED CREDENTIALS**

Return this Entire Original Single Sided Completed Application Booklet (All 12 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.**



National Board for Certification of Orthopaedic Technologists, Inc.  
OTC® or OT-SC™ 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).

This 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.**

**Please note that no Personal Checks or Credit Cards are accepted for this Fee.**

- 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

**NOTE: If you are recertifying by Examination and your Certification has not lapsed or you are retesting within 6 months of your initial application, 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® 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.  
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: \_\_\_\_\_

Please check your status:  New Applicant       I am applying for ADA Accommodations

(Instructions and forms are found 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: \_\_\_\_\_

Recertifying (currently certified) OTC® #: \_\_\_\_\_ - \_\_\_\_\_

Lapsed (Certification no longer current) What year did your certification lapse? \_\_\_\_\_

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

Test Site State You Plan to Take Your Exam? \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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.

**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

**Experience in the care of orthopaedic patients** (Check ONLY one):  2 Yrs.  3-5 Yrs.  6-10 Yrs.  Over 10 Yrs.

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 ROUTES.**

An applicant must satisfy the requirements of eligibility route A 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 A (Supervised Work Experience Applicants):**

The applicant has satisfied the following requirements:

1. A minimum of twenty-four (24) months of full-time work experience in orthopaedic technology, including work experience directly related to all current OTC® Certification Examination domains, completed within the thirty-six (36) months prior to the applicant's submission of the OTC® Examination Application; and;
2. Direct supervision of the applicant by a licensed physician specializing in Musculoskeletal System during all such work experience.

**Eligibility Route A Submission Requirement:** In order to qualify for NBCOT Eligibility Route A, a certification applicant must submit:

- A complete OTC® Examination Application; and,
- A complete and accurate Physician Verification form from his/her supervising physician, confirming the applicant's completion of the work experience requirements.

**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 color photocopy of your valid Driver's License or valid Passport.**

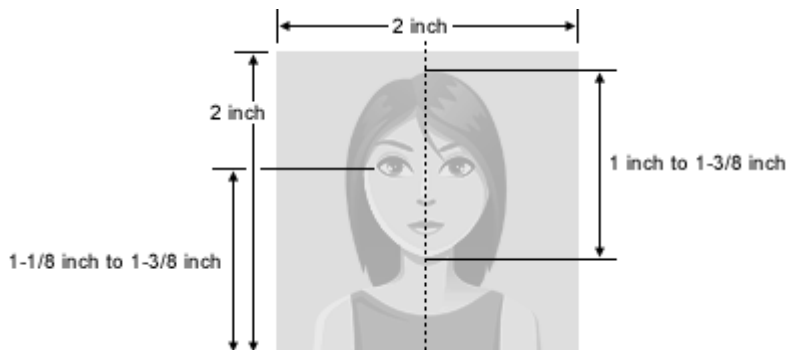
**B. Two (2) Professionally taken Passport style color photos.**

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.**

---

**PRINT NAME**

**Paper clip second photo to this page**



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

**For Use with Eligibility Route A  
SUPERVISING PHYSICIAN ATTESTATION FORM**

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

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: \_\_\_\_\_

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

1. I, \_\_\_\_\_, am a physician licensed in the State of \_\_\_\_\_, specializing in the musculoskeletal system.
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 work experience requirements identified in Eligibility Route A of the NBCOT Certification Eligibility Policy; specifically, that:
  - a. The applicant has a minimum of twenty-four (24) months of full-time work experience in orthopaedic technology, including work experience directly related to all current OTC® Certification Examination domains, namely assessment, casting and splinting, traction, and surgery; and,
  - b. The applicant’s work experience has been completed within the thirty-six (36) months prior to the applicant’s submission of the OTC® Examination Application.
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 Supervising Physician

\_\_\_\_\_  
Date

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

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

I am currently employed with \_\_\_\_\_ (name of Group/Hospital), located at \_\_\_\_\_ (address).

**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 7 &8**

**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). 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 for our Certified Orthopaedic Technologists list from NAOT recognized State Membership Associations that hold educational meetings at various times during the year 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 anytime, please visit the "I Am Currently Certified" tab at [www.nbcot.net](http://www.nbcot.net).

**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. Certificant 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: \_\_\_\_\_



## OTC® APPLICATION CHECK LIST

- I have read the “Examination Candidate Handbook” and I completely understand it.
- I have signed all pages that require MY signature.
- 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) 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. **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 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 cannot be emailed or faxed)