

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.
- If applying under Eligibility Route C (Athletic Trainer) you **MUST** include a signed letter from your supervising Orthopaedic Surgeon on letterhead, attesting to your completion of 1,040 hours specific to Orthopaedic Technology in accordance with current examination breakdown.
- I have enclosed a clear color photo copy of my photo ID. (Valid Driver’s License or U.S. Passport)
- I have attached a clear color passport type photo to page 4 and enclosed a second copy with the application.
- I have enclosed the mandatory \$75.00 application fee. **NO PERSONAL CHECKS OR CREDIT CARDS**
- 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 you are filing LATE, 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:

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

(Applications cannot be emailed or faxed)

DO NOT WRITE IN THIS BOX: FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Date Entered: _____

BC SCH DB



OTC[®] EXAMINATION APPLICATION

Orthopaedic Technologist Certified

Return this Entire Original Single Sided Completed Application Booklet (All 11 Pages)

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

www.nbcot.net
1-866-466-2268
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 may be subject to a complete background check.

Today's Date: _____

Please check your status: Check one only

New Applicant

I am applying for ADA Accommodations **(Instructions and forms are found within the General Exam Info. Tab on 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? _____

Recertifying (currently certified) OTC #: _____ - _____ Expiration Date: _____ **Choose eligibility route A page 4**

Lapsed (Certification no longer current) What year did your certification lapse?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

When would you like to take this examination? February June August November Year? _____

What Test Site State: _____

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

Social Security #: _____ Date of Birth: _____ Gender Optional: Male Female
Month/Day/Year

Physical Home Address: _____ Apt. Number: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Ext: _____ Fax Number: _____

Required for Registration

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): Under 2 Yrs. ATC Applicants Only 2 Yrs. 3-5 Yrs. 6-10 Yrs. Over 10 Yrs.

Other Professional Certifications/Licenses you currently hold: _____

Attach copies of Certifications/Licenses

Are you a member of the National Association of Orthopaedic Technologists (NAOT)? Yes No

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

I am applying under: (Check Only one)

If Recertifying Check Route A

- A: Two years of full time employment in Orthopaedics specific to Orthopaedic Technology and in accordance with the current Examination Breakdown, under the direct supervision of a Physician specializing in the musculoskeletal system.
- B: Completion of an Orthopaedic Technologist Training Program that satisfies the requirements of the NBCOT Eligibility Route B Policy. In order to qualify under this eligibility route, an applicant must be able to show that he/she has graduated from:
 - B1** A NAOT Recognized School/Program or Military: **See Candidate Handbook for explanation and documentation required.**
 - B2** A Non-NAOT Recognized School/Program: **See Candidate Handbook for explanation and documentation required.**

Applicants must submit a copy of their Certificate of Graduation. Externships must be completed before application will be accepted. Physician Verification page is required. Must be seated for the OTC Examination within one year of graduation from any Orthopaedic Technologist Program.

To be completed by all applicants qualifying under Eligibility Route B:

Date of Graduation: _____

Program/School Graduated From: _____

Address: _____

City, State, Zip: _____

School/Program Contact Person: _____ Telephone # of School/Program Contact Person: _____

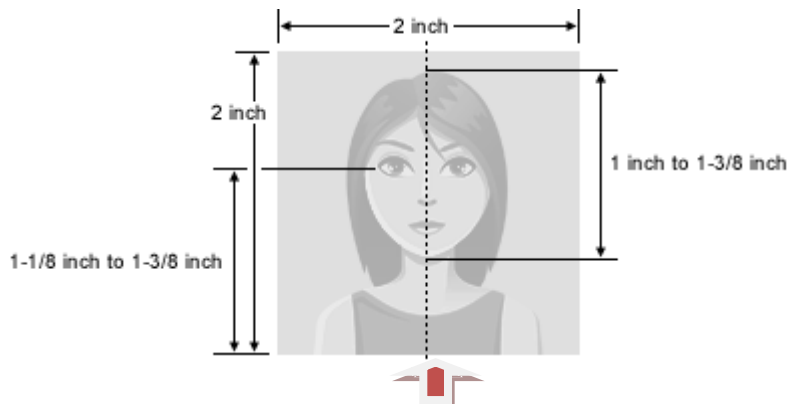
- C: Certified/Licensed as an Athletic Trainer with a minimum of six months (1,040 hours) full time employment in Orthopaedics specific to Orthopaedic Technology and in accordance with the current Examination Breakdown (JTA), under the direct supervision of a Physician specializing in the musculoskeletal system. **See Candidate Handbook for explanation and documentation required.**
 - You **MUST** include a copy of your current BOC Card and/or your Athletic Trainer Certificate/License.
 - A signed letter from your supervising Orthopaedic Surgeon on letterhead, attesting to your completion of 1,040 hours specific to Orthopaedic Technology in accordance with current examination breakdown.

ID Photos Requirements: Both items 1 & 2 below are required

- 1. A clear color photocopy of your valid driver's license or passport.**
- 2. In order to identify the certificants and to issue an ID Certification, a passport type photo is 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 should be professionally taken. When you take 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

PRINT APPLICANTS NAME: _____ DATE _____

Physician Verification: USE FOR ELIGIBILITY ROUTE B1 & B2

If this Verification is incomplete in any way, the application will be returned.

I, _____ attest that I am a Licensed Physician who specializes in the musculoskeletal system and can attest to the eligibility of the applying Orthopaedic Technologist.

I also certify that, to the best of my knowledge, the information of the applying individual as reported in this application is correct and complete. I further certify that the applicant has completed the Orthopaedic Technologist Program in its entirety and has graduated from this program. I finally certify that the Orthopaedic Technology program is based on the current NBCOT OTC Job Task Analysis as outlined in the OTC® Examination Breakdown (Assessment, Casting, Splinting and Bracing, Traction and Surgery) and Standards of Practice to apply for consideration to take the OTC® Examination.

Name of Attesting Physician and Specialty (Print)

Signature of Attesting Physician:

Attesting Physician Address:

City/State/Zip Telephone: _____

NOTARY:

State of: _____

County of: _____

On _____, before me, _____ personally appeared, _____
Date Notary Physician

- Personally known to me – OR-
- Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

(Seal)

Notary Signature

PRINT THIS PAGE AND GIVE TO YOUR PHYSICIAN AND NOTARY TO COMPLETE THEN SEND THE COMPLETED FORM WITH YOUR APPLICATION

PRINT APPLICANTS NAME: _____ DATE _____

Physician Verification: USE FOR ELIGIBILITY ROUTE A, C & RECERTIFICATION ONLY

If this Verification is incomplete in any way, the application will be returned.

I, _____ attest that I am a Licensed Physician who specializes in the musculoskeletal system and can attest to the eligibility of the applying Orthopaedic Technologist.

I also certify that, to the best of my knowledge, the experience and information of the applying individual as reported in this application is correct and complete. I further certify that the applicant has the necessary experience, skills and knowledge in applied Orthopaedic Technology as outlined in the OTC® Examination Breakdown (Assessment, Casting, Splinting and Bracing, Traction and Surgery) and Standards of Practice to apply for consideration to take the OTC® Examination.

Name of Attesting Physician and Specialty (Print)

Signature of Attesting Physician:

Attesting Physician Address:

City/State/Zip Telephone: _____

NOTARY:

State of: _____

County of: _____

On _____, before me, _____ personally appeared, _____
Date Notary Physician

- Personally known to me – OR-
- Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

(Seal)

Notary Signature

PRINT THIS PAGE AND GIVE TO YOUR PHYSICIAN AND NOTARY TO COMPLETE THEN SEND THE COMPLETED FORM WITH YOUR APPLICATION

**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 6 & 7

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

Please Print Name: _____

Signature: _____

PRINT APPLICANTS NAME: _____

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.

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, within thirty (30) days of the incident or violation.

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.

Signature: _____

Date: _____

Please print name here: _____

Payment Section:

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

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