OT-SC™ 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 dismal papers) HAVE BEEN INCLUDED.**

☐ Privacy Statement is understood and my "Option" is checked.

☐ **The "Physician and OR SupervisorVerification" statement is complete, with his/her signature present and NOTARIZED. There is NO EXCEPTION to this, even if you are recertifying by examination. The signature MUST BE a Licensed Physician only. (M.D., DO), NOT a PA, OPA, OTC® or ANY other Allied Health Care Provider. There are NO exceptions to this.**

☐ I have enclosed **a copy of my current valid OTC® Certificate / ID Card.**

☐ **I have enclosed a clear color photo copy of my photo ID. (Valid Drivers License or Passport)**

☐ **I have attached a clear color passport photo to page 4 and enclosed a second copy with the application.**

☐ **I have enclosed the mandatory $50.00 application fee. (Exception: Those who are currently certified and recertifying by exam).**

☐ I have enclosed the proper testing fees (NO PERSONAL CHECKS) made payable to the National Board for Certification of Orthopaedic Technologists (NBCOT). **(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 are returned unprocessed.**

☐ **I have made a copy of all documents being submitted for my records.**

☐ **I am mailing (Application cannot be emailed or faxed) FLAT this ORIGINAL "Examination Application" NOT a photocopy to:**

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

DO NOT WRITE IN THIS BOX: FOR OFFICE USE ONLY

Date Received:_____

Date Processed:_____

Date Entered:_____

Background Check ☐

OT-SC™ EXAMINATION APPLICATION

Orthopaedic Technologist - Surgery Certified

Return this <u>entire</u> <u>Original</u> Single Sided Completed Application Booklet (All 13 Pages)

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

www.nbcot.net
1-855-476-7677
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 12/2/2016 To be used for 2017 Examinations

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 $50.00 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:

Please note that no Personal Checks or credit cards are accepted for this Fee.

- **US Bank issued Cashier's Check, Official Check or Certified Bank Check.**
- **US or Canadian Postal Money Order**
- **US 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 OT-SC™Examination

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 **(Call NBCOT office for instructions)**
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?_____ What year?_____

☐ Recertifying (currently certified) OT-SC #:_____-_____ Expiration Date:_____

☐ Lapsed (Certification no longer current) What year did your OT-SC™ 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 Mailing 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): ☐ 2 Years ☐ 3-5 Years ☐ 6-10 Years ☐ Over 10 Years

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: ELIGIBILITY ROUTES: (Choose One)

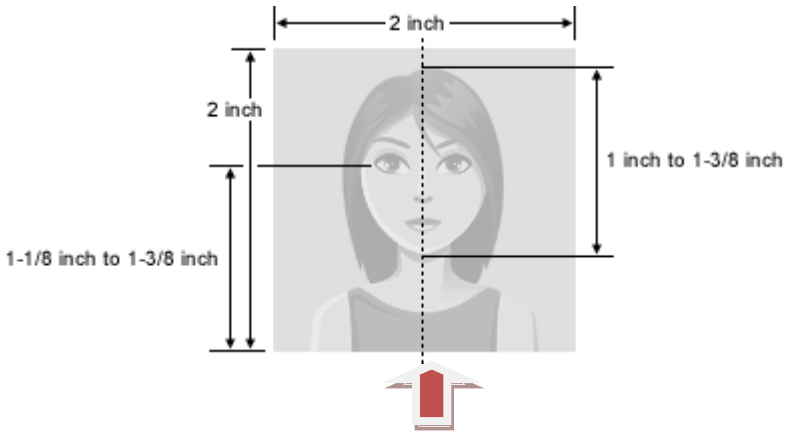
☐ A. **Orthopaedic Technologist Certified (OTC®) by the NBCOT with one (1) year of experience in Orthopaedic Surgery**

Documentation Required:
You MUST SEND a Copy of your CURRENT NBCOT Issued OTC® Certification Certificate or OTC® Photo ID Card.
Failure to send a copy will result in your application being denied

ID Photos Requirements: **Both items 1 & 2 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 with tape from back

Do Not Staple or Tape Over Face

IMPORTANT NEW POLICY REGARDING TESTING FOR THE OT-SC™

All OT-SC™ applicants should be aware of the following :

1. The OT-SC™ is not a standalone certification. It is not meant to replace the OTC® certification, only to enhance your original OTC® certification. You must maintain the OTC® certification to keep your OT-SC™ certification.

2. Upon successfully passing the OT-SC™ examination you will have your initial OT-SC™ certification period pro-rated to correspond to your OTC® expiration date.
For example: If your OTC® certification lapses in 2021 and you take and pass the OT-SC™ examination in 2019, your OT-SC ™ credential will be valid from the date of passing the OT-SC™ examination until 12/31/2021 (the period when your OTC® lapses).You will then be required to submit with your OTC ® CEU submissions, a prorated number of Category 1A credits by using the following table based on the length of your initial OT-SC™ certification:

1 Year: 3
2 Years 6
3 Years 9
4 Years 12
5 Years 15
6 Years 20

In the event that a certificant plans to retest for recertification of their OTC® credential, that certificant will be encouraged to wait to take the
OT-SC™ examination until the year they are due to retest for their OTC® recertification, in doing so the OTC® and OT-SC™ expiration dates will coincide.
Following the initial OT-SC™ certification period, both the OTC® and OT-SC™ certifications will be valid for a period of six (6) years.

I have read, understand and agree to the above policy.

Print Name_____

Signature_____

Date Signed_____

Physician Verification:

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 - Certified.

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 OT-SC™ Examination Breakdown and Standards of Practice to apply for consideration to take the OT-SC™ Examination.

_____
Name of Attesting Physician and Specialty (Print)

_____
Signature of Attesting Physician:

_____
Attesting Physician Address:

_____Telephone:_____
City/State/Zip

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 PHYSICAN AND NOTARY TO COMPLETE THEN SEND THE COMPLETED FORM WITH YOUR APPLICATION

PRINT APPLIACANTS NAME:_____ DATE:_____

MUST BE COMPLETED BY YOUR **CURRENT** OPERATING ROOM SUPERVISOR

Operating Room Supervisor Verification

I,_____ certify that, to the best of my knowledge, the applicant has one (1) year of experience in Orthopaedic surgery and has the necessary skill to be a competent Professional in the field of Orthopaedic Surgical Assisting. (OR Supervisor's Signature attests to the Candidate's expertise in the field of Orthopaedic Surgical Assisting.)

_____
Name of Attesting OR Supervisor (Print)

_____
Signature of Attesting OR Supervisor

_____
Attesting OR Supervisor Address

_____ _____
City/State/Zip Telephone

NOTARY:

State of: _____

County of: _____

On_____**, before me,** _____ **personally appeared,**

_____
Date Notary
Signer

☐ 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.

(Seal)

WITNESS my hand and official seal

_____
Notary Signature

PRINT THIS PAGE AND GIVE TO YOUR OR SUPERVISOR 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.

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 or is required under law.

For the purposes below the NBCOT, Inc. will only release your name, email and mailing address information.

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.

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 Examination Handbook.
Please read this statement carefully.

I have read, understand, and agree to adhere to the provisions of the current National Board for Certification of Orthopaedic Technologists, Inc. Certification 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 NBCOT, 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 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”(e.g. felony charge and/or conviction, or suspension) 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 I was not eligible at the time I took the examination, my examination score will 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 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.

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, National Board for Certification of Orthopaedic Technologists, Inc. may verify my certification status. I hereby consent to National Board for Certification of Orthopaedic Technologists, Inc. release of any information regarding this application, my examination eligibility, my examination administration, or my certification status to any academic institution, employer, regulatory agency, or other party that may inquire in writing.

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: $_____

☐ **US 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 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 for this card)

_____

_____

City State Zip