

REGULATOR APPROVAL FORM FOR STATE REACTIVATION

ID 97 rev102519

This form **must** be completed by the state regulatory board for a candidate who has been approved to take the occupational therapist or occupational therapy assistant examination for state reactivation/licensure-only purposes. Please return this form to NBCOT, Attn: State Reactivation.

Candidate's Name: _____

Prior Name (if any): _____ Telephone Number: _____

Candidate's Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email Address: _____

EXAMINATION ADMINISTRATION APPROVAL:

Examination Level: Occupational Therapist Occupational Therapy Assistant

At the direction of this board, the candidate is approved to take the NBCOT examination for state reactivation only.

Name of State Regulatory Board: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone (with area code): _____

Email: _____

Individual Completing Form: _____

Position Title: _____

Signature: _____ Date: _____

I attest I am authorized to complete this approval form.

Please mail to:

NBCOT, Inc.
ATTN: State Reactivation
One Bank Street, Suite 300,
Gaithersburg, MD 20878

Email: stateractivation@nbcot.org