



EXAMINATION APPLICATION and CANDIDATE HANDBOOK
OTC®
Orthopaedic Technologist Certified

**ALL CANDIDATES MUST READ AND COMPLETELY FILL OUT THE APPLICATION,
INCLUDING ALL SIGNATURES REQUIRED FOUND WITHIN THIS APPLICATION
BOOKLET**

AND

Return this Original Completed Application Booklet (All 16 Pages)

**To:
NBCOT Examinations
4736 Onondaga Blvd. #166
Syracuse, NY 13219**

**www.nbcot.net
1-866-466-2268
GONBCOT@aol.com**



**We recommend that after completing this application
booklet, you make a copy for your records**

Dear Certification Candidate:

You are to be commended for taking a very important step in becoming a credentialed Orthopaedic Technologist Certified and in helping to raise the standard for your Profession.

Please Note: Your Certification Status is a matter of Public Record.

A Guide to taking the NBCOT Examination

The examination consists of 165 multiple choice questions with four (4) choices, and up to 3 hours is allowed to complete the examination. Fifteen of these questions are included for research purposes only. The research questions are not identified; therefore, answer all questions to the best of your ability. Examination results will be based only on the 150 scored questions on the examination. The questions for the Examination are developed by Individuals with expertise in Orthopaedics and are reviewed for construction, accuracy, and appropriateness by Representatives of the NBCOT.

This is a test you must prepare for!

Orthopaedic Technologists enter the Profession from many different backgrounds and are employed in diverse Orthopaedic Sub-Specialties. The Examination Content Outline has been designed to take these differences into consideration. The outline was validated by a National sample of Certified Orthopaedic Technologists with many different backgrounds and levels of experience. There is no one Study Guide, Reference or textbook that will solely guarantee that you will pass this Examination.

OTC® Candidate Information

NBCOT Application Instructions:

To avoid lengthy delays and the possibility that your application will be rejected, please, read the following instructions before you submit your application:

1. Read the application booklet before filling it out. Make sure you understand each section. If you have questions on anything, CALL THE NBCOT OFFICE at: (866) 466-2268. Test Sites are found on our website www.nbcot.net listed by State/Country under the "Candidates" tab for either Exam. Click on the OTC® Candidates link, then the Test Site Link. Once you choose a test site, enter the City & State on the application. Choose and enter the MONTH that you want to test. You select the DAY and TIME when you schedule your appointment.

2. Print your Legal name exactly as it will appear on your Certificate and as it appears on your photo ID that you will be presenting at the test center. The same name should appear on all future correspondence with NBCOT. Print your physical home address clearly, for admission confirmation, score reports and any NBCOT Correspondence. **(No PO Boxes Accepted without an actual home address included)**

NOTE: The address you are providing MUST match the photo ID that you are presenting at the test center for admission or you will not be admitted to the test center and will forfeit your testing fee.

3. Attach photocopies of the appropriate documentation materials to verify your route of eligibility.

- Your Attending Orthopaedic Physician **must** validate your original application. This application must be signed with the signature notarized by a Physician who can attest to your Orthopaedic skills. **Applications received without a notarized Orthopaedic Physician signature WILL BE RETURNED.** **All OTC®'s and OT-SC™'s that are re-certifying by examination must have the Physician Verification filled out and notarized. NO EXCEPTIONS.**
- If you are applying under eligibility route B or C, you must submit a copy of your Certificate of Completion and school transcripts (if required) from the School / Program that you attended. **Applications received without the proper proof of Educational experience WILL BE RETURNED. Applications received without a notarized Orthopaedic Physician signature WILL BE RETURNED.**
- If you are applying under eligibility route D, you must include proof of Certification or License as an Athletic Trainer Certified or Licensed Athletic Trainer (ATC, LAT). **Applications received without the proper proof of Athletic Trainer Certification or License WILL BE RETURNED.**

(A verifying Orthopaedic Physician must sign and have notarized your application for all of these routes).

If you are retesting within one exam cycle, you DO NOT NEED Physician Verification section notarized. You do however need Physician Verification section completed and *signed by the original Physician that signed for you. If this is not the original Physician on file, you must have the new Physician's signature NOTARIZED.*

4. Your signature is REQUIRED in several areas within the application. **Failure to do so will result in the return of your application.**

6. Mail the original completed Application Booklet which has been signed by you in ink, your physician verification has been signed and notarized in ink, the notary stamp is present in ink and/or crimp form only (no photocopies will be accepted), attach copies of supporting documentation and appropriate fees made payable to the **NBCOT** to the following address:

**NBCOT Examinations
4736 Onondaga Blvd. #166
Syracuse, NY 13219**

The application **MUST BE RECEIVED BY** the posted Deadlines found within this Booklet. If received after the posted date, Applications are accepted with a late fee of \$100.00 until the 22nd day of the month BEFORE you want to test. Late filing will not guarantee your ability to sit during the full month you chose. The earliest you file your application, the better choice of days you have.

7. Confirmation of acceptance will be mailed to you at the address you provided within the application. You must always use your HOME address not your Employers address, as all correspondence regarding your Certification is verified by your Social Security Number and HOME address which is secured by the NBCOT. This information is considered and treated as CONFIDENTIAL.

8. Receipts for testing fees are sent to the party that paid ONLY.

*****If ANY information changes in ANY WAY, specifically name changes, address changes or telephone contact numbers, after you have sent your application in to the NBCOT, you must contact the NBCOT or risk being turned away at the Test Center for your appointment. If the information we have sent to register you is now different from what you present for confirmation at the Center the day of your appointment, you will be turned away and considered a "no show". You will forfeit all testing fees and must reapply for any future examination with a newly completed application and fees. *******

Registration

Upon receipt of your completed application booklet, NBCOT will contact the Candidate via US Mail, to provide the Candidate with the Candidate ID/Registration number and the specific information to schedule a testing appointment. Once the Candidate receives this information, it is the Candidate's responsibility to schedule a day and time in which to sit for the Examination during the month they chose on their original application.

I have read and agree to the Application and Registration Instructions above.

Candidates Signature: _____

Date: _____

Testing Fees for US and Canada

(International Candidates: Please call our office to inquire of current fees)

OTC Examination Fee: \$375.00: Payable in US Currency

(Late Registration Fee is an additional \$100.00 and is not waived for any reason)

Payment is made payable to: National Board for Certification of Orthopaedic Technologists, Inc., OR NBCOT Inc.

Accepted forms of Check payment: Bank Issued Checks (i.e.; Teller, Cashier's, or Official Check), Corporate Checks (ie; issued by a Medical Group or Hospital), or Money Order. A chargeback fee of \$35.00 will be assessed for any check or Money Order issued to the NBCOT, Inc. that is returned to the NBCOT for any reason by a Bank.

No Personal Checks are accepted for Testing Fees or Late Registration Fees.

Accepted Credit Card or Debit Card payment: MasterCard® or VISA® ONLY.

Examination Appointment, Rescheduling and Refund Policies

PLEASE BE AWARE: Once you have made an appointment to take your Examination, you have solidly reserved a seat at the test center of your choice, and you have scheduled a Proctor to be there for your Examination. Rescheduling of an existing appointment may result in a Rescheduling Charge if not in conformance with the outline below. Record of your scheduling is confirmed with the Test Administrator before any fees are applied, however, their decision stands. Any fees that apply must be paid to the NBCOT, Inc. in US Funds BEFORE you are allowed to reschedule, postpone or cancel your scheduled appointment.

Rescheduling of an Existing Appointment: Once you have made an appointment to take an OTC® or an OT-SC™ Examination with the Test Administrator, and you find that you need to change the day or time to a new day or time **within the same month that you registered for**, the following rescheduling fees will apply:

If you call to reschedule an existing appointment, MORE THAN 10 BUSINESS DAYS BEFORE YOUR SCHEDULED TEST DATE: **No Charge.**

If you call to reschedule an existing appointment 10 BUSINESS DAYS or LESS BEFORE YOUR SCHEDULED TEST DATE: **\$120.00.**

If you Cancel, Reschedule or Postpone your existing appointment within the immediate **5 BUSINESS DAYS BEFORE YOUR SCHEDULED TEST DATE** you are considered a "No Show" by the Test Administrator and may forfeit all fees that have been paid.

Examination Postponement: You are allowed to change the MONTH that you are registered to take your Examination once during the SAME YEAR, as long as NO APPOINTMENT has been made with the Testing Administrator at NO CHARGE. If you have made an appointment for your Examination and find that you need to be taken completely out of the original testing cycle that you are registered for, and placed into a future testing cycle **during the SAME YEAR**, a fee of \$120.00 will be charged providing that this change is made MORE THAN 10 BUSINESS DAYS BEFORE YOUR SCHEDULED EXAMINATION APPOINTMENT.

Requests for this accommodation made LESS THAN 10 BUSINESS DAYS BEFORE A SCHEDULED APPOINTMENT, will NOT BE considered without valid verifiable reasons by the NBCOT.

Test Anxiety will not be a consideration to postpone any registration.

Complete Cancellation of Application/Registration: All requests to completely withdraw an application to take the OTC® or OT-SC™ Examination with or without a confirmed Registration, or Test Administration appointment, must be done in writing to the NBCOT office. Consideration will be made to properly executed requests that are **received** in the NBCOT office **3 calendar weeks before the first day of the testing month that a candidate had submitted an application for.** A \$50.00 cancellation processing fee will be deducted from all refunds.

If a candidate was accepted and registered to take either the OTC® or OT-SC™ Examination **and has made an appointment for said Examination**, the set appointment must be cancelled with the Test Administrator by the candidate or Employer **before** any refund will be considered.

REFUNDS OF THE ORIGINAL TOTAL TESTING FEES PAID, WILL BE ISSUED MINUS \$120.00 PLUS A \$50.00 CANCELLATION PROCESSING FEE.

If you Cancel your existing appointment within the immediate **5 BUSINESS DAYS BEFORE A SCHEDULED TEST DATE**, you are considered a "No Show" by the Test Administrator and will forfeit all fees paid.

Refunds will be issued to the party that paid for the Examination Fees ONLY. Refunds will be made in the same manner as the original fees were paid (i.e.; credit card refund, check form, or money order).

Provision for Examination Fees Paid by Employers

Any Employer that has paid for an Applicant's Examination Fee has the right to cancel an Application, or Examination Registration with or without a set appointment, and request a refund, or transfer of fees paid to another Employee's Application, at any time. This must be done by submitting their request writing to the NBCOT office. A \$50.00 processing fee will apply to all transfers or cancellation refunds. Please refer to the "Complete Cancellation of Registration" outline above for specific guidelines and requirements. Test Administrative Cancellation Fees will apply per the "Examination Appointment, Rescheduling and Refund Policies". All requests will be considered on a case by case basis. Any complaints from the Applicant or Registered Candidate relating to an Examination cancellation or transfer that was made by an Employer, and approved by the NBCOT, are to be addressed between the Applicant or Registered Candidate and the Employer. Any issues arising from any Employer cancelling an Application, or Examination Registration with or without an Exam Appointment will not be mediated arbitrated or involve the National Board for Certification of Orthopaedic Technologists, Inc. or the test administrator in any way.

REFUND GUIDELINES

Request must clearly outline the reason for the cancellation and refund request to be considered.

3 ORIGINAL SIGNED REQUESTS MUST BE MAILED VIA "US CERTIFIED RETURN RECEIPT REQUESTED MAIL" to:

**ATTN: NBCOT EXAMINATION REFUNDS
THE NATIONAL BOARD FOR CERTIFICATION OF ORTHOPAEDIC TECHNOLOGISTS, INC.
4736 ONONDAGA BLVD. #166
SYRACUSE, N.Y. 13219-3404**

Requests may be acknowledged by telephone, and will be acknowledged in writing within 14 business days of receipt to the NBCOT office.

I have read, understand completely and agree to all; Testing and Late Fees, Examination Appointment Rescheduling, Postponement, Cancellation Policies, Employer Payee Provision and Refund Guidelines as written above:

Candidates Signature: _____

Date: _____

OTC® Examination Breakdown

Assessment 22 %

- Interview patient and family in order to obtain a complete history of the patient's complaints/condition by using effective interviewing techniques.
- Conduct physical examination of the patient in order to provide pertinent information to the surgeon by using standard examination techniques.

Casting, Splinting and Orthopaedic Appliances 47 %

- Apply upper extremity cast/splint to patient in order to comply with physician's orders by using accepted casting/splinting practices and techniques.
- Apply lower extremity cast/splint to patient in order to comply with physician's orders by using accepted casting/splinting practices and techniques.
- Apply torso extremity cast/splint to patient in order to comply with physician's orders by using accepted casting/splinting practices and techniques.
- Apply specialty extremity cast/splint to patient in order to comply with physician's orders by using accepted casting/splinting practices and techniques.
- Utilize cast/splint to patient in order to comply with physician's orders by using accepted practices and techniques.
- Apply Orthopaedic devices to patient in order to comply with physician's order by ensuring proper fit/placement.
- Apply pre-fabricated orthotics and Orthopaedic appliances to patient by ensuring proper fit in order to comply with physician's orders.

Traction 13%

- Obtain equipment in order to apply traction therapy to patient by selecting appropriate items for the traction apparatus.
- Apply traction apparatus to bet in order to prepare for application of skin or skeletal traction by using accepted practices and techniques.
- Drape, scrub, and assist in the application of skeletal traction therapy in order to comply with physician's orders by using accepted practices and techniques.
- Apply skin traction therapy to patient in order to comply with physician's orders by using accepted practices and techniques.
- Assist in discontinuing traction therapy in order to comply with physician's orders by using accepted practices and techniques.

Surgery 18%

- Position, prep, and drape patient by using accepted practices and techniques in order to prepare patient for surgery.
- Apply and manage post-operative dressings on wounds following aseptic technique.
- Assist the surgeon during reductions by supplying and applying the appropriate materials.
- Assist the surgeon by using accepted surgical practices and techniques.

Standards of Practice

For the Orthopaedic Technologist – Certified (OTC®)

Disclaimer:

The intent of these Standards of Practice is to provide a summary of the duties and responsibilities that may be performed by the Orthopaedic Technologist-Certified (OTC®). It is not intended to be a complete text of all job related duties, responsibilities, limitations, or skills that an Orthopaedic Technologist-Certified (OTC®) may be required to perform.

Definition:

The Orthopaedic Technologist - Certified is specially trained as an extension of the Orthopaedic Surgeon and assists in the treatment of the Orthopaedic patient.

The Orthopaedic Technologist - Certified are those individuals that have demonstrated the knowledge and skills needed to work as an Orthopaedic Technologist and who have passed the National Board for Certification of Orthopaedic Technologist Certification Examination. The Orthopaedic Technologist - Certified maintains certification by complying with the rules and policies of the NBCOT. The Orthopaedic Technologists-Certified may use the acronym OTC®.

Standards:

The standards are not intended as a complete list of abilities, but are designed to guide the OTC® in assisting the Orthopaedic Physician in assessment of signs, symptoms, analysis, treatment and the care of the Orthopaedic patient. Passage of the NBCOT Certification Examination signifies an entry level of knowledge of the following categories in the specialty of Orthopaedic Technology.

- Assessment
- Casting, Splinting and Orthopaedic Appliances
- Traction
- Surgery

Functions and Responsibilities:

The OTC® shall practice in accordance with any existing state rules or regulations.

1. The OTC® shall function under the supervision of the Orthopaedic Physician. Supervision shall be continuous but shall not be construed as necessarily requiring the physical presence of the supervising physician at the time and place where such services are performed.
2. The OTC® shall function as a part of the Orthopaedic team in the care and management of the Orthopaedic patient.
3. The OTC® shall be responsible for the accurate recording and reporting of facts, including evaluation and treatment of the Orthopaedic patient.
4. The OTC® may assist with patient education involving the care and plan of treatment of the Orthopaedic patient.
5. The OTC® may assist with application and execution of Orthopaedic procedures and services and execute legal orders of the supervising Orthopaedic Physician concerning the care of the Orthopaedic patient.
6. The OTC® may render follow up care and services commensurate with education and experience.
7. The OTC® may perform the following duties after proficiency has been demonstrated and in accordance with established policies and procedures.
 - a. In the event of emergency situations, administration of all recognized first aid procedures.
 - b. Performance of history and physical assessment of the Orthopaedic patient.
 - c. Assist with aspirations and prepare injections.
 - d. Application and removal of all types of casts, splints, immobilization devices and traction as well as wound closure materials (suture/staples).
 - e. Assist with the reduction of fractures and dislocations.
 - f. Assist with and perform the removal of Orthopaedic hardware.
8. The OTC® may perform the following surgical responsibilities.
 - a. Position, prep and drape patients by using accepted practices and techniques in order to prepare the patient for surgery.
 - b. Assist the surgeon by using accepted surgical practices and techniques.
 - c. Assist the surgeon during reductions by supplying and applying the appropriate materials.
 - d. Apply and manage post-operative dressings on wounds following aseptic techniques.

Adopted 2/26/05

Code of Ethics

Preamble Orthopaedic Technologists and/or Orthopaedic Technologists-Surgery Certified (OTC® and/or OT-SC™) practice Orthopaedic Technology by providing Orthopaedic and Orthopaedic related services. They accept the responsibility conferred upon them by the state, the profession, and society. The National Board for Certification of Orthopaedic Technologists has adopted this Code of Ethics to guide its certificants in fulfilling their obligation as professionals. Each certificant of the National Board for Certification of Orthopaedic Technologists has a personal responsibility to uphold and adhere to these ethical standards.

1 Responsibility to Patients OTC® and/or OT-SC™ preserve human dignity, respect the moral and legal rights of health consumers, and support the safety and well being of the patient under their care.

1.1 The OTC® and/or OT-SC™ renders quality Orthopaedic care regardless of the patient's race, religion, age, sex, nationality, disability, social or economic status.

1.2 The OTC® and/or OT-SC™ protects the patient from harm and is an advocate for the patient's welfare.

1.3 The OTC® and/or OT-SC™ avoids conflicts between his or her personal integrity and the patient's rights. In situations where the OTC® and/or OT-SC™ personal convictions prohibit participation in a particular procedure, the OTC® and/or OT-SC™ refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient or constitute a breach of duty.

1.4 The OTC® and/or OT-SC™ takes appropriate action to protect patients from healthcare providers who are incompetent, impaired, or engage in illegal or unethical practice.

1.5 The OTC® and/or OT-SC™ maintains confidentiality of patient information except in those rare events where accepted nursing practice demands otherwise.

1.6 The OTC® and/or OT-SC™ does not knowingly engage in deception in any form.

1.7 The OTC® and/or OT-SC™ does not exploit nor abuse his or her relationship of trust and confidence with the patient or the patient's dependence on the OTC® and/or OT-SC™.

2 Competence The scope of practice engaged in by the OTC® and/or OT-SC™ is within the individual competence of the OTC® and/or OT-SC™. Each OTC® and/or OT-SC™ has the responsibility to maintain competency in practice.

2.1 The OTC® and/or OT-SC™ engages in lifelong, professional educational activities.

2.2 The OTC® and/or OT-SC™ participates in continuous quality improvement activities.

2.3 The practicing OTC® and/or OT-SC™ maintains his or her certification as a OTC® and/or OT-SC™, meets advanced practice state statutory or regulatory requirements, if any, and maintains recertification as a OTC® and/or OT-SC™.

2.4 Gross or repeated negligence or malpractice in professional work, which includes releasing confidential medical information of Orthopaedic patients or others with whom the certificant or applicant has a professional relationship to third parties according to applicable laws, rules and regulations will result in action that may result in the suspension or revocation of the OTC® and/or OT-SC™.

3 Responsibilities as a Professional Orthopaedic Technologists and/or Orthopaedic Technologists-Surgery Certified are responsible and accountable for the services they render and the actions they take.

3.1 The OTC® and/or OT-SC™, as a certified professional, is responsible and accountable for judgments made and actions taken in his or her professional practice. Neither physician orders nor institutional policies relieve the OTC® and/or OT-SC™ of responsibility for his or her judgments made or actions taken.

3.2 The OTC® and/or OT-SC™ practices in accordance with the professional practice standards established by the profession.

3.3 The OTC® and/or OT-SC™ will participate in activities that contribute to the ongoing development of the profession and its body of knowledge.

3.4 The OTC® and/or OT-SC™ is responsible and accountable for his or her conduct in maintaining the dignity and integrity of the profession.

3.5 The OTC® and/or OT-SC™ collaborates and cooperates with other healthcare providers involved in a patient's care.

3.6 The OTC® and/or OT-SC™ respects the expertise and responsibility of all healthcare providers involved in providing services to patients.

3.7 The OTC® and/or OT-SC™ and candidates will be held responsible and prosecuted for any unauthorized possession, use, access, or distribution of certification examinations, score reports, certificates, certificant or applicant files, documents or other examination materials.

3.8 The OTC® and/or OT-SC™ will not knowingly make any material misrepresentation or fraudulent statement to the NBCOT or to the public, including but not limited to statements made to assist the applicant, certificant, or another apply for, obtain, or retain certification.

3.9 The OTC® and/or OT-SC™ will not misuse or misrepresent the mark of OTC® and/or OT-SC™. The OTC® and/or OT-SC™ understands that if his/her certification lapses, he/she will no longer be allowed to use The OTC® and/or OT-SC™ mark after his/her name until such time that he/she re-tests and successfully passes the certification examination.

3.10 Any physical and/or drug condition, or habitual use of alcohol or any other drug or substance to a degree which impairs competent and objective professional performances will be grounds for action that may result in the suspension, or revocation of the OTC® and/or OT-SC™ certification.

3.11 The conviction of, plea of guilty to or plea of nolo contendere to a felony or misdemeanor, which is directly related to public health, Orthopaedic care, or education. This includes but is not limited to rape, sexual abuse of a child or patient, actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute will result in action that may result in the suspension or revocation of the OTC® and/or OT-SC™

4 Responsibility to Society OTC® and/or OT-SC™ collaborate with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

5 Endorsement of Products and Services OTC® and/or OT-SC™ endorse products and services only when personally satisfied with the products or service's safety, effectiveness and quality. OTC® and/or OT-SC™ do not state that the NBCOT has endorsed any product or service unless the Board of Directors of the National Board for Certification of Orthopaedic Technologists has done so.

5.1 Any endorsement is truthful and based on factual evidence of efficacy.

5.2 A OTC® and/or OT-SC™ does not exploit his or her professional title and credentials for products or services which are unrelated to his or her professional practice or expertise.

6 Research OTC® and/or OT-SC™ protect the integrity of the research process and the reporting and publication of findings.

6.1 The OTC® and/or OT-SC™ evaluates research findings and incorporates them into practice as appropriate.

6.2 The OTC® and/or OT-SC™ conducts research projects according to accepted ethical research and reporting standards established by public law, institutional procedures, and the health professions.

6.3 The OTC® and/or OT-SC™ protects the rights and well being of people and animals that serve as subjects in research.

6.4 The OTC® and/or OT-SC™ participates in research activities to improve practice, education, and public policy relative to health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

7 Business Practices OTC® and/or OT-SC™, regardless of practice arrangements or practice settings, maintain ethical business practices in dealing with patients, colleagues, institutions, and corporations.

7.1 The contractual obligations of a OTC® and/or OT-SC™ are consistent with the professional standards of practice and the laws and regulations pertaining to the Orthopaedic Technology profession.

7.2 The OTC® and/or OT-SC™ not participate in deceptive or fraudulent business practices.

7.3 The OTC® and/or OT-SC™ and candidates will be truthful in all aspects of the application process, including eligibility requirements for certification, or continuing education and standards of practice.

7.4 As of the date of this application have you:

Been charged with or convicted of a misdemeanor (other than a minor traffic offense) or felony or military court martial in military service, and/or are any such charges currently pending against you?

Yes No

Had any professional license, registration, or certification application denied, or any issued license, registration, or certification revoked, suspended, placed on probation, or subject to any type of discipline by a regulatory authority or certification board?

Yes No

Been found by any court or administrative body to have committed negligence (simple or willful), malpractice, recklessness, or engaged in misconduct in the practice of any profession?

Yes No

If you answered yes to any question above, you MUST attach an explanation and, if appropriate, a certified copy of the final decree. The NBCOT may require additional information based on your circumstance.

I have read and understand the Examination breakdown, Standards of Practice and I also agree to adhere to the Code of Ethics. I also have been truthful in my answers to all questions in section 7.4

Candidates Signature: _____

Date: _____

Examination Schedule

The OTC Examination is administered 4 times a year during the entire months of: February, June, August and November. The deadlines for **receipt** of applications to the NBCOT are indicated within this booklet.

Note: *The examination test sites may change from month to month.*

Test Center Information

Test Centers for the Examination will be located at selected sites throughout the United States, Canada and Abroad. The specific City Sites are found on the NBCOT website at www.NBCOT.net. In the space provided on the application form, Candidates must include the City and State of the desired Test Site.

Special Provisions for Candidates with Disabilities

In the United States and Canada, disabled candidates will be provided accommodations in accordance with the *Americans with Disabilities Act*.

In compliance with the Americans with Disabilities Act (ADA), The National Board for Certification of Orthopaedic Technologists, Inc. makes reasonable special testing arrangements for candidates with professionally diagnosed “disabilities”. Any such candidates with disabilities, that prevent them from taking the Examination under Standard conditions, may request special Test arrangements on a regularly scheduled Test date. No extra charge is made for these arrangements. Requests must be made in writing and submitted with the application 60 (sixty) days prior to the Examination month including customary documentation establishing the existence of such Disability and Candidates need for special accommodations. NBCOT will send a confirmation letter, which includes details of the special arrangements made if documentation is acceptable.

Please review the Overview and Guidelines for Requesting Special Testing Accommodations found on the NBCOT web site, remember that a Health Care Professional Accommodation Form for Special Testing Accommodations and a Candidate Accommodation Form for Special Testing Accommodations must be included with the Application. Contact the NBCOT or visit www.nbcot.net to obtain the overview and forms.

Note: You must have a documented “disability” as defined by the ADA in order to be eligible for special testing accommodations. “English as a Second Language”, “Pregnancy”, and “Test Anxiety” are not covered disabilities under the ADA.

I have read, understand and agree to the Examination Schedule, Test Center information, Special Provisions for Candidates with Disabilities above.

Candidates Signature: _____

Date: _____

At the Test Center

The following Regulations and Procedures pertain to **Every Administration**.

1. You should arrive 20 minutes before your appointment time to complete the admission procedures required before testing begins. If you arrive more than 10 minutes late for your appointment, you will be considered a “no- show”; you will forfeit all test fees and must resubmit a complete application through the NBCOT with the appropriate exam fees.
2. For admission at the test center, you must present two forms of positive identification, one bearing a recent photograph and both bearing your signature. Acceptable forms of primary (photo) identification include a valid driver’s license, State/Province ID card, passport, or military ID card. Acceptable forms of secondary identification (no photo) include Social Insurance card, valid credit card, or bank ATM card.
3. All Candidates will be required to sign in upon arrival, and the signature will be checked against the Candidates ID signature. Candidates will also be required to sign the logbook upon completion of the test and after any breaks. Test center staff will re-verify Candidate signatures after any restarts. Should a Candidate arrive at the Test Site without the proper ID’s, the Candidate will not be allowed to take the Examination and his/her Testing Fee will be forfeited without refund.
4. No Testing aids or Personal items will be permitted into the Testing area. You will be required to leave all Personal belongings in the secure area of the waiting room. Smoking is prohibited in the Testing Centers.
5. The duration of the Examination is 3 hours. There is time allotted for a brief Tutorial before, and an opportunity to make comments and answer a post-exam survey. If a computer malfunction interrupts your Examination, test center personnel will attempt to resolve the issue immediately onsite. In the rare instance that a computer malfunction disrupts testing for more than 30 minutes, candidates will be given the option to reschedule their appointment without cost. Your examination will be restarted at the point of interruption.
6. If you are a Candidate who has been approved for Special Testing Accommodations, you should call your test center to confirm the arrangements and take the approval notification of accommodations to your testing appointment.
7. In the event that you have any emergency/issue that will affect your scheduled appointment, and it is after normal IQT business hours, please call: 1-727-733-1110. You will need your candidate ID and Password to speak with a representative.
8. All Examinations will be monitored by one or more proctor(s) at all times either by direct viewing, parabolic mirror, or video.

I understand and agree to the registration regulations and procedures stated above.

Candidates Signature: _____

Date: _____

Re-Examination

A new Application Booklet and full fee must be submitted each time. There is **NO limit** to the number of times the Examination may be re-taken. You can not retake any examination during the same month you failed. You can retake your examination any other month the examination is offered.

If You Have a Complaint

If you have a complaint or wish to make a comment about Test Center Facilities, Supervision, Examination content or any other matter relating to the Testing program, please write to:

SMT
Attn: Director for Operations for the NBCOT
2494 Bayshore Blvd., Suite 201
Dunedin, FL 34698

In all correspondence, please include your Name and Address. If your questions or comments concern a Test you have already taken, you should also include the Test Site, Date and your Registration Number. **SMT** will investigate each complaint and reply to your comments within a reasonable length of time.

If you are challenging your test score, there will be a charge for hand scoring of any examination. Please contact the NBCOT for hand scoring fees and information.

Confidentiality

1. The NBCOT will release Individual Test Scores only to the Individual Candidate. Individual scores will not be sent to Employers, Educational Programs, etc. under any circumstances.
2. All information contained within this application is considered confidential unless required by law to comply with a legal request.

I understand and agree to the Re-Examination, Complaint, Confidentiality policies stated above.

Candidates Signature: _____

Date: _____

DISCLAIMER

This examination is made available through the efforts of the National Board for Certification of Orthopaedic Technologists as a means of assessing the working knowledge of practicing Orthopaedic Technologists. The examination is in no way meant to certify the applied skills of that Technologist and is intended only as a means of measuring whether the Technologist has the technical knowledge to apply the skills.

The National Board for Certification of Orthopaedic Technologists disclaims any and all liability or damages resulting to any individual for claims, which may arise from the use of skills of any technologists, whether these claims be asserted by a Physician, Technologist, or any other Person.

Application Deadlines: (Must Be Received By)

February Examination: January 5th by 12:00 Noon EST

June Examination: April 30th by 12:00 Noon EST

August Examination: June 30th by 12:00 Noon EST

November Examination: September 30th by 12:00 Noon EST

Any Applications received after the deadline must include a \$100.00 late fee.

Application for the NBCOT Certification Examination for Orthopaedic Technologists

Please read and **sign** all of the information requested in this Application Booklet before completing the Application.

Failure to provide all requested information will result in your Application being returned to you UNPROCESSED.

Please Print Clearly (All Information Below is required)

Last Name: _____

First Name: _____ Middle Initial: _____

Social Security/SIN Number: _____

Physical Home Mailing Address: _____

Apartment #: _____

City/State/Province/Zip: _____

Mailing Address if Different from Physical Address:

Mailing Address: _____ Apartment #: _____

City/State/Province/Zip: _____

****E-Mail Address:** _____

(Required for Registration)

Home Phone :(____) _____

Work Phone :(____) _____

Fax Number :(____) _____

Test Month: _____

Month Year

Test Site: _____

City State

Have you ever taken this Exam before? Y N If you answered yes:

Under what Name did you previously take this exam? _____ Year: _____

Are you currently certified and re-certifying by examination? Y N

If so enter your current OTC number and exp. Date shown on your OTC certificate:

OTC # _____ Exp. Date _____

Is this a Re-Test? Y N Month/Year: _____/_____

Were you previously certified? Y N What Year did your Certification lapse? _____

Gender: M F

Highest Academic Level: (Circle One) Proof of Degree other than High School must be submitted.

GED/High School Associates Bachelors Masters Doctorate

Primary Place of Employment: (Circle One)

Hospital Private Practice Military Other: _____

Experience in Care of Orthopaedic Patients: (Circle One)

1 Year 2 Years 3-5 Years 6-10 Years Over 10 Years

Other Professional Certifications/Licenses you currently hold? _____

Which Professional Orthopaedic Associations do you belong to?

National Association of Orthopaedic Technologists Y N

Canadian Society of Orthopaedic Technologists Y N

American Society of Orthopaedic Physician Assistants Y N

State or Regional Orthopaedic Technologist Association: Y N Name of Assoc.: _____

ELIGIBILITY ROUTES: (Choose One)

A. Two-years of full time on the job training in Orthopaedics **specific to Orthopaedic Technology**, under the direct supervision of an Orthopaedic Physician.

B. Completion of an Orthopaedic Technologist School/Program, **plus 1 year full-time employment specific to Orthopaedic Technology. Certified copies of your Official transcripts must be sent and received directly from your school before your application will be processed.**

NAOT Recognized School/Program Applicants must submit a copy of your Certificate of Graduation. **Externships must be completed before application will be accepted.**

C. Completion of a **currently NAOT Recognized** Orthopaedic Technologist School/Program, **or US Military Program.**

NOTE: Any candidate applying under Eligibility Route C must have graduated from the NAOT Recognized Orthopaedic Technologist Program/School within one (1) year of applying to take the OTC® Examination.

US Military applicants must submit a US Military issued copy of course completion **OR** a CERTIFIED COPY of your DD214 listing your Orthopaedic Training. Photocopies of the DD214 form ARE NOT ACCEPTABLE.

D. Certified/Licensed as an Athletic Trainer with a minimum of six months **full time employment specific to Orthopaedic Technology** under the direct supervision of an Orthopaedic Physician.

You MUST include a copy of your current NATABOC Card and/or your Athletic Trainer Certificate/License.

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

You **MUST** include a copy of your Certificate of completion from the school that you attended.

Date of Completion: _____

Program/School Attended: _____ Telephone #: _____

Address: _____

City/State/Zip: _____

PRIVACY STATEMENT

The National Board for Certification of Orthopaedic Technologists, Inc. (NBCOT, Inc.) does not arbitrarily share personal or confidential information regarding its credential holders unless express permission has been given to the NBCOT. **The NBCOT will only release your name, email and mailing address information.**

As your Certification status is a matter of Public Record, the NBCOT releases Credentialing Status information for various purposes that are not covered in the Opt In/Opt Out Choices below.

Please choose one option below to be applied to your record, which you may change at any time.

A: The NBCOT may receive requests for our Certified Orthopaedic Technologists list from the National Association of Orthopaedic Technologists (NAOT). NAOT is a non-profit, educational Membership organization that provides CEU credit opportunities which may include conferences, workshops, webinars, and articles which may be used for OTC recertification credit.

B: The NBCOT 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 recertification credit.

C: The NBCOT may receive requests from Orthopaedic/Surgical Companies and/or NBCOT Partnership Program Sponsors to provide them with our list of Certified Orthopaedic Technologists.

D: The NBCOT 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.

A: Yes. The NBCOT may release my information only to The National Association of Orthopaedic Technologists (NAOT).

B: Yes. The NBCOT may release my information only to NAOT Recognized State Associations.

C: Yes. The NBCOT may release my information to all parties listed above, including Orthopaedic/Surgical Companies and/or NBCOT Partnership Program Sponsors.

D: 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.

Physician Verification:

Physicians who specialize in the musculoskeletal system who can attest to the expertise of the applying Orthopaedic Technologist **MUST** complete this section. Note that the Physician's signature **MUST** be notarized. If this verification is incomplete, the application will be returned.

I certify that, to the best of my knowledge, the experience of the above 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 to challenge this Examination.

• (Physician signature attests to the candidate's Knowledge & Skills in the field of Orthopaedic Technology.)

Name of Attesting Orthopaedic Physician (Print)

Signature of Attesting Orthopaedic Physician:

Attesting Orthopaedic Physician Address:

City/State/Zip

Signature of Notary:

Date: _____

Notary Seal:

Signature of Applicant:

I, _____ hereby apply for admission to the Certification Examination for Orthopaedic Technologists. The proper Examination fee is enclosed. I understand and agree to the rescheduling and refund policies outlined within this application.

I further attest to the fact that I have fulfilled the eligibility requirements as stated in this Application Booklet, including necessary educational and/or work experience. I have also read and signed all required areas, understand and agree to all sections in this Booklet.

I also understand that a \$35.00 fee will be charged for any returned checks.

Signature of Applicant: _____

Date: _____

Fee: \$375.00 US Dollar/Funds

\$100.00 Late Fee for applications received after deadline.

Total Fee Enclosed: \$ _____

Bank/Corporate Check Money Order made payable to NBCOT
(No Personal Checks Accepted)

I HEARBY AUTHORIZE THE NBCOT TO CHARGE THE ABOVE AMOUNT TO MY:

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 bill is received) _____

City

State

Zip