



**APPLICATION FOR RENEWAL  
of a CERTIFICATE of REGISTRATION for a  
PROFESSIONAL CORPORATION**

**Mailing Address: NCBOT, P. O. Box 2280,  
Raleigh, NC 27602**

The undersigned, being the organizers of \_\_\_\_\_

Corporation Mailing Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_ Certificate of Registration # \_\_\_\_\_,  
City, State Zip Code

a professional corporation (PC) or professional association (PA)

a professional limited liability company (PLLC)

incorporated under the laws of North Carolina for the purpose of providing occupational therapy services, hereby certify to the North Carolina Board of Occupational Therapy that:

1. The organizers, and all persons who, to the best of our knowledge and belief, employed by said corporation to practice occupational therapy for said corporation, are duly licensed to practice occupational therapy in North Carolina, with their names, addresses, and license numbers being:

**NAME:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

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2. To the best of our knowledge and belief, no disciplinary action is pending, or has been taken in any jurisdiction against any of the person(s) listed above.

3. We represent that the corporation is being and will be conducted in compliance with the Professional Corporation Act and with the North Carolina Occupational Therapy Practice Act and Rules of the Board.

4. Application is hereby made for Renewal of a Certificate of Registration. Attached hereto is a check for \$25.00 for the renewal fee.

This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
**Signature of Organizer**

\_\_\_\_\_  
**Signature of Organizer**

\_\_\_\_\_  
**Signature of Organizer**