



**NOTIFICATION OF NON-RENEWAL OF LICENSE  
TO PRACTICE OCCUPATIONAL THERAPY  
IN THE STATE OF NORTH CAROLINA**

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

**PLEASE COMPLETE THIS FORM ONLY IF YOU ARE NOT RENEWING YOUR LICENSE.**

**NORTH CAROLINA LICENSE NUMBER \_\_\_\_\_**

**OT**                       **OTA**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle/Maiden \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone(\_\_\_\_\_) \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**I WILL NOT BE RENEWING THIS YEAR.**

**I WILL NOT BE RENEWING MY NORTH CAROLINA LICENSE PERMANENTLY.**

Please note: **Licenses not renewed by June 30 are expired.** There is no "inactive status." Your license is either current or expired. If you choose to renew your license within 24 months of the expiration date, **you will still be required to complete the continuing competency requirements and pay the renewal fees** for the period of time your license was not current, along with any applicable late fee.

Persons whose licenses have expired for more than 24 months, and who desire to reinstate their licenses, must submit a new application to the Board and meet all requirements then existing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date