

Occupational Therapist Eligibility Determination (OTED) Verification of Academic Credential

OTED Applicant: Please complete this section only.

First Name: Middle: Last:

Any previous name(s) used:

Date of Birth:

Daytime Phone (with country/city/area codes):

Evening Phone (with country/city/area codes):

I authorize the college/university completing this form to provide National Board for Certification in Occupational Therapy, Inc. (NBCOT®) with all the information/documentation requested, both favorable and unfavorable.

Signature:

Date:

Registrar: This form is intended to supplement the applicant's official transcript—only information that does not appear on the transcript need be provided. If all of the following information is included on the transcript, this form does not need to be completed. If the college/university prohibits sending a copy of the official transcript to NBCOT, the entire form must be completed. Please mail the completed form directly to NBCOT (address below). NBCOT appreciates your cooperation.

College/University:

Address:

City:

State/Province:

Country:

Postal Code:

Daytime Phone (with country and city/area codes):

Fax (with country and city/area codes):

Applicant's Name:

Date of Graduation:

Occupational Therapy Academic Credential Awarded:

Has a transcript outlining the occupational therapy curriculum been sent to NBCOT? Yes No

Does the college/university have a policy that prohibits sending this transcript? Yes No

If yes, please attach a copy of the curriculum for the applicant's year of graduation.

Please sign: I hereby attest that my responses are complete and accurate to the best of my knowledge.

Choose one: I am the registrar of this college/university.
 There is no registrar. I am authorized to act on behalf of this college/university.

Signature:

Date:

Print Name and Title:

Official Stamp/Seal