U.S. graduates examining for the first time must submit academic documentation that confirms eligibility for admission to the examination. Either of the following is accepted:

- Official Final Transcript
- Interim Degree Verification Form (IDVF)

**When can the IDVF be used?**

Each academic program is responsible for determining if the use of the IDVF is appropriate for their students. With their program director’s approval, students are eligible to have their university/college registrar submit an IDVF on their behalf if they have successfully completed all degree and graduation requirements, including occupational therapy education and Level I and Level II Fieldwork, and will graduate with an associate, baccalaureate, entry-level master’s, or entry-level doctoral degree from an ACOTE-accredited occupational therapy education program. Students enrolled in a doctoral experiential component (i.e., doctoral capstone) may request that their university/college registrar submit an IDVF on their behalf if they have successfully completed all other degree and graduation requirements.

This form may be submitted by the university/college registrar within six (6) months of the candidate’s anticipated graduation date for students enrolled in an associate, baccalaureate, or entry-level master’s program and within one (1) year of the candidate’s anticipated graduation date for students enrolled in an entry-level doctoral program. However, in all instances, the form may only be used within the same calendar year as the student’s anticipated graduation date. Upon graduation, students must submit an official final transcript from the university/college that awarded their degree. Please note that the student’s pass/fail status will not be released until NBCOT has received an official final transcript from the university/college from which the student graduated that confirms their DEGREE DATE and DEGREE TITLE.

**When should the IDVF not be used?**

This form is not for use by students who have not completed their degree and graduation requirements or those who are scheduled to graduate in a different calendar year than the current year. In addition, this form should not be used by students who have already received their official final transcript.

**What are the steps for submitting the IDVF?**

1. Students who have completed all degree and graduation requirements must complete Section 1 of the form, using either a physical or true electronic signature. The student must then forward the form to their program director (PD).
2. After reviewing the policy the PD must complete and sign Section 2 of the form, using either a physical or true electronic signature. The PD must then forward the form to the university/college registrar.
3. The registrar must confirm that the student has completed all degree and graduation requirements, including all financial requirements, and provide the student’s anticipated graduation date. After completing, signing, and stamping Section 3 of the form with their official stamp or seal (can be electronic), the registrar sends the form to NBCOT via USPS at the address provided or emails the completed form to transcripts@nbcot.org.
4. Incomplete forms, or forms in violation of the IDV policy, will not be accepted. If any fields are missing, or if the authenticity is in question, NBCOT will return the form to the PD.
Section 1 – Student Information

First Name: ___________________________ Last Name: ___________________________

Student ID Number: ___________________ Email Address: _______________________

You must check each box and sign and date the form in order for it to be accepted.

☐ I understand that my pass/fail status and examination results will not be released until my official final transcript is received by NBCOT.

☐ I understand that I must request an official transcript indicating DEGREE DATE and DEGREE TITLE be sent to NBCOT upon my graduation.

☐ I have reviewed and agree to comply with NBCOT’s IDV policy.

Signature: ___________________________ Date: ___________________________

Section 2 – Program Director Attestation

ACOTE School Code: __________________ Degree Title: ___________________________

University or college name: _____________________________________________________

PD Name: ___________________________ Phone Number: ___________________________

Email Address: _______________________

_________________________ (print graduate’s name) has completed the academic, education, and Level I and Level II requirements for our school’s ACOTE accredited occupational therapy degree program.

Signature: ___________________________ Date: ___________________________

By signing this form, I confirm I have read the IDV policy and my statements are true and accurate.

Section 3 – University/College Registrar Attestation (assistant or associate registrar may complete this portion)

☐ The student named on this form has completed all degree and graduation requirements, and will graduate on: ___________________________

(Please print month/day/year.)

Signature: ___________________________

Printed Name: _______________________

Email Address: _______________________

Date: ___________________ Phone: ___________________

• If the student is not cleared to graduate, send back to PD.
• If the student is cleared to graduate, send via USPS or via email to transcripts @nbcot.org:

   NBCOT
   ATTN: IDVF
   One Bank Street, Suite 300
   Gaithersburg, MD 20878

All sections of this form must be completed in order for it to be accepted.