

# Program Director Form

*OTED Applicant: Please complete this section only.*

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Any previous name(s) used: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Director:** *The above named person is applying for eligibility to take the NBCOT Certification Examination for OCCUPATIONAL THERAPIST REGISTERED OTR. Please complete this form, include an official stamp or seal, and mail to NBCOT. (See address below.)*

Program: *Occupational Therapy Program* Department: \_\_\_\_\_

College/University: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (with country and city/area codes): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Clinical/Fieldwork Experience:** *The following grid does not need to be completed for US and Canadian programs*

| Number of Hours |  | Please describe the type of experience (physical disabilities, pediatrics, mental health, acute care, rehab, etc.) |
|-----------------|--|--|
| hrs             | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |  |
| hrs             | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |  |
| hrs             | <input type="checkbox"/> Full-Time<br><input type="checkbox"/> Part-Time |  |

**OT Syllabi reflect:**

- Curriculum at time applicant was admitted to program
- Curriculum at time applicant obtained degree

Has the applicant completed clinical/fieldwork under the supervision of a qualified occupational therapist?  Yes  No  
*If no, please explain on reverse side of this form.*

Total Number of clinical/fieldwork hours/weeks: \_\_\_\_\_ Date of completion: \_\_\_\_\_

At the time of the applicant's graduation, the OT program was approved by one of the following: **(Check One)**

**US Occupational Therapy Programs**

- The Accreditation Council for Occupational Therapy Education (ACOTE), OR

**International Occupational Therapy Programs**

- National governmental institution that approves/accredits occupational therapy programs that grant a degree in occupational therapy (e.g., Ministry of Health.)

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

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Official Stamp/Seal