

# Verification of Academic Credential Form

*This form is for FOREIGN-EDUCATED APPLICANTS ONLY.*

**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 the 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. Please mail the completed form directly to NBCOT (address below). If all of the following information is included on the transcript, this form does not need to be completed. NBCOT appreciates your cooperation.*

College/University:

Address:

City:

State/Province:

Country:

Postal Code:

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

E-mail:

Applicant's Name:

Date of Graduation:

Occupational Therapy Academic Credential/Degree Awarded:

**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