

Verification of Academic Credential Form

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 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