

Policies for Completing NBCOT’s Academic Credential Verification Form (ACVF)

I. WHO IS ELIGIBLE TO SUBMIT THIS FORM?

Students who have successfully completed all academic, including Occupational Therapy education coursework, Level I and Level II Fieldwork, College/University requirements, and will graduate from a College/University offering an ACOTE-accredited Occupational Therapy education program.

II. WHEN CAN THIS FORM BE USED?

This form can only be used if the requisites above have already been completely satisfied and the student has submitted an application to take the NBCOT Certification Examination. Upon graduation the student must submit an official final transcript from the College/University that awarded the student their degree in Occupational Therapy. This form should be submitted within six (6) months of the candidate’s anticipated graduation date from an associate or masters degree program, and within one (1) year of the candidate’s anticipated graduation date from a doctoral program. **Please note the student’s pass/fail status will not be released until NBCOT has received a final complete transcript from the College/University from which the student graduated that confirms their DEGREE DATE and DEGREE TITLE.**

III. WHEN SHOULD THIS FORM NOT BE USED?

This form should not be used if the student submits their application to take the National Certification Examination after they have been awarded their degree.

IV. WHAT DO I NEED TO DO TO MAKE SURE THAT MY ACVF IS ACCEPTED BY NBCOT?

- Section I of the form must be completed and signed by the student
- Section II of the form must be completed and signed by the Program Director

V. NBCOT ATTESTATION: STUDENT and PROGRAM DIRECTOR

By my signature, I attest that the information I submit on this Academic Credential Verification Form (ACVF) is accurate and true to the best of my knowledge. If, for any reason, a student’s academic eligibility is questioned or removed by the college or university AFTER the ACVF has been completed and submitted to NBCOT, I attest that I will notify NBCOT immediately.

VI. WHAT CONSTITUTES AN INCOMPLETE ACVF?

An ACVF will be deemed invalid and returned to the candidate if ANY section of the form including check-off boxes, degree date, signatures, etc. are either not included and/or are incorrect.

SECTION 1 — TO BE COMPLETED BY THE STUDENT

Last Name: _____ First Name: _____

Student ID Number: _____ Social Security Number: _____

Email address: _____

College/University Name: _____

Degree Title: _____

- I understand that I must request an official transcript indicating DEGREE DATE and DEGREE TITLE be sent to NBCOT upon my graduation.
- I understand that my pass/fail status and examination results will not be released until my final complete transcript is received by NBCOT.
- I have reviewed and agree to comply with the NBCOT’s ACVF policies.

Student Signature: _____

SECTION 2 — TO BE COMPLETED BY THE PROGRAM DIRECTOR

_____ has completed the Academic, Education, and Level I and Level II requirements for our school’s ACOTE accredited Occupational Therapy degree program.

NBCOT School Code: _____ Degree Date: _____ / _____ / 20 _____

- I have reviewed and agree to comply with the NBCOT’s ACVF policies.

Name of Program Director: _____ Signature: _____

Title: _____ Date: _____

Contact Number: _____ E-mail: _____