

NBCOT[®] | National Board for
Certification in
Occupational Therapy

Visa Credential Verification Certificate (VCVC) Handbook

For First-time VCVC Applicants

NBCOT[®] Certification
Programs are accredited by:



VCVC

This publication is intended solely for the use of Visa Credential Verification Certificate (VCVC) applicants only. Please refer to the NBCOT website at www.nbcot.org to view the current VCVC handbook.

All general correspondence, including requests for information concerning the Visa Credential Verification Certificate (VCVC) Process, should be directed to:

National Board for Certification in Occupational Therapy (NBCOT®), Inc.
International Affairs
Attn: VCVC
12 South Summit Avenue, Suite 100
Gaithersburg, MD 20877
Telephone: 301-990-7979
E-mail: international@nbcot.org
Website: www.nbcot.org

NBCOT does not discriminate against any individual because of race, ethnicity, gender, age, creed, disability, religion, marital status, sexual orientation, or national origin. NBCOT reserves the right to amend the procedures outlined in this handbook. All documentation submitted to NBCOT, for any reason, becomes the property of the organization. This includes but is not limited to: certification eligibility, initial certification, certification renewal, reinstatement, disciplinary action, international regulatory affairs or other NBCOT matters. For the most up-to-date information/announcements concerning NBCOT certification, please visit www.nbcot.org, or contact us via phone at: 301-990-7979.

AOTCB/NBCOT 2016 Publications

ID 24 revised 20160602

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means (electronic, mechanical, photocopying, recording, or otherwise) without prior written permission of the copyright owners.

©2016 National Board for Certification in Occupational Therapy, Inc.

'NBCOT®' is a service and trademark of the National Board for Certification in Occupational Therapy, Inc.

'OTR®' is a service and trademark of the National Board for Certification in Occupational Therapy, Inc.

'COTA®' is a service and trademark of the National Board for Certification in Occupational Therapy, Inc.

All marks are registered in the United States of America.

TABLE OF CONTENTS

| | |
|--|----|
| Introduction | 2 |
| U.S. Homeland Security Requirements | 3 |
| Overview of the VCVC Process | 4 |
| VCVC Criteria | 4 |
| VCVC Application Process Chart | 5 |
| English-language Proficiency Exam Requirements | 6 |
| Required Documentation | 7 |
| After the VCVC Application: What to Expect | 9 |
| VCVC Reactivation, Closure, Revocation, Replacement, and Renewal | 10 |
| Working as an Occupational Therapist in the U.S. | 11 |
| Appendices | |
| A: VCVC Application Instructions | 13 |
| B: VCVC Application | 15 |
| C: VCVC Program Director Form | 20 |
| D: VCVC Verification of OT License, Registration, Certification or Other Form of Official Government Recognition Request..... | 21 |
| E: VCVC International Verification of Academic Credential | 22 |

INTRODUCTION

The National Board for Certification in Occupational Therapy, Inc. (NBCOT®) is the national certification body for occupational therapy professionals in the United States.

The mission of NBCOT is to serve the public interest by advancing client care and professional practice through evidence-based certification standards and the validation of knowledge essential for effective practice in occupational therapy. NBCOT's vision is certified occupational therapy professionals providing effective evidence-based services across all areas of practice worldwide.

Currently 50 states, Guam, Puerto Rico, and the District of Columbia require NBCOT initial certification for occupational therapy state regulation (e.g., licensing).

NBCOT certification programs have received and maintained accreditation by the American National Standards Institute (ANSI) and the National Commission for Certifying Agencies (NCCA). NBCOT is a proud member of the Institute for Credentialing Excellence (ICE).

This handbook has been developed to provide you with the information you will need to complete and submit your VCVC application.

U.S. HOMELAND SECURITY VISA REQUIREMENTS



In September 2003, the Illegal Immigration Reform and Immigration Responsibility Act of 1996 (IIRIRA) became effective. This rule requires that all immigrants and non-immigrants coming to the United States for the primary purpose of performing labor as healthcare workers submit a healthcare worker certification. This rule includes those seeking a temporary (H1B) or permanent occupational visa or Trade NAFTA (TN) status.

WHAT IS THE VCVC PROCESS?

The U.S. Citizenship and Immigration Services (USCIS) granted NBCOT approval to issue healthcare worker certificates to individuals coming to the United States to practice in the field of occupational therapy. For this purpose, NBCOT administers a Visa Credential Verification Certificate (VCVC) process.

Applicants who successfully complete the VCVC process receive a VCVC certificate which meets the USCIS requirements. A summary of the requirements for issuing a VCVC are highlighted on the following page.

OVERVIEW OF THE NBCOT VISA CREDENTIAL VERIFICATION CERTIFICATE (VCVC) PROCESS

VCVC Criteria

NBCOT looks at specific criteria for issuing a Visa Credential Verification Certificate:

- ▶ **Education:** The occupational therapist's education must have been found comparable with current U.S. standards at the time they were certified. Currently a master's degree in occupational therapy is required to take the NBCOT Certification Examination for OCCUPATIONAL THERAPIST REGISTERED OTR®.
- ▶ **Training:** The occupational therapist's fieldwork must be comparable with that required of an American occupational therapist.
- ▶ **English- language Proficiency:** The occupational therapist **MUST** attain a passing score on the English-language proficiency examination (TOEFL iBT®). Please see requirements and exemptions on page 6.
- ▶ **License:** All current and previously held licenses, registrations and certifications must be verified and unencumbered. All work as an occupational therapist must be verified as meeting the requirements of the jurisdiction.
- ▶ **Examination:** The occupational therapist **MUST** attain a passing score on the NBCOT Certification Examination for OTR. For information regarding the certification examination, please refer to the NBCOT Certification Examination Handbook, found online at www.nbcot.org.

NBCOT VCVC APPLICATION PROCESS

Pass the NBCOT Certification Exam for OCCUPATIONAL THERAPIST REGISTERED (OTR®)

Submit a Visa Credential Verification Certificate (VCVC) Application with supporting documentation

NBCOT reviews the application & documentation

Application complete

Application deficient

VCVC Certificate issued

NBCOT requests additional information and/or documentation

NBCOT VCVC RENEWAL APPLICATION PROCESS

(Certificant holders who have not obtained permanent status or U.S. citizenship are required to renew their VCVC every five (5) years.)

Submit a VCVC Renewal Application with supporting documentation.
(NBCOT recommends submitting 2-3 months prior to the VCVC Valid Through Date of current VCVC.)

NBCOT reviews the application & documentation

Application complete

Application deficient

VCVC Renewal Certificate issued

NBCOT requests additional information and/or documentation

ENGLISH-LANGUAGE PROFICIENCY EXAM REQUIREMENTS

VCVC applicants must attain a passing score on the English-language Proficiency test (TOEFL iBT), which is administered via the Internet by Educational Testing Service (ETS). Applicants must have ETS submit the test score directly to NBCOT.

For detailed information about the TOEFL iBT or to schedule a testing appointment, please visit the ETS website at www.ets.org.

TOEFL iBT Required Passing Scores:

| Test | Minimum Passing Score |
|--|-----------------------|
| TOEFL iBT (Internet-based Test) | Total Score: 89 |
| <i>Must include meeting the following minimum scaled score on Speaking Section of TOEFL iBT:</i> | 26 |
| Exemptions: Graduates of occupational therapy programs in Australia, Canada (except Quebec), Ireland, New Zealand, United Kingdom, and United States. | |

It is important that the applicant provide the following NBCOT code on the test/application: **9953**. This is the only way ETS will know where to send the score report.

Please note: TOEFL iBT scores are valid for two (2) years from the date the test is taken. Current score reports are required for VCVC purposes.

REQUIRED DOCUMENTATION

To apply through the VCVV process, applicants must submit to NBCOT all required documentation. This includes the VCVV application and payment; an official transcript; VCVV Program Director Form; Verification of OT License, Registration, Certification or Other Form of Official Government Recognition Request form; and International Verification of Academic Credential Form.

English-language proficiency test scores must also be submitted to NBCOT through Educational Testing Service. Please refer to page 6 of this handbook for more information.

All documentation must be submitted to NBCOT directly from the primary source. For example, an official transcript must be sent directly from the registrar's office; verification of an occupational therapy license from another country must be sent directly from the country's regulatory agency. Documents that are not sent from the primary source will not be accepted and may delay processing of the VCVV application. The VCVV application is not considered complete until NBCOT receives all required documentation.

VCVV Application

To apply through the VCVV process, applicants must submit a completed VCVV application with payment. Refer to **Appendix A** of this handbook for instructions on how to complete the application and **Appendix B** for the paper application. An official passport-size, front view photo of the applicant with the applicant's signature on the lower front section of the photo must also be attached to the application.

If the applicant has had a name change since taking the certification examination, copies of two forms of official documentation reflecting the name change must be submitted with the VCVV application.

Official Transcript

After submitting the VCVV application, applicants must arrange to have an official transcript submitted to NBCOT from their college/university. The official transcript must be sent directly from the registrar's office and must be in a sealed envelope with the school's official seal or stamp. If the original transcript is not in English, an official English translation must also be submitted.

Internationally-educated applicants who applied for Occupational Therapist Eligibility Determination (OTED®) through the online application system do not need to submit new transcripts. Applicants who applied for OTED through the paper application **MAY BE REQUIRED*** to submit another official final transcript.

*If NBCOT does not have the transcript(s) on file.

VCVC Program Director Form

The Program Director Form verifies that the applicant has completed the required fieldwork experience. Internationally-educated applicants who applied for OTED through the online application system do not need to submit a new Program Director Form. Applicants who applied for OTED through the paper application **MAY BE REQUIRED*** to submit another Program Director Form. The applicant must complete the Applicant section of the form; the college/university's occupational therapy Program Director should complete the rest. The completed form must be sent directly to NBCOT by the Program Director. Please refer to **Appendix C** for a copy of the Program Director Form.

*If NBCOT does not have the Program Director Form on file.

Verification of OT License, Registration, Certification, or Other Form of Official Government Recognition Request

All licenses, registrations, and certifications for occupational therapy must be verified by the government regulatory authority that issued them. A Verification of OT License, Registration, Certification, or Other Form of Official Government Recognition Request form must be submitted for each license/registration/certification that the VCVC applicant currently holds or previously held. Any temporary permits or licenses held for occupational therapy must also be verified by a regulatory authority. It is not required to provide verification of membership to professional associations.

The applicant must complete the Applicant section of the form; the regulatory authority should complete the rest. The completed form, and any applicable supporting documentation, must be submitted to NBCOT by the regulatory authority. Please refer to **Appendix D** for a copy of the Verification form.

An official government website may be used as verification of a license/registration/certification if the website contains the applicant's licensure history and all pertinent licensing information (e.g., issuance and expiration dates, license status, and date(s) of lapse in licensure). The applicant may print the information from the website and submit a copy to NBCOT in place of the Verification form.

International Verification of Academic Credential Form

This form is intended to supplement the applicant's official transcript. It only needs to be submitted if the official transcript does not contain all the pertinent information (e.g., degree title, graduation date, academic credential and academic curriculum), or if the college/university prohibits sending an official transcript to NBCOT.

The applicant must complete the Applicant section of the form; the college/university's registrar should complete the rest. The completed form must be sent to NBCOT directly from the registrar's office. Please refer to **Appendix E** for a copy of this form.

AFTER THE VCVC APPLICATION: WHAT TO EXPECT

Review Process

Once the VCVC application and all associated documentation have been received, NBCOT will review all materials to ensure that:

1. The required items have been submitted.
2. All documents are original, authentic and have been sent directly from the primary source. Any documents that appear to be falsified will be rejected and will result in the closure of the applicant's VCVC file. (See page 10 for details.)
3. The VCVC applicant meets the criteria established for occupational therapists in the U.S.

The review time of a VCVC application will vary depending on the completeness of the application. If it is determined that additional information is needed or the application is incomplete, NBCOT will notify the applicant by e-mail. It is the applicant's responsibility to follow up with any educational institution or regulatory authority to ensure proper submission of documents. NBCOT **will not** directly contact any agency to request materials.

The review process will be delayed until NBCOT receives all required information. Applicants should keep in mind that factors beyond the control of NBCOT, such as overseas mail processing times, may also influence the amount of time it will take to review an application.

Notification of the Decision

When it has been determined that all requirements and criteria have been met, the VCVC application will be approved. Within 10 business days after the application's approval, NBCOT will mail the VCVC certificate to the applicant using the preferred mailing address provided. The certificate is valid for five (5) years from the issuance date.

If the VCVC application is denied, NBCOT will notify the applicant in writing. The notification letter will list the deficiencies that led to NBCOT's decision to deny the application and will also include suggestions for correcting the deficiencies.

Appealing the Decision

If NBCOT denies the VCVC application, the applicant has the right to appeal the decision in writing. The appeal letter must state the grounds for the appeal and the reason(s) why the application should be accepted by NBCOT. The letter should be sent via traceable mail with signature confirmation (e.g., certified mail) and must be postmarked no later than 60 days after the applicant receives the denial letter from NBCOT. Appeal letters should be sent to:

NBCOT, Inc.
Attn: President/Chief Executive Officer
12 S. Summit Avenue, Suite 100
Gaithersburg, MD 20877

VCVC REACTIVATION, CLOSURE, REVOCATION, REPLACEMENT, AND RENEWAL

Reactivation

VCVC applications are active for one year from the date of receipt by NBCOT. Applications not completed within one year will become inactive. Applicants who wish to reactivate their VCVC application should submit a VCVC Application Reactivation Request Form and the appropriate fee. To access the form, please visit www.nbcot.org. Once NBCOT receives the Reactivation form and fee, the VCVC application will be reactivated for another one-year period. For additional information about reactivation, contact NBCOT at international@nbcot.org.

Please note: Any VCVC application that is inactive for more than two (2) years will be closed.

Closure

An applicant's VCVC file will be permanently closed if it is discovered that the applicant, or a third party on behalf of the applicant, submitted falsified or altered documents. Due to the serious nature of falsifying official documents, NBCOT has the obligation to notify the appropriate local, state, and federal agencies if falsified documents are received.

Revocation of VCVC

A VCVC will be revoked if:

1. It is determined at any point that the individual was not eligible to receive a VCVC.
2. It is determined at any point that the individual violated the [NBCOT Candidate/Certificant Code of Conduct](#) and their NBCOT certification has been revoked.
3. The individual's state license is sanctioned. NBCOT will investigate the issue and may determine that the VCVC should be revoked.

If the VCVC is revoked, the individual must return the certificate to NBCOT. The individual's visa certificate number will be voided. NBCOT will notify the appropriate authorities of the VCVC revocation.

Replacement VCVC

In the event that a VCVC certificate is missing or a replacement certificate is needed because of a name change, NBCOT will issue a duplicate certificate. Those who wish to order a duplicate certificate should submit a VCVC Duplicate Certificate Request Form and the appropriate fee. The form can be found online at www.nbcot.org.

VCVC Renewal

The VCVC certificate is valid for five (5) years from the issuance date. Unless the VCVC certificant has obtained a permanent visa or has become a U.S. citizen, the VCVC certificate must be renewed every five (5) years in order for the certificant to continue practicing in the U.S. certifiants will need to provide updated employment information as well as licensure status in order to complete the VCVC renewal process. NBCOT recommends that certifiants submit their renewal applications two to three (2-3) months prior to the certificate expiration date. For more information regarding the VCVC renewal process, please refer to the VCVC Renewal Handbook, available online at www.nbcot.org.



WORKING AS AN OCCUPATIONAL THERAPIST IN THE UNITED STATES

Immigration Regulations and Visas

Information regarding immigration regulations and visas may be obtained from each country's U.S. embassy and consulate.

State Regulatory Laws

All U.S. states and jurisdictions have licensure requirements that must be met before an occupational therapist can practice in that state/jurisdiction. Before an occupational therapist begins to practice in a state/jurisdiction, it is essential that all state licensure requirements are met. **To practice without a license or permit is against the law.** Information on occupational therapy state boards can be found at www.nbcot.org/regulators.

NBCOT officially provides states and jurisdictions with the names of individuals who have been approved for VCVC. This list is posted on the NBCOT website in the State Regulatory Board Administrator Portal.

APPENDIX A

DOT®

Visa Credential Verification Certificate (VCVC) Application Instructions

Where to Mail Your Application

Please send the completed VCVC application, payment and an official, passport-size signed photo in one single submission via airmail, first-class mail or traceable mail (e.g., FedEx) to:

NBCOT, Inc.
Attn: VCVC
12 South Summit
Avenue,
Suite 100
Gaithersburg, MD
20877-4150 USA

General Instructions

- Please complete this application thoroughly and accurately. Any incomplete sections will result in a delay in processing the application.
- All application materials must be sent to NBCOT via mail. NO telephone, e-mail or cable applications will be accepted.
- Please type or write clearly in ink. If the application is illegible, it will be returned to the applicant and will cause a delay in processing.
- The VCVC application review process cannot be conducted by NBCOT until all components of the application file have been received. Please review the Required Documentation section of this handbook for more information.

Itemized Instructions

The following provides detailed instructions for each item number on the application.

- Item 1 - Name:** Provide your full legal name as it should appear on the VCVC certificate. If your name has changed since you took the NBCOT Certification Examination, you must submit with this application, copies of two forms of official documentation reflecting the name change. One form must be a currently valid government-issued photo ID (driver's license, state-issued ID, or passport); the other form must reflect your legal name change (marriage certificate, divorce decree or court order). An affidavit is not acceptable. These documents must be submitted in English. Official documents that are not in English must be sent with an official English translation. Translations from applicants are not accepted.
- Item 2 - Address:** All correspondence from NBCOT, including the VCVC Certificate, will be sent to this address unless a separate mailing address is specified in Item 4.
- Item 3 - Phone/E-mail:** Include country, city and area codes on phone numbers.
- Item 4 - Preferred Mailing Address:** Complete this section only if you wish to have all correspondence sent to an address that is different from the one provided in Item 2.
- Item 5 - General Information:** Include your U.S. Social Security number, if one has been issued to you.

- Item 6 - Birth Information:** Provide birth information as it appears on your birth certificate.
- Item 7 - Occupational Therapy Education:** Provide information about your occupational therapy education. If you had additional OT education, please provide the information on a separate sheet of paper and submit it with your application.
- Item 8 - English-language Proficiency Examination:** Indicate whether you are a graduate of an occupational therapy program in Australia, Canada (except Quebec), Ireland, New Zealand, United Kingdom or United States. If yes, you are exempt from taking the English-language Proficiency test (TOEFL iBT[®]). If no, you are required to take and pass the TOEFL iBT. Please refer to page 6 of the VCVC Handbook for more information.
- Item 9 - Professional Regulation History:** You must complete this section if you have ever held a license, registration or certification to practice occupational therapy in the U.S. and/or other countries. Include information regarding all temporary permits and licenses held for occupational therapy, and whether these licenses are current, expired, restricted or inactive. Provide any additional information on a separate sheet of paper and attach it to the application. If there are any restrictions placed on your license(s), you must provide an explanation on a separate sheet of paper and attach it to the application. **Please Note:** Restricted = revoked, suspended, limited or placed on probation.
- Item 10 - Professional Practice History:** You must complete this section if you have ever practiced as an occupational therapist in the U.S. and/or other countries. You must provide your complete occupational therapy practice history. The information provided in this section is used to ensure that you were properly authorized to work in each jurisdiction. If you worked at multiple work sites and/or had multiple work assignments under one employer, please list each work site/assignment separately. If you completed your clinical fieldwork after graduation, please identify it as such (and not as practice history). If there were any gaps of more than 30 days in your occupational therapy practice, please provide the reason(s) for the gaps. If additional space is needed to provide information, please use a separate sheet(s) of paper and attach to the application.
- Item 11 - NBCOT Certification:** Please provide your initial certification date and certification number. If you have not yet taken the NBCOT certification examination, please refer to the Certification Examination Handbook, found online at www.nbcot.org. A VCVC cannot be issued until you are certified.
- Item 12 - Application Payment:** The appropriate fee must be sent with your application. Acceptable payment methods are Visa, MasterCard, American Express, Discover, check or money order. The application fee is **nonrefundable** (e.g., in the event you withdraw your application, do not complete your application, etc., the fee will NOT be refunded).
- Item 13 - Applicant Statements:** It is important that you read and understand the declaration statements before signing.
- Item 14 - Identification Photograph:** For identification purposes, please attach to your application an official passport-size, front view photo **with your signature on the lower front section of the photo.**



National Board for Certification in Occupational Therapy, Inc. (NBCOT®)

National Board for Certification in Occupational Therapy

2016 Visa Credential Verification Certificate (VCVC) Application

Item 1 - Name

(as it should appear on the VCVC Certificate)

First Name: _____

Middle Name: _____

Last Name: _____

Any name(s) previously used: _____

Has your name changed since you took the NBCOT Certification Examination? Yes No

If yes, you must submit official documentation. (See Appendix A.)

Item 2 - Address

Street Address: _____

City: _____

State/Province: _____

Country: _____

Postal Code: _____

Item 3 - Phone and E-mail

Please include country, city and area codes.

Daytime Phone: _____

Evening Phone: _____

E-mail Address: _____

for internal NBCOT use only

- Transcript
 - PD form
 - Name Change
 - ELP Scores
- License(s) _____
- Other _____

Item 4 - Preferred Mailing Address (if other than address in Item 2)

By completing this section you are authorizing NBCOT to send all correspondence, including the VCVC certificate, to this address.

Name/Company Name: _____

Street Address: _____

City: _____

State/Province: _____

Country: _____

Postal Code: _____

Phone: _____

E-mail: _____

Item 5 - Birth Information

(as it appears on your birth certificate)

Date of Birth: _____
(month, day, year)

Place of Birth: _____
(city, province/state, country)

Item 6 - General Information

Male Female

Country of Citizenship: _____

U.S. Social Security Number (if applicable): _____

Was your exam eligibility approved through OTED? Yes No

If yes, what month and year were you OTED approved?

Item 7 - Occupational Therapy Education

College/University Name:

Street Address:

City:

State/Province:

Country:

Postal Code:

School Phone:

School E-mail:

Terms: Semester Quarter Year Other:

Awarded: Certificate/Diploma Bachelor's degree
 Master's degree Doctoral degree

Academic Year (mo/yr to mo/yr):

Length of OT Program (years):

Date of Graduation:

Please list additional OT education on a separate sheet of paper.

Item 8 - English-language Proficiency Examination

Are you a graduate of an occupational therapy program in Australia, Canada (except Quebec), Ireland, New Zealand, United Kingdom, or United States? Yes No

If yes, you are exempt from taking the English-language Proficiency Examination. If no, please refer to page 6 of the VCVC Handbook for English-language Proficiency requirements.

Item 9 - Professional Regulation History

Have you ever held a license, registration, certification or other form of official government recognition to practice occupational therapy in the U.S. and/or other countries? Yes No

If yes, please complete this section.

If no, please skip this section and continue with Item 10.

Issuing Agency #1:

License/Registration/Certification Number:

Dates Held*:

Status: Active/Current Inactive Expired Restricted*

If not in the U.S., include....

Name of Agency:

Mailing Address:

Phone:

Issuing Agency #2:

License/Registration/Certification Number:

Dates Held*:

Status: Active/Current Inactive Expired Restricted*

If not in the U.S., include....

Name of Agency:

Mailing Address:

Phone:

*On a separate sheet of paper you must provide explanations for:

- Any lapse(s) in time that your license/registration/certification was held.
- Any restriction(s) placed on your license/registration/certification ("restricted" means revoked, suspended, limited, or placed on probation).

If you are completing this section, you must send to each of the entities listed above, a *Verification of OT License, Registration, Certification or Other Form of Official Government Recognition Request* (see **Appendix D**). You may also submit licensure verification from an official government website, provided that it meets NBCOT's criteria. Refer to page 8 of the VCVC Handbook for more information.

Item 10 - Professional Practice History

Have you ever practiced as an occupational therapist in the U.S. and/or other countries? Yes No

If yes, please complete this section.

If no, please skip to Item 11.

Date Graduated from OT Program: ____/____/____ (mm/dd/yyyy)

Provide your **complete** occupational therapy practice history, beginning with your first and ending with your most recent position. If you worked at multiple work sites and/or had multiple work assignments under one employer, please list each work site/assignment separately. If you completed your clinical fieldwork after graduation, please identify it as such (and not as practice history). If additional space is needed to provide information, please use a separate sheet(s) of paper and attach to the application.

| Name of Employer | Work Site Location | Dates Employed |
|------------------|--|--|
| 1. | City: State/Province/Territory: Country: | From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/> |
| 2. | City: State/Province/Territory: Country: | From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/> |
| 3. | City: State/Province/Territory: Country: | From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/> |
| 4. | City: State/Province/Territory: Country: | From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/> |
| 5. | City: State/Province/Territory: Country: | From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/> |
| 6. | City: State/Province/Territory: Country: | From (mm/yyyy): <input type="text"/> To (mm/yyyy): <input type="text"/> |

Gaps: Beginning with your date of graduation, explain any gaps of more than 30 days in your occupational therapy practice.

| Dates of Gap | Reason for Gap |
|----------------------------------|----------------|
| From (mm/yyyy): To (mm/yyyy): | |
| From (mm/yyyy): To (mm/yyyy): | |
| From (mm/yyyy): To (mm/yyyy): | |

Item 11 - NBCOT Certification

Initial Certification Date:

Certification Number:

Item 12 - Application Payment

*The appropriate fee must be sent with the application. The application fee is **nonrefundable** (e.g., in the event you withdraw your application, do not complete your application, etc., the fee will NOT be refunded).*

VCVC Application Fee: \$500

Applicant's Name:

Street Address:

City:

State/Province:

Country:

Postal Code:

Daytime Phone:

Choose a Payment Method:

- Check Money Order Visa
 Master Card American Express Discover

Checks and money orders must be made payable to "NBCOT" and drawn on a U.S. bank.

Credit Card Number:

Expiration Date (mm/yy): 3-Digit CWV Code:

Credit Card Holder's Name:

Card Holder's Address:
(required)

Signature of Cardholder:
(required)

I authorize the \$500 application fee to be charged to my credit card.

Item 13 - Applicant Statements

Please read these statements carefully before signing below.

I have read and understand the Visa Credential Verification Certificate (VCVC) Application and its instructions.

I declare and certify that the information I have provided on this application and in any subsequent documentation is true, correct and accurate to the best of my knowledge.

I understand that if at any point the information I submit is found to be unauthorized, unofficial or incorrect, my application may be denied and/or my visa certificate will be revoked.

Signature: _____

Date: _____

Item 14 - Identification Photograph

For identification purposes, please attach an official passport-size, front view photograph of yourself. Sign your name on the bottom front of the photo.



Mailing the Application

Applications and payment can be mailed to:

NBCOT, Inc.
Attn: VCVC
12 South Summit Avenue, Suite 100
Gaithersburg, Maryland 20877 USA

NBCOT recommends that the application is sent via traceable mail (e.g., FedEx)



OTHER FORMS

Visa Credential Verification Certificate (VCVC) Program Director Form

VCVC Applicant: Please complete this section only and submit form to the Program Director for completion of next section.

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[®]) with all the information/documentation requested, both favorable and unfavorable.

Signature: Date:

Program Director: The above-named person is applying for the Visa Credential Verification Certificate (VCVC). Please complete this form, include an official stamp or seal, and mail to NBCOT (see address below). NBCOT appreciates your cooperation.

Program: Occupational Therapy Program

Department:

College/University:

Address:

City:

State/Province:

Country:

Postal Code:

Phone (with country and city/area codes):

E-mail:

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:

Date of Completion:

Clinical/Fieldwork Experience: The following grid does not need to be completed for U.S. or 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 <input type="checkbox"/> Part-time | |
| hrs | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | |
| hrs | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | |

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

Program Director: Mail completed form to NBCOT, Inc., Attn: VCVC, 12 S. Summit Avenue, Suite 100, Gaithersburg, MD USA 20877

**Verification of OT License, Registration,
Certification or Other Form of Official Government
Recognition Request**

VCVC Applicant: Please complete this section only and submit the form to regulatory authority(s) for completion of next section.

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____

Daytime Phone (with country/city/area codes): _____ Evening Phone (with country/city/area codes): _____

Name in which the license/registration/certification/recognition was issued: _____

OT License/Registration/Certification/Recognition Number: _____

I authorize the regulatory authority 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: _____

Regulatory Authority: The above-named person is applying for the Visa Credential Verification Certificate (VCVC). Please complete this form, include any required supporting documentation and an official stamp or seal, and mail to NBCOT (see address below). NBCOT appreciates your cooperation.

Type of Recognition Issued: License Registration Certification Other (specify): _____

Date Issued: _____ Expiration Date: _____

Recognition Status: Active/Current Inactive Expired Restricted (*revoked, suspended, limited, or probation*)
If restricted, please attach supporting documentation (in English, if possible) that identifies the nature of the restriction.

Date(s) of Lapse in Recognition: _____

Recognition Issued Through: National/State/Provincial Examination
 Review of another Form of Recognition
 Other (please specify): _____

Name of Regulatory Agency: _____

Address: _____ City: _____

State/Province: _____ Country: _____ Postal Code: _____

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

E-mail: _____

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

Signature: _____ Date: _____

Print Name: _____

Title: _____



Regulatory Authority: Mail completed form to NBCOT, Inc., Attn: VCVC; 12 S. Summit Avenue, Suite 100; Gaithersburg, MD 20877 USA

**Visa Credential Verification Certificate (VCVC)
International Verification of Academic Credential**

VCVC Applicant: Please complete this section only and submit form to the registrar for completion of next section.

| | | |
|---|----------------|--------------|
| 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 National Board for Certification in Occupational Therapy, Inc. (NBCOT [®]) with all the information/documentation requested, both favorable and unfavorable. | | |
| Signature: | Date: | |

Registrar: The above-named person is applying for the Visa Credential Verification Certificate (VCVC). Please complete this form, which is intended to supplement the applicant's official transcript—only information that does not appear on the transcript needs to be provided. If all of the following information is included on the transcript, this form does not need to be completed. If the college/university prohibits sending a copy of the official transcript to NBCOT, the entire form must be completed. Please mail the completed form directly to NBCOT (address below). 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: Certificate/Diploma Bachelor's degree Master's degree Doctoral degree

Has a transcript outlining the occupational therapy curriculum been sent to NBCOT? Yes No

Does the college/university have a policy that prohibits sending this transcript? Yes No

If yes, please attach a copy of the academic curriculum from the applicant's year of graduation.

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: _____



Registrar: Mail form to NBCOT, Inc., Attn: VCVC, 12 S. Summit Avenue, Suite 100, Gaithersburg, MD USA 20877



National Board for Certification in
Occupational Therapy

12 S. Summit Avenue, Suite 100
Gaithersburg, MD 20877
www.nbcot.org

©2016 National Board for Certification in Occupational Therapy, Inc. "NBCOT" (formerly American Occupational Therapy Certification Board "AOTCB") is a service and trademark of the National Board for Certification in Occupational Therapy, Inc. "OTR" is a certification mark of the National Board for Certification in Occupational Therapy, Inc. "COTA" is a certification mark of the National Board for Certification in Occupational Therapy, Inc. All marks are registered in the United States of America.