

*For VCVC Certificate Holders  
Renewing their Certificate*

# Visa Credential Verification Certificate (VCVC) Renewal Handbook

VCVC

NBCOT<sup>®</sup> Certification  
Programs are accredited by:



*This publication is intended solely for the use of Visa Credential Verification Certificate (VCVC) Renewal applicants only.*

*Please refer to the NBCOT website at [www.nbcot.org](http://www.nbcot.org) to view the current VCVC Renewal Handbook.*

All general correspondence including requests for information concerning the VCVC renewal process, should be directed to:

National Board for Certification in Occupational Therapy (NBCOT®), Inc.  
International Affairs  
Attn: VCVC  
One Bank Street, Suite 300  
Gaithersburg, MD 20878

Telephone: 301-990-7979  
E-mail: [international@nbcot.org](mailto:international@nbcot.org)  
Website: [www.nbcot.org](http://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](http://www.nbcot.org), or contact us via phone at: 301-990-7979.

---

AOTCB/NBCOT 2024 Publications

ID 26 rev011224

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.

©2024 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

---

<b>Introduction</b> .....	2
<b>U.S. Homeland Security Visa Requirements</b> .....	2
What is the VCVC Renewal Process? .....	2
<b>Overview of the NBCOT Visa Credential Verification Renewal Certificate (VCVC Renewal Process)</b> .....	3
Visa Credential Verification Certificate (VCVC) Renewal .....	3
VCVC Renewal Requirements.....	3
English-Language Proficiency Exam Requirements .....	3
<b>The VCVC Renewal Process</b> .....	4
<b>After the VCVC Renewal Application: What to Expect</b> .....	5
NBCOT Review Process .....	5
Processing Time Required .....	5
Correspondence Between NBCOT and VCVC Renewal Applicant .....	5
Notification of the Decision .....	6
Appealing the Decision .....	6
<b>VCVC Closure, Revocation, Replacement, and Renewal</b> .....	6
Closure .....	6
Revocation of VCVC .....	6
Replacement VCVC .....	7
VCVC Renewal .....	7
<b>Appendix</b>	
VCVC Renewal Application .....	<a href="#">Appendix A</a>
VCVC Verification of OT License, Registration, Certification or Other Form of Official Government Recognition Request (for submission to State Regulatory Board) .....	<a href="#">Appendix B</a>

# INTRODUCTION

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

NBCOT strives to serve the public interest in its diversity by advancing just, equitable, and inclusive client care and professional practice through evidence-based certification practices and the validation of knowledge essential for effective and safe 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 are accredited by the National Commission for Certifying Agencies (NCCA) under their *Standards for the Accreditation of Certification Programs*. NBCOT has also been awarded accreditation by the International Accreditation Service (IAS) for demonstrating compliance with ISO/IEC Standard 17024:2012, *Conformity Assessment – General Requirements for Bodies Operating Certification of Persons*.

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

## U.S. HOMELAND SECURITY VISA REQUIREMENTS

### US 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 RENEWAL PROCESS?

The U.S. Citizenship and Immigration Services (USCIS) granted the National Board for Certification in Occupational Therapy, Inc. (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.

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

## Visa Credential Verification Certificate (VCVC) Renewal

Unless the certificate holder has obtained a permanent visa or has become a U.S. citizen, the VCVC certificant must renew their certificate. Certificate holders with a valid employment authorization document issued by the United States Citizenship and Immigration Services must check with their state licensing boards on whether or not to renew their certificate. It is recommended certifiants submit an application two to three months prior to the expiration date. More information regarding VCVC renewal can be found on the NBCOT website [here](#).

## VCVC Renewal Requirements

Certificate holders who wish to renew their VCVC must:

- Submit a completed [VCVC Renewal Application](#), including updated employment information and licensure status since the last VCVC issue date.
- Have regulatory board(s) submit verification of your licensure history. (See page 4 for details.)
- Retake and pass an English-language proficiency examination. (Not required of all renewal applicants. See below.)

## English-Language Proficiency Exam Requirements

VCVC renewal applicants who have been in the United States for at least three of the last five years are not required to retake an English-language proficiency examination. VCVC renewal applicants who have been practicing in any of the following countries for at least three consecutive years within the last five years are exempt from meeting the English testing requirement: Australia, Canada (except Quebec), Ireland, New Zealand, and the United Kingdom. VCVC renewal applicants who meet this criteria must have their employer submit a letter on their behalf verifying that they have been working as an occupational therapist and residing in one of the exempt countries for at least three consecutive years within the last five years. VCVC renewal applicants who graduated from an occupational therapy program from the aforementioned countries, including the United States are also exempt from meeting the English testing requirement.

To fulfill the English-language proficiency requirement, the VCVC renewal applicant must pass one of the following tests, as outlined below.

Test	Minimum Passing Score
TOEFL® iBT (Internet-Based Test)	89 Total Score • 63 on Reading, Listening, and Writing • 26 on Speaking
Cambridge Assessment English(B2 First, C1 Advanced, C2 qualifications exams)	Cambridge English Scale • 185 Overall • 185 on Speaking

**Exemptions:** Graduates of occupational therapy programs in Australia, Canada (except Quebec), Ireland, New Zealand, United Kingdom, and United States.

# THE VCVC RENEWAL PROCESS

## Step 1: Complete the VCVC Renewal Application (See Appendix A.)

- The appropriate fees must accompany the completed application. Note: Visa Credential Verification fees are non-refundable (e.g., in the event an application is withdrawn, does not complete the application, etc., the fees will NOT be refunded).
- An official passport-size, front view photo with your signature on the lower front section must be included in the application.
- If your name is now different than when you received your VCVC, you must submit with this application two forms of documentation that reflect the new name. One must be a government-issued photo ID (driver's license, state-issued ID or passport); the other document 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. If the official document is not in English, you must submit a copy of the original document along with an official translation. (Translations from applicants are not accepted.)

## Step 2: Take and pass English-Language Proficiency Exams (See proficiency requirement criteria on page 3.) Select one of the following tests to fulfill this requirement.

### 1. Test of English as a Foreign Language (TOEFL iBT)

For detailed information about the TOEFL iBT or to schedule a testing appointment, please visit the ETS website at [www.ets.org](http://www.ets.org).

It is important that the VCVC renewal 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.

### 2. Cambridge Assessment English (B2 First, C1 Advanced, or C2 qualifications exams)

For detailed information about the Cambridge Assessment, please visit the Cambridge website at [www.cambridgeenglish.org/cefr](http://www.cambridgeenglish.org/cefr).

Applicants must provide their unique ID and secret number directly to NBCOT to view and verify test results.

## Step 3: Request completion of the Verification of OT License, Registration, Certification or Other Form of Official Government Recognition Form (See Appendix B.)

- Complete the Applicant Section of the form and forward the **Verification** form to all government authorities where you have held a license, registration, or certification since receiving your VCVC. (Make as many copies as necessary.) The completed form must be submitted to NBCOT directly from the government entity since *primary source documentation* is required.
- Official government websites are considered *primary source* verification. If an agency's website has your licensure history available and includes the required information (beginning/ending dates, verification that the license was clear with no action taken against it), you may print out the verification from the website and submit a copy with your **VCVC Renewal Application**. This verification would replace the required **Verification** form from that governmental agency.

# AFTER THE VCVC RENEWAL APPLICATION: WHAT TO EXPECT

## NBCOT Review Process

1. Once the VCVC renewal application, payment, and associated documentation has been received, NBCOT will verify that all required components have been submitted:
  - a. A completed renewal application that includes updated employment information, an official, signed passport-size photo and application fee
  - b. Verification of licensure history from regulatory board(s) [See Step 3 on page 4.] (*Verification of OT License, Registration, Certification or Other Form of Official Government Recognition Form*)
  - c. English-Language Proficiency scores (if applicable - see page 3)
2. NBCOT then ensures that the documents are original, authentic and have been sent directly from the primary source. **Please Note:** Any documents that appear to be falsified will be rejected and will result in closure of the applicant's VCVC renewal file. (See page 6 for details.)
3. The original VCVC application is reviewed to verify all educational documents are on file. If a file is lacking educational documents, the VCVC renewal applicant is notified to obtain additional information from their academic institution.
4. NBCOT then reviews all materials to ensure that the applicant meets the criteria established for renewing the VCVC.

When NBCOT has determined that all requirements and criteria have been met, the renewal application is approved.

## Processing Time Required

Once the *VCVC Renewal Application* is **approved**, the renewal certificate will be issued within 10 business days. There may be times during the review process, however, when it is determined that additional information is needed from the applicant. The review process is then delayed until all information has been received. In these cases, the entire VCVC renewal process may take several weeks or months. Applicants should plan accordingly and consider the time it will take for all documentation to be received by NBCOT, and the time required for overseas mailing. Many factors beyond the control of NBCOT may influence the processing time of the renewal application.

## Correspondence Between NBCOT and the VCVC Renewal Applicant

NBCOT will notify the applicant via mail or e-mail about items received by NBCOT and items that are still outstanding. It is then the responsibility of the applicant to follow up to make sure that all materials are submitted to NBCOT. NBCOT will not directly contact any agency to request materials.

If the application review process is not completed within one year of NBCOT receiving the application payment, the file will become inactive. NBCOT will not initiate any further contact with the applicant unless materials are received or the applicant contacts NBCOT to reactivate the file. The request for reactivation of the file must be made in writing and include the reactivation fee. Contact NBCOT for details to reactivate via [international@nbcot.org](mailto:international@nbcot.org). **Please note:** Any *VCVC Renewal Application* that is inactive for more than two (2) years will be closed.

## Notification of the Decision

Upon approval of the VCVC renewal application, the VCVC applicant will receive an original Visa Credential Verification Renewal Certificate, via mail, to the address provided on the application.

If the VCVC renewal application is denied, the applicant will be notified in writing to the address provided on the application. The letter will state the deficiency that led to NBCOT's decision. The applicant will also be provided with suggestions for correcting the deficiency.

## Appealing the Decision

If an application has been denied by NBCOT, the applicant has the right to appeal the decision. The appeal must be made in writing and should include a detailed explanation and all pertinent information supporting the applicant's reason for appeal. The appeal letter must be: 1) postmarked no later than sixty (60) days after having received the denial letter from NBCOT; 2) sent via traceable mail/delivery—signature of receipt required (e.g., certified mail) to:

NBCOT, Inc.,  
 Attn: President/Chief Executive Officer  
 One Bank Street, Suite 300  
 Gaithersburg, MD 20878

# VCVC CLOSURE, REVOCATION, REPLACEMENT, AND RENEWAL

## Closure

Submitting falsified or altered documents from an applicant or on their behalf by a third party, will result in an applicant's VCVC file being closed permanently. Due to the serious nature of falsifying official documents, it is the responsibility of NBCOT to notify the appropriate, state, local and federal agencies when receiving altered documents.

## Revocation of VCVC

There are three conditions that could lead to revocation of a VCVC Renewal Certificate:

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 has had their NBCOT certification 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 VCVC Renewal Certificate to NBCOT.** NBCOT will note in its files that the individual's visa certificate number is void and not authorized. Appropriate authorities will be notified of the VCVC revocation.

## Replacement VCVC

In the event that a 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 fees. The form can be found online [here](#).

## VCVC Renewal

Unless the certificate holder has obtained a permanent visa or has become a U.S. citizen, the VCVC certificant must renew the VCVC every five (5) years to continue practicing in the U.S. Certificate holders with a valid employment authorization document issued by the United States Citizenship and Immigration Services must check with their state licensing boards on whether or not to renew their certificate. The VCVCs obtained through the renewal process will be valid for five (5) years from the VCVC Valid Through date printed on the previous certificate. If the VCVC is renewed **after** six (6) months of the Valid Through date printed on the previous certificate, then the new certificate will be valid for five (5) years from the date it is issued.



# APPENDICES



# Visa Credential Verification Certificate (VCVC) Renewal Application

National Board for Certification in Occupational Therapy

ID 56 080222

### Item 1 - Name

*(as it should appear on the VCVC Renewal Certificate)*

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Has your name changed since your last VCVC certificate was issued?

Yes  No

*If yes, you must submit official documentation. (See page 4.)*

### Item 2 - Address

Street Address: \_\_\_\_\_

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

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

### Item 3 - Phone & E-mail

*(Please include country, city and area codes.)*

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

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

**(for NBCOT office use only)**

- Transcript
- PD form
- Name Change
- ELP Scores

RID # \_\_\_\_\_

### VCVC Certificate Number

### Item 4 - Mailing Address *(if different from items 2&3)*

*(By completing this section, you are authorizing NBCOT to send all correspondence, including the renewal 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: \_\_\_\_\_



# Visa Credential Verification Certificate (VCVC) Renewal Application

National Board for Certification  
in Occupational Therapy

## Item 7 - English-Language Proficiency Examinations

Have you been in the U.S. for at least three of the last five years  
**OR** meet the exemption criteria noted on Page 3 of the VCVC  
Renewal Handbook since receiving your last VCVC?

Yes  No

*If no, you must retake and pass the English-Language Proficiency exams.  
(See page 3 of handbook for details.)*

*If yes, please have your employer submit a letter to NBCOT on your  
behalf verifying your work history in U.S. for the past 3 years.*

## Item 8 - Professional Regulation History

Since receiving your VCVC, have you held a license, registration,  
certification or other form of official governmental recognition  
to practice occupational therapy in the U.S. and/or other  
countries?

Yes  No

*If yes, please complete this section.*

<p><b>Issuing Agency #1:</b></p> <hr/> <p>License/Registration/Certification Number:</p> <hr/> <p>Dates Held*:</p> <hr/> <p>Status: <input type="checkbox"/> Active/Current <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Restricted*</p> <hr/> <p>If not in the U.S., include....</p> <p><i>Name of Agency:</i></p> <p><i>Mailing Address:</i></p> <p><i>Phone:</i></p>
<p><b>Issuing Agency #2:</b></p> <hr/> <p>License/Registration/Certification Number:</p> <hr/> <p>Dates Held*:</p> <hr/> <p>Status: <input type="checkbox"/> Active/Current <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Restricted*</p> <hr/> <p>If not in the U.S., include....</p> <p><i>Name of Agency:</i></p> <p><i>Mailing Address:</i></p> <p><i>Phone:</i></p>

## Item 8 - (continued)

<p><b>Issuing Agency #3:</b></p> <hr/> <p>License/Registration/Certification Number:</p> <hr/> <p>Dates Held*:</p> <hr/> <p>Status: <input type="checkbox"/> Active/Current <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Restricted*</p> <hr/> <p>If not in the U.S., include....</p> <p><i>Name of Agency:</i></p> <p><i>Mailing Address:</i></p> <p><i>Phone:</i></p>
<p><b>Issuing Agency #4:</b></p> <hr/> <p>License/Registration/Certification Number:</p> <hr/> <p>Dates Held*:</p> <hr/> <p>Status: <input type="checkbox"/> Active/Current <input type="checkbox"/> Inactive <input type="checkbox"/> Expired <input type="checkbox"/> Restricted*</p> <hr/> <p>If not in the U.S., include....</p> <p><i>Name of Agency:</i></p> <p><i>Mailing Address:</i></p> <p><i>Phone:</i></p>
<p>*On a separate piece of paper, you must provide explanations for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Any lapse(s) in time that your license/registration/certification was held.</li> <li><input type="checkbox"/> Any restriction(s) being placed on your license/registration/certification (“restricted” means revoked, suspended, limited or placed on probation.</li> </ul> <hr/> <p>Applicants completing this section must send to each of the entities listed above a <i>Request for Verification of OT License, Registration, Certification or Other Form of Official Government Recognition Form</i> (available online: <a href="http://www.nbcot.org">www.nbcot.org</a>).</p> <p>Refer to the VCVC Renewal Process (Step 3) page 4 for acceptable verifications.</p>



National Board for Certification  
in Occupational Therapy

# Visa Credential Verification Certificate (VCVC) Renewal Application

## Item 9 - Professional Practice History

Since receiving your VCVC, have you ever practiced as an occupational therapist in the U.S. and/or in other countries?  Yes  No

*If yes, please complete the following section.*

*If no, please skip to Item 10.*

Beginning with the month you received your last VCVC, list all employment beginning with your most recent position. If under one employer/company you worked at multiple work sites and/or had multiple work assignments, please list each work site/assignment separately and indicate each of their locations. If additional space is needed, copy this page.

Last VCVC Issue Date (mm/dd/yyyy): \_\_\_\_\_

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:** Explain any gaps in employment listed above of more than 30 days since receiving your VCVC.

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





# Visa Credential Verification Certificate (VCVC) Renewal Application

National Board for Certification  
in Occupational Therapy

## Item 10 - Application Payment

The appropriate fee must be sent with the application. Fees are **non-refundable** (e.g., in the event you withdraw your application, do not complete your application, etc., the fees will NOT be refunded).

**VCVC Renewal Application Fee: \$275**

Applicant's Name:

Street Address:

City:

State/Province:

Country:

Postal Code:

Daytime Phone:

**Choose a Payment Method:**  
 Personal Check    Money Order    Visa    MasterCard  
 Discover    American Express  
*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 CVV Code:

Credit Card Holder's Name:

Card Holder's Address:  
*(required)*

Signature of Cardholder:  
*(required)*

*I authorize the \$275 application fee to be charged to my credit card.*

## Item 11 - Applicant Statements

*Please read these statements carefully before signing below.*

I have read and understand the Visa Credential Verification Certificate Renewal 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.

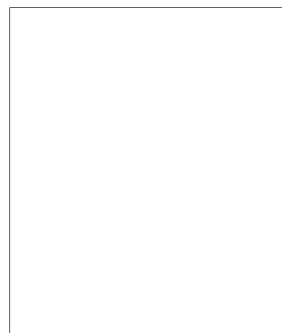
I understand that, if at any point, the information I submit is found to be unauthorized, unofficial or incorrect my application may be denied and/or my visa certificate will be revoked.

Signature:

Date:

## Item 12 - 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  
 One Bank Street, Suite 300  
 Gaithersburg, Maryland 20878 USA

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



**Visa Credential Verification Certificate (VCVC)**

**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<sup>®</sup>) 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: \_\_\_\_\_

Official Stamp/Seal

**Regulatory Authority: Mail completed form to NBCOT, Inc., Attn: VCVC; One Bank Street, Suite 300; Gaithersburg, MD 20878 USA**



**NBCOT**<sup>®</sup> National Board  
for Certification in  
Occupational Therapy

©2023 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.

**One Bank Street, Suite 300  
Gaithersburg, MD 20878  
[www.nbcot.org](http://www.nbcot.org)**