

West Virginia Board of Occupational Therapy



1063 Maple Dr., Suite 4B
Morgantown, WV 26505
304-285-3150
www.wvbot.org

ACADEMIC/FIELDWORK VERIFICATION

Instructions: Complete the top portion of this form. Send it to your school for verification of academic and fieldwork experience when applying for a limited permit (unless foreign trained-see application instructions).

Name: _____

Address _____

Accredited School: _____ City/State _____

Major/Degree _____ Date Received _____

FIELDWORK EXPERIENCE

<u>FACILITY</u>	<u>CITY/STATE</u>	<u>FROM/TO</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO BE COMPLETED BY APPROPRIATE OFFICIAL OF INDICATED SCHOOL

I verify that the above named person has satisfactorily completed their academic curriculum and fieldwork experience.

NAME (please print or type) _____

TITLE _____

SIGNATURE _____

DATE _____

INSTITUTION _____

SEAL

SCHOOL OFFICIAL: RETURN DIRECTLY TO THE WV BOT AT THE ABOVE ADDRESS.