

West Virginia Board of Occupational Therapy



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

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

FACILITY

CITY/STATE

FROM/TO

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.