

For VCVC Certificate Holders Renewing their Certificate

Visa Credential Verification Certificate (VCVC) Renewal Handbook

VCVC

NBCOT[®] 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 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
Website: www.nbcot.org

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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 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 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 in the VCVC Renewal Packet, available online at www.nbcot.org/Certifiants/Services.

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 the English proficiency examinations. (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 the 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 the following test, as outlined below.

| Test | Minimum Passing Score |
|--|-----------------------|
| TOEFL® iBT (Internet-Based Test) | Total Score: 89 |
| <i>must include meeting the following minimum scaled score for speaking:</i> | 26 |
| 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.)

- For detailed information about the TOEFL iBT or to schedule a testing appointment, please visit the ETS website at www.ets.org.
- It is important that the VCVC renewal applicant write the following NBCOT institution code on the English-language test/application: **9953**. This is the only way ETS knows where to send the score report.

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. **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 VCVV renewal application, the VCVV applicant will receive an original Visa Credential Verification Renewal Certificate, via mail, to the address provided on the application.

If the VCVV 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**

VCVV 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 VCVV 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 VCVV

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

1. It is determined at any point that the individual was not eligible to receive a VCVV.
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 VCVV should be revoked.

If the VCVV is revoked, the individual must return the VCVV 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 VCVV 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.



APPENDIX



National Board for Certification in Occupational Therapy, Inc. (NBCOT®) Visa Credential Verification Certificate (VCVC) 2022 Renewal Application

ID 56 122121

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 5.)

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: _____



National Board for Certification in Occupational Therapy

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

Visa Credential Verification Certificate (VCVC)

Renewal Application

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>Issuing Agency #1:</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>Issuing Agency #2:</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>Issuing Agency #3:</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>Issuing Agency #4:</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"> <input type="checkbox"/> Any lapse(s) in time that your license/registration/certification was held. <input type="checkbox"/> Any restriction(s) being placed on your license/registration/certification (“restricted” means revoked, suspended, limited or placed on probation. <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: www.nbcot.org).</p> <p>Refer to the VCVC Renewal Process (Step 3) page 5 for acceptable verifications.</p> |



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

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) 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

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Gaithersburg, MD 20878
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