Request for Academic Records/Transcripts

OCCUPATIONAL THERAPISTS

FOR APPLICANT TO COMPLETE BEFORE SENDING TO SCHOOL

My current name

First (given) name | Middle name | Last (family / surname) name

Name of school I attended

I attended between the dates of Month / Year and Month / Year

My birth date Month / Day / Year

My name when I attended this school

First (given) name | Middle name | Last (family / surname) name

My other names

My CGFNS ID number (if known)

My order number (if known)

Applicant signature

My current mailing address

Address

Address | City

State / Province | Post / Zip code | Country

Telephone number (include country code and area code) | Fax number (include country code and area code) | Email address

FOR SCHOOL TO COMPLETE

Dear Registrar:
Please complete this section of the form and send it to CGFNS along with the above applicant's academic records/transcripts listing the courses taken, hours of study and grades earned, *accompanied by a certified English translation.*

1. Applicant name

2. In what language was the applicant instructed? Applicant's birth date Month / Day / Year

3. What was the textbook language for the applicant's program/course of study?

4. Program type (e.g., diploma, baccalaureate) Course of study

5. Attendance dates Month / Year to Month / Year Did applicant complete program ? ☐ Yes ☐ No

6. School name

7. School address

Address | City

State / Province | Post / Zip code | Country

SEAL OR STAMP

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OCCUPATIONAL THERAPISTS

8. School telephone _____ School fax _____

9. School email address _____ School web address _____

10. Is this school accredited or government approved? ☐ Yes ☐ No

By whom? _____ Date accredited or approved ____ / ____ / ____ (Month / Day / Year)

Is this educational program accredited or government approved? ☐ Yes ☐ No

By whom? _____ Date accredited or approved ____ / ____ / ____ (Month / Day / Year)

I hereby attest that the enclosed academic records/transcripts accurately states the courses taken, hours of study and grades received for this applicant.

SEAL OR STAMP

11. Registrar signature _____ Date ____ / ____ / ____ (Month / Day / Year)

Do not print, sign entire name. **School seal or stamp must cover signature.**

Print name _____ Title _____

In addition to a copy of the academic records/transcripts, please provide details of the occupational therapist's supervised clinical fieldwork, including the supervisor's name and credentials, the hours/weeks of each experience and the client types treated.

Clinical fieldwork description	Supervisor name and credentials	Number of hours/weeks	Client types treated

Please send this document and academic records/transcripts, in English, in an envelope with your seal or stamp over the flap after sealing.
Send via airmail to : CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA

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