

## Credential Evaluation Letter For State Purposes

NBCOT® internationally-educated certificants who are required to have a Credential Evaluation Letter sent to a regulatory entity should complete this form.

**Note:** This letter confirms to state boards the international eligibility review process for an internationally educated occupational therapist, including exam approval and certification status. Check with the state regulatory board to see if this service is required.

Mr. \_\_\_ Ms./Mrs. \_\_\_

Name:

Street Address:

City:

State:

Zip:

Country

Home Phone:

Daytime Phone:

E-mail:

Date of Birth:

NBCOT Certification Number:

If your name has changed since your last certification, please print your former name below and submit with this form a copy of one of the following current valid government-issued IDs that records your current legal name: driver's license, state-issued ID, passport.

Former Name:

**Please sign:** I hereby authorize NBCOT to send credential evaluation letters for state purposes as indicated on this form.

Signature:

Date:

### Fee \$35 per verification letter

**Please Note:** Credential evaluation fees are non-refundable. Please allow 5-10 business days for processing. A copy of the credential evaluation letter will be sent to the certificant.

List the jurisdiction(s) to which a letter should be sent.

1.

2.

3.

number of letters: \_\_\_ x fee per letter: \$ 35 = payment: \$ \_\_\_

**Choose a Payment Method:**

Personal Check  Money Order  Visa  MasterCard

Checks/money orders made payable to "NBCOT," and drawn on a U.S. bank.

Credit Card Number:

Expiration Date (mm/yy):

Credit Card Holder:

Card Holder's Billing Address (required):

Signature of Cardholder:

I authorize the amount indicated above to be charged to my credit card.

### Submit form and payment...

**by fax :** 301-869-8492

(credit cards only, name changes must be mailed)

available 7 days/week, 24 hours/day to a secure location.

**by mail:**

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