

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 the 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 Discover American Express

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

Credit Card Number:

Expiration Date (mm/yy):

3-Digit CWV Code:

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 e-mail:

info@nbcot.org

by mail:

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Gaithersburg, MD
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