

# Early Determination Review Payment Form

**For consideration for an Early Determination Review, please submit the following:**

1. Complete and submit this form and *Disclosure & Authorization Form*.
2. Include payment fee of \$225.00.
3. Attach a detailed, written explanation regarding the incident(s) which you are requesting NBCOT to review. Please describe your involvement and behavior in the incident(s), including how your actions were discovered.
4. If you have ever been on parole or probation at any point within the last seven (7) years, you must include documentation confirming your compliance with or completion of all terms and conditions imposed by the court. This can be a letter from your probation officer, or other official court documentation.
5. NBCOT may request additional information as needed on a case by case basis.

**Fee: \$225**

*Please note: Part of the Early Determination Review consists of a background check.*

*(Please Print Legibly)*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail\*: \_\_\_\_\_

*\*Important: Use a valid email address. The email address you provide will be used for important communication from NBCOT.*

Daytime Phone Number: \_\_\_\_\_ Program of Interest:  OT  OTA

Choose a Payment Method:  Personal Check  Money Order  Visa  MasterCard  
 Discover  American Express

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

Credit Card Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ 3-digit CVV Code: \_\_\_\_\_

Amount of Charge: \$ \_\_\_\_\_

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.*

**There is a \$35 fee for any returned check.**

- E-mail or mail:**
- Early Determination Review Form
  - Disclosure & Authorization Form
  - Written explanation
  - Probation documentation (if applicable)
  - Payment

**E-mail:**  
*professional.conduct@nbcot.org*

**Mail:**  
NBCOT  
One Bank Street, Ste. 300  
Gaithersburg, MD 20878

## DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The National Board for Certification in Occupational Therapy (“the Company”) may obtain information about you for employment purposes from a third-party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and [A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT](#) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CARCO Group, Inc. also known as Cisine, 5000 Corporate Court, Suite 203, Holtsville, NY 11742, 1-800-645-4556, another outside organization acting on behalf of the Company, and/or the Company itself. Their Privacy Policy can be reviewed at <https://www.cisine.com/privacy-policy>. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of [Article 23-A](#) of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** State law entitles you to a copy of your background report. It will be mailed to you.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the [NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW](#). State law entitles you to a copy of your background report. It will be mailed to you.

**Washington State applicants or employees only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**I understand and authorize for my background investigation to be disclosed to NBCOT.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_