



Verification of Certification Request

NBCOT® certificants who wish to have a verification letter sent to a regulatory entity, employer, or agency should complete this form. NBCOT recommends that the candidate contact the third party to confirm which service is needed—a verification letter or a score report [score reports are requested on a separate form].

Fee \$35 per verification letter

Name: _____

Street Address: _____

City: _____

State: _____ ZIP: _____ Country: _____

Home Phone: _____

Daytime Phone: _____

E-mail: _____

Date of Birth: _____

Social Security or Student ID #: _____

NBCOT Certification Number: _____

Examination Level: OTR® COTA®

Date of Examination: _____

If your name has changed since your last certification, you must submit the appropriate legal documentation with this application.
Accepted documentation: a marriage certificate, divorce decree, or court order.

New Name: _____

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

1. _____

2. _____

3. _____

List the employer/agency(s) to which a letter should be sent.

Attn: _____

Company Name: _____

Address : _____

City: _____

State: _____ Postal Code/Zip: _____

Attn: _____

Company Name: _____

Address : _____

City: _____

State: _____ Postal Code/Zip: _____

Please sign: I hereby authorize NBCOT to send verification letters as indicated on this form.

Signature: _____

Date: _____

Please Note: Verification fees are non-refundable. Please allow 5 -10 business days for processing. A confirmation email will be sent to the certificant.

Choose one:

- I am submitting this request form by fax.
- I am submitting this request form by mail.
If submitting a name change, the mail option must be used.

Submit form and payment...

by fax (credit cards only):

301-869-8492
available 7 days/week, 24
hours/day to a secure location.

by mail:

NBCOT, Inc.
P.O. Box 64971
Baltimore, MD 21264

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.