

# 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 Number: \_\_\_\_\_

NBCOT Certification Number: \_\_\_\_\_

Examination Level:  OTR®  COTA®

Date of Examination (optional): \_\_\_\_\_

**Has your name changed since your last certification?**

Yes  No

If yes, 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.

**List the state/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 30-45 business days for processing.

**Choose one:**

- I am submitting this request form by fax.
- I am submitting this request form by mail.

**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): \_\_\_\_\_ 3-Digit CVV 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.*