

Credential Evaluation Letter for Personal Use

This letter confirms the exam eligibility review and certification status for an internationally-educated therapist. This form is for personal use (Intended for employers, immigration purposes, etc.)

Please note: There is a separate Credential Evaluation Letter request form for state regulatory boards.

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 personal use as indicated on this form.*

Signature:

Date:

Fee: \$35 per Credential Evaluation 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 address to which a letter should be sent.

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 mail:

NBCOT, Inc.
One Bank Street, Ste. 300
Gaithersburg, MD
20878