NBCOT
National Board for Certification in Occupational Therapy

National Board for Certification in Occupational Therapy, Inc.

Fax Verification of Certification

This form is to be used by employers only. *Fax verifications can be requested only through completion of this form. Verifications will be returned by fax to the number provided below. Please allow two (2) business days for processing.*

Name of Requester:

Company Name:

Telephone:

Fax:

Email:

Fee

1-5 verifications: **$10 per name**

6 or more verifications: **$5 per name**

To be completed by employer		To be completed by NBCOT				
Name of Certificant (as it appears in NBCOT database)	**NBCOT Certificate Number**	**Date of Initial Certification**	**Certification Renewal Date**	**Disciplinary Action/Effective Date**		**Level**

Choose a Payment Method: ❒ Visa ❒ MasterCard

Credit Card Number: — — —

Expiration Date (mm/yy):

Credit Card Holder (individual's name):

Card Holder's Billing Address *(required)*:

Signature of Cardholder: _____

I authorize the amount indicated above to be charged to my credit card.

Fax completed form to:

301-869-8492

Questions? Contact NBCOT: (*phone*) 301-990-7979 (*e-mail*) info@nbcot.org (*website*) www.nbcot.org