Employer/Credential Services/Medical Staff Offices
National Board For Certification of Orthopaedic Technologists, Inc.
FAX VERIFICATION OF CERTIFICATION STATUS REQUEST FORM

Status Verifications must be requested with the use of this NBCOT Fax Verification Form only. Please print this form and complete ALL the required information. Fax your request along with a signed release of information form to (866) 466-7067. Please remember to also fax the signed release of information sheet, signed by the certificant. Fax must include ALL Information below to be processed.*

Verifications will be faxed back to you within three (3) business days.
The NBCOT does not issue or verify score reports to any entity beyond the certificant.

ALL INFORMATION BELOW IS REQUIRED:

Full Legal Name of Credential Holder:

_____

LAST 4 digits of Social Security #:_____ (This information is required).

Circle One: OTC® OT-SC ™ Both

Were you given or shown a Certificate? (Circle One) Y N
If you were shown or given an "NBCOT" issued Certificate of Certification, please fax a copy with your request.

Certificate # provided to you by Certificant: _____

Please note: A Certificate issued by the National Association of Orthopaedic Technologists (NAOT) is NOT a designation of Certification in any form. This is a *Membership Certificate* in the professional Association of Orthopaedic Technologists.

YOUR NAME: _____ _____
Print Name Your Title

YOUR Phone #: (_____) _____-_____ Ext._____

YOUR FAX #: (_____) _____-_____

YOUR Signature: _____

I am requesting Verification for: Initial Appointment Reappointment

Hospital, Group, or Agency that I am requesting verification for: (REQUIRED)

Name_____

Address_____

City_____ State_____ Zip_____

Telephone: ( ) _____-_____ Ext. _____