National Board for Certification of Orthopaedic Technologists, Inc.
PO Box 349 - Crompond, NY 10517-0349

STATEMENT REGARDING LOST OR STOLEN CERTIFICATION ID CARD AND/OR PAPER CERTIFICATE

IMPORTANT NOTICE

An OTC® and/or OT-SC™ may hold one photo ID card and paper certificate for each of their certifications. It is therefore necessary to submit a statement with an application for a new Photo ID Card. Your statement must detail why you no longer have possession of your ID Card and/or Certificate. **In the event that your documents were stolen you must include a copy of the police report.** This policy is designed to prevent the misuse of your certification credentials. Anyone using reported lost or stolen credentials, including yourself may be subject to an investigation of the NBCOT Disciplinary Committee. Therefore, should you locate your credentials after reporting them lost or stolen, you must report it as found and submit it back to the NBCOT for cancellation**. It has been invalidated and you may NOT use those credentials.**

TODAYS DATE: _____ Date of Birth: _____

PROTECT YOURSELF FROM IDENTITY THEFT – REPORT LOST OR STOLEN CREDENTIALS- INFORMATION Answer all questions completely. If you do not know the answer in detail, be as exact as possible.

OTC® ID Card	**Lost**	**Stolen**	**Number____-_____**
OTC® Paper Certificate	**Lost**	**Stolen**	**Number____-_____**
OT-SC™ ID Card	**Lost**	**Stolen**	**Number____-_____**
OT-SC™ Paper Certificate	**Lost**	**Stolen**	**Number____-_____**

IDENTIFYING INFORMATION COMPLETE ONLINE OR PRINT LEGIBLY

Last Name_____ First Name_____ Middle Name_____

Social Security Number (Last 4 digits)_____ Home/Cell Telephone _____-_____-_____

Current Mailing Address: _____

City: _____ State:_____ Zip:_____

Has your name changed since the credentials were issued? If yes, state the name in which the lost or stolen credentials were issued.

_____

Email Address_____@_____

How, Where and on What date did the loss or theft take place? What efforts were made to recover credentials?

I the undersigned, declare all of the following: The information furnished herin is correct and complete and that I have not given my credentials to another person or disposed of it in an unauthorized manner. I understand that the credential(s) I report as missing will be invalidated and cannot be used. If I subsequently find and recover it, I will immediately return it to the NBCOT at PO Box 349 – Crompond, NY 10517-0349

_____ _____

Signature **Date**

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