Request for Validation of License/Registration/Diploma

FOR A	PPLICANT TO COMPLETE BEFORE SENDING TO LICENSING OR SCHOOL AUTHORITY
Му	y current name
First	t (given) name Middle name Last (family/surname) name
Му	y birth date hat
Lic	rense/Registration/Diploma number Professional title
Th	e license/registration/diploma was issued under the name
First	t (given) name Last (family/surname) name
Ар	oplicant signature
Му	y current address
Add	
Add	dress City
Stat	te/Province Post/Zip code Country
FOR L	ICENSING OR SCHOOL AUTHORITY TO COMPLETE
Ple do	ear Licensing or School Authority: ease promptly complete this section of the form and attach a copy of the above applicant's professional license/registration/diploma focuments issued in its original language, <i>accompanied by a certified English translation</i> .
1.	This is to certify that was first issued license/registration/diploma
	Applicant name number to practice as a Specify legal title On///////
	Specify legal title Month Day Year The expiration date of this registration / license is/ / Applicant birth date/ / Month Day Year
2.	Ability to practice granted by: National / Provincial / State examination Licensure exam date
3.	Other Status: Active / Current Expired Inactive Restricted*
4.	*Please attach an explanation if the applicant's registration / license / diploma has ever been revoked, suspended, limited or placed on probation. Name and address of professional school
5.	Graduation date / /
	Is this school accredited or government approved? Yes No
	By whom? Approval date /
	Is this educational program accredited or government approved? Yes No By whom?
7.	Program type: Diploma Baccalaureate degree Associate degree Other (specify)
8.	Licensing or school authority signature Do not print, sign entire name. Licensing or school authority seal or stamp must cover signature. Date//
	Print name
	Licensing or school authority title
	State / Province and country
	Telephone number (include country code and area code) Fax number (include country code and area code)
	Email address Web address

Please send this document and any attachments, in English, in an envelope with your seal or stamp over the flap after sealing. Send to: CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA



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