Request for Validation of License/Registration/Diploma

FOR APPLICANT TO COMPLETE BEFORE SENDING TO LICENSING OR SCHOOL AUTHORITY

My current name

First (given) name | Middle name | Last (family/surname) name

My birth date ___ / ___ / ___ (Month / Day / Year) My CGFNS ID number ___ (if known) My order number ___ (if known)

License/Registration/Diploma number ___ Professional title ___

The license/registration/diploma was issued under the name

First (given) name | Middle name | Last (family/surname) name

Applicant signature ___

My current address

Address

Address | City

State/Province | Post/Zip code | Country

FOR LICENSING OR SCHOOL AUTHORITY TO COMPLETE

Dear Licensing or School Authority:
Please promptly **complete this section of the form** and attach a copy of the above applicant's professional license/registration/diploma documents issued in its original language, *accompanied by a certified English translation.*

1. This is to certify that ___ (Applicant name) was first issued license/registration/diploma number ___ to practice as a ___ (Specify legal title) on ___ / ___ / ___ (Month / Day / Year)

   The expiration date of this registration / license is ___ / ___ / ___ (Month / Day / Year) Applicant birth date ___ / ___ / ___ (Month / Day / Year)

2. Ability to practice granted by: ☐ National / Provincial / State examination ☐ Licensure exam date ___ / ___ / ___ (Month / Day / Year)
   ☐ Registration ☐ Review of another license (endorsement)
   ☐ Diploma (***NOTE:*** Please attach a copy of the original language diploma/certificate with literal English translation)
   ☐ Other ___

3. Status: ☐ Active / Current ☐ Expired ☐ Inactive ☐ Restricted*
   *Please attach an explanation if the applicant's registration / license / diploma has ever been revoked, suspended, limited or placed on probation.

4. Name and address of professional school ___

5. Graduation date ___ / ___ / ___ (Month / Day / Year)

6. 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 ___ Date ___ / ___ / ___ (Month / Day / Year)
   Do not print, sign entire name. Licensing or school authority **seal or stamp must cover signature.**

   SEAL OR STAMP

   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

Revised April 2011

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

CGFNS INTERNATIONAL® Global Credibility

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