

Request for Validation of Registration/License/Certification

(also validation of diploma if it authorizes you to practice in your country)

FOR APPLICANT TO COMPLETE BEFORE SENDING TO LICENSING 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)

Registration/License/Certification number

Professional title

The registration/license/certification 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 AUTHORITY TO COMPLETE

Dear Licensing Authority:

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

1. This is to certify that _____ was first issued registration / license / diploma

Applicant name

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 Registration Diploma (**NOTE:** Please attach a copy of the original language diploma/certificate with literal English translation) Review of another license (endorsement) 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*Please attach an explanation if the applicant's registration / license / diploma has ever been revoked, suspended, limited or placed on probation.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

Do not print, sign entire name. Licensing or school authority seal or stamp must cover signature.

Date

Month

Day

Year

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 via airmail to: CGFNS International, 3600 Market Street, Suite 400, Philadelphia, PA 19104-2651 USA

