## Route 1A Verification of Current Student Status



Phone 800.875.4404 Fax 913.498.1243 *www.ncctinc.com* 

**Directions:** Only qualified current students from eligible (i.e., validated) educational programs have the option to challenge NCCT certification examinations prior to graduation. Applicants from eligible programs that do not serve as NCCT test sites will need to download and print this form, provide the applicant information at the top, and ask their Program Director to complete the requested information in the box below. Signature by the Program Director is required.

Applicants can upload the completed form through their NCCT user account after they complete online application form, or they may return the paper form to NCCT by email, fax, or mail. Contact information is provided above.

## To be completed by the applicant

Name of Applicant
NCCT User ID# or Social Security Number
Certification Examination Name
Today's Date (MM/DD/YYYY)

I verify the applicant named above is curre	ntly attending the following educational program and is in go	ood academic standing
Name of Educational Program		
Program Director (Name and Credentia	s)	
Phone	_ Email	
Program Director Signature	Date	
School Name	City, State	