

CTR Credential Verification Request



Who are you requesting the verification for (please check below):

- A Current Employee
- A Future Employee
- Third Party Verification
- Other _____

Requestor's Contact Information

Name: _____ Title: _____

Company Name: _____

Address: _____

City, St, Zip: _____

Telephone: _____ Fax: _____

Email: _____

This verification is intended solely for substantiation of the CTR credential status of the individual being verified by the requesting entity. This verification may contain confidential information. Disclosure and use beyond purposes for employment is not permitted. A copy of this request will be sent to the individual being verified. Requestor's signature acknowledges compliance with the permissible use of this verification and disclosure policy.

Requestor's Signature _____ Date _____

Contact Information for Person you are Verifying (Delays may occur if not fully completed)

First Name: _____ Last Name: _____

Address: _____

City, St, ZIP: _____

CTR#: _____ Email: _____

NCRA USE ONLY

CTR in good standing: Yes No CTR#: _____ Expiration: _____

Verified By: _____ Signature: _____

Title: National Cancer Registrars Association's *Continuing Education & Member Services Coordinator*

Date: _____

**Submit completed form via fax to:
Fax# (703) 299-6620 Attn: CTR Verification
Verification will be sent within 10 business days.**