



TRANSCRIPT REVIEW REQUEST FORM

APPLICANT: Complete this form and include with your transcripts to be reviewed for NKBA education toward certification. This form must accompany all transcripts. You may include several transcripts with one form; however be sure to document them on this form. ***FAXED TRANSCRIPT REVIEW REQUESTS AND TRANSCRIPTS WILL NOT BE ACCEPTED.***

Transcripts are reviewed within 4-6 weeks of receipt of completed request. A summary letter is then sent to you via U.S. mail or email. A copy of that summary is to be included in your application when applying for certification. Separate Transcript Review Requests do not take place 30 days prior to an application deadline for an upcoming exam nor during the application review period. At that point, if you would like your transcripts to count toward hours for certification, they **MUST** be included in your completed application packet.

For Transcript Review Requests, mail (***do not FAX***) this completed form together with your college transcripts to:

**NKBA
687 Willow Grove Street
Hackettstown, NJ 07840
Attention Certification Department**

PLEASE PRINT CLEARLY:

Full Name: Last _____ Middle _____ First _____

NKBA Membership Number (if applicable): _____

Current Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

Email: _____ **Phone:** _____

I am interested in applying for: AKBD CKD/CBD CKE/CBE

Transcripts included for review:

College Name: _____ **Degree(s):** _____

College Name: _____ **Degree(s):** _____

College Name: _____ **Degrees(s):** _____

Are any of these a NKBA Accredited School? _____

For NKBA office use only:
Education Award:

Related Experience: