

List/Labels Request Form

(This form is not required if all information is included in a written request!)

There is no charge for a list sent by email.

For labels or a paper list, there is a charge of \$0.25 per page.

Please send **check or money order made payable to NDBOTP.**

You will need to contact the Board office to find out the exact fee for labels.

Person requesting list _____

Organization or business name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

I request the following (Please attach a sheet explaining any requested fields or special instructions):

Purpose of the list (Please mark one):

Continuing Education Employment Recruiting Research Other _____

Are there any specific fields you request? _____

According to NDCC 44-04-18.1 and NDCC 44-04-18.21, home address, phone number, and email are given out at the discretion of the Board. Social Security Number and birth month/day are closed records and cannot be given out.

License Level (Mark as many as necessary): Occupational Therapists Occupational Therapy Assistants

List/label order (Mark one):

Alphabetical License Number Zip Code No order Other _____

Format (Please mark one): Email Paper List Mailing Labels

(For lists by email, the list is sent in pipe-delimited format, as that is recommended by our tech people. However, it should open in Excel. Please note if you need instructions on how to convert the list to Excel and it will be included with your list.) _____

List/labels sent to (Mark one):

Email address listed above Address listed above Address listed below

Name _____ Business _____

Address _____

City _____ State _____ Zip Code _____

If you request an email list, you may submit your request to the Board office by email, ndotboard@aptnd.com. If you request a list or labels, please mail it to the above mailing address. Contact the Board office, if you have any questions.

OFFICE USE ONLY: Filename _____	Date Sent _____
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