

# IDP Reporting Extension Request

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**NCARB Record Number:** \_\_\_\_\_

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**Reason for Extension:**

- Birth or Adoption of a Child
  - Military Service
  - Serious Medical Condition
  - Exceptional Circumstances (please explain)
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**Documentation Attached:**

- Birth Certificate
- Adoption Papers
- Military Orders
- Physician's Letter
- Other

**Additional Comments:** \_\_\_\_\_

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**Remit to:** NCARB  
IDP Reporting Extension Request  
1801 K Street NW, Suite 700K  
Washington, DC 20006

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Signature \_\_\_\_\_

Date \_\_\_\_\_