



## FCCPT Credentials Evaluation Application Packet

**Do not use this form if you are applying for a license *only* in New York State.  
Use the NYS Credentials Verification Application.**

Dear Applicant:

This application packet is intended for individuals who have received their physical therapy education outside of the United States, and who are seeking licensure in the U.S., permanent residency status or a change in visa status. Do not use this package if you are seeking licensure in New York State.

The enclosed packet includes instructions and the forms that must be completed and submitted to FCCPT and other organizations as part of the credentials evaluation process. This application packet contains the following documents:

- 1) Instruction and Information Sheet
- 2) Credentials Evaluation Application
- 3) Request for Academic Credentials Verification
- 4) Academic Credentials Verification
- 5) Request for License Verification
- 6) Licensure Verification
- 7) Application Fee Worksheet
- 8) Application Checklist
- 9) Authorization for release of information

You should read the Instruction and Information Sheet carefully and follow all directions for completing and submitting documents. Please note that it is your responsibility to ensure that FCCPT receives all of the pertinent information to evaluate your educational credentials. We suggest that you check with us at regular intervals (every 3-4 weeks) to check on the status of your application and to ensure that FCCPT has received all necessary documents.

After reading the instructions, if you still have questions regarding your application for certification or the process for review of your credentials, please call us at 703-684-8406, Monday through Friday, 1:00 PM to 4:00 PM, Eastern Time, or e-mail us at [help@fccpt.org](mailto:help@fccpt.org); [type1@fccpt.org](mailto:type1@fccpt.org); [type2@fccpt.org](mailto:type2@fccpt.org) or [credentialsreview@fccpt.org](mailto:credentialsreview@fccpt.org)

Sincerely,

Susan K. Lindeblad, PhD, PT  
Director of Credentialing Services  
Foreign Credentialing Commission On Physical Therapy

Enclosures

Rev. December 2005

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

**Physical Therapist Credentials Evaluation Application  
INSTRUCTION AND INFORMATION SHEET**

**Do not use this form if you are applying for a license in New York State, only.  
Use the NYS Credentials Verification Application.**

*Directions:* Please read and follow these instructions carefully. Failure to follow these instructions may delay or prevent the issuance of the requested report or certification. Make sure that you indicate on your application which of the services you are requesting.

1. Use this form for the following types of services.
  - a. FCCPT Comprehensive Credentials Evaluation Certificate (Type I Certification). Used primarily for the individual who has never been licensed in the U.S. This certificate combines both an educational credentials review and the requirements for a United States Citizenship and Immigration Services (USCIS - formerly INS) *Health Care Worker Certificate*.
  - b. FCCPT Visa Credentials Verification Certificate (Type II Certification). The United States Citizenship and Immigration Services (USCIS - formerly INS) requires this certificate for those individuals who are currently licensed in the U.S. and are seeking adjustment of visa status to that of a permanent immigrant, or who need to produce a *Health Care Worker Certificate* to maintain their visa status. The review process focuses on the verification of education (certificates, diplomas, transcripts and degrees), the verification of licenses and the demonstration of English language proficiency.
  - c. FCCPT Educational Credentials Review – Used primarily for licensure. The review process focuses on the evaluation of an individual’s educational credentials through a course-by-course review of school transcripts and course descriptions. The evaluation is intended to determine that coursework content requirements have been met in order for an individual’s education to be deemed substantially equivalent to that of a graduate from a U.S. accredited physical therapy program. This may also be used for admissions requirements into some US educational programs. (applicants should check with the individual admissions officers at the educational institutions)
2. FCCPT does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, or disability in employment or the provision of services.
3. FCCPT performs all evaluations objectively and bases its evaluation on predetermined standards.
4. You may appeal a decision of FCCPT in accordance with FCCPT's Appeals Policy.

**MATERIALS TO BE SUBMITTED TO FCCPT DIRECTLY BY APPLICANT**

*Directions:* Please submit the following items directly to the Foreign Credentialing Commission on Physical Therapy at 511 Wythe Street, Alexandria, Virginia 22314-1917. You are encouraged to send your Application to FCCPT in advance of any documents from institutions and other organizations. FCCPT will only start a file folder upon receipt of a completed Application accompanied by full payment of fees. Documents received prior to receiving a paid Application will be kept of file for only six (6) months. We cannot guarantee that documents submitted prior to a paid application will be matched to your application.

1. A complete, notarized Application with one (1) recent passport-type photograph;
2. A copy of your physical therapy education certificate(s), diploma(s) or degree(s) that has been notarized as a “True copy of the original;”
3. A copy of your secondary education certificate(s) or diploma(s) that has been notarized as a “True copy of the original;”

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

**Physical Therapist Credentials Evaluation Application  
INSTRUCTION AND INFORMATION SHEET**

4. A completed *Application Fee Worksheet*. This determines the amount due.
5. A non-refundable application fee made payable to FCCPT. Only a certified check or money order will be accepted for payment. Please do not send personal checks.
6. FCCPT recommends that applicants supply their own address, phone and e-mail address under personal history. As the client of FCCPT we can only guarantee that you will be kept informed or notified if we are able to contact you directly.
7. If another person will represent you, you must provide to FCCPT a letter that you have signed, and had notarized in the country where you reside. **Without this letter, no information will be given to anyone other than yourself.** The letter must include:
  - a. The name of the person being designated as your representative. **DO NOT** designate a company.
  - b. Address, contact phone number, and e-mail address for the designee,
  - c. Your date of birth (required).
  - d. Other identifying information such as YOUR social security number, passport or visa number.
  - e. A form has been attached to the end of this application for release of information to another person.

**MATERIALS TO BE SUBMITTED TO OTHER INSTITUTIONS**

**Do not arrange for third parties to pick up documents in an effort to expedite their delivery.**

FCCPT cannot verify that these are original documents if they are not sent directly from the institution issuing the documents. If you use a courier service, such as FedEx, DHL, etc., the representative from the institution must place the sealed documents in the transport package. When there is any question of document mishandling, FCCPT will verify that the documents are authentic. This will delay the processing of the final report.

*Directions:* Please forward the following forms to the appropriate issuing institution(s) requesting that documents be sent *directly* to FCCPT from those institutions.

- *Request for Academic Credentials Verification* (filled out by applicant) and
- *Academic Credentials Verification* (to be filled out by Registrar).
  - Purpose: Verification of all academic credentials (transcripts/mark sheets/grade lists/etc.) and syllabus/course descriptions/detailed course content outlines from institution(s) where you completed you college/university level education. Please provide documents for **ALL** Higher Education institutions attended.
- *Request for Verification of Physical Therapy License* (filled out by applicant.) and
- *Verification of Physical Therapy License* (filled out by regulatory authority).
  - Purpose: Verification of physical therapy license, or equivalent, from the country where you completed your physical therapy education. Make additional copies of these forms if you have more than one license to verify.

**Translations by Certified Translators must be provided for all non-English language documents.** If the University does not provide translations, request that the University send the original language documents *directly* to FCCPT. FCCPT will provide you with copies to send to a Certified Translator. The Certified Translator must send the original language documents and translations *directly* to FCCPT.

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

**Physical Therapist Credentials Evaluation Application  
INSTRUCTION AND INFORMATION SHEET**

For Type I and Type II certification, these additional requirements must be satisfied:

1. You must provide passing scores on the English Language Proficiency Exams recognized in the federal regulations, which are the TOEFL/TWE/TSE or the TOEFL iBT given by Educational Testing Services (ETS). Information about these tests can be found on the ETS website, [www.ets.org](http://www.ets.org). Current passing score requirements are also on the FCCPT website, [www.fccpt.org](http://www.fccpt.org) in the FAQ's section. FCCPT's institutional code is 8164.
2. A *Score Transfer Report* from the Federation of State Boards of Physical Therapy (FSBPT) to verify your National Physical Therapy Examination (NPTE) score. Contact FSBPT Score Transfer Service at 703-739-9420 or go to their website <https://www.fsbpt.net/pt/TransferScores.cfm>. NOTE: If you are applying for a Type I certificate, this requirement only applies if you have already taken the NPTE.
3. Licensure verification (if applicable) must be sent directly to FCCPT by the issuing licensing jurisdiction, both U.S. and foreign. Use the forms labeled *Request for Verification of Physical Therapy License* included in the application packet (Make additional copies if you have more than one license to verify). Applicants must report all licenses and provide verification of ALL current licenses.
  - If you are applying for a Type I certificate, you **MUST** show a license or eligibility to practice in the country where you were educated.
  - If you are applying for a Type II certificate, you **MUST** hold a current, active and valid license in a US jurisdiction.

**EVALUATION PROCESS**

1. Before credentials can be evaluated, your file must be complete with all required documents. The greatest delays in processing an application typically occur in the collection of required documents. It is your responsibility to ensure that the appropriate documents are provided to us in a timely manner so that a credentials evaluation can be completed. Unless you have heard from us on the status of your application, it is recommended that you check with us every three weeks to determine which documents remain outstanding. You may contact us at 703-684-8406, Monday through Friday (except holidays), 1:00 PM to 4:00 PM Eastern Time, or you may e-mail [help@fccpt.org](mailto:help@fccpt.org), [typ1@fccpt.org](mailto:typ1@fccpt.org); [typ2@fccpt.org](mailto:typ2@fccpt.org) or [credentialsreview@fccpt.org](mailto:credentialsreview@fccpt.org).
2. An application is complete when:
  - a. The Credentials Evaluation Application form is notarized, and includes the required photograph;
  - b. All fees have been paid by cashier's check or money order;
  - c. Official transcripts including syllabi/course descriptions/course content outlines have been received, from the appropriate institution, for your physical therapy education;
  - d. Notarized copies of certificates, diplomas or degrees have been received for your secondary and physical therapy education;
  - e. Verification of licensure has been received;
  - f. English Language Proficiency test scores and NPTE scores are provided (if applicable)
3. Once your file is complete, it is sent to a reviewer for evaluation. Situations sometimes occur where detailed research may be necessary resulting in a delay of the evaluation. We will attempt to keep you informed if an evaluation cannot be completed in the normal processing time. Review times are average, and are not guaranteed.
  - a. Type I Comprehensive Credentials Evaluation           16 weeks
  - b. Type II Visa Credentials Verification                   5-15 working days
  - c. Educational Credentials Review                           16 weeks

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

**Physical Therapist Credentials Evaluation Application**

**INSTRUCTION AND INFORMATION SHEET**

4. We send Final Reports to you and to one jurisdiction or agency, as indicated on the Application.
  - a. Please note that some jurisdictions require the results to be transferred to a state specific tool, There is an added fee for this service of \$50.00. Currently the states that require this service are California and Nebraska. Applicants should check the licensure application for information on this requirement.
5. You may request additional reports for additional jurisdictions or agencies in writing. There is a fee of \$50.00 for each additional report.
6. Official documents received directly from issuing institutions and notarized photocopies received from applicants become the property of FCCPT and will not be returned or released (you can request notarized photocopies for a fee).
7. FCCPT evaluations are based upon information available at the time your credentials are reviewed. If you request it, FCCPT will update its report based upon additional information that may not have been available at the time the review was completed. A re-evaluation fee of \$200.00 will be charged in such cases. Please download and use the application for re-evaluation.
8. **Applications expire twelve (12) months from the date that they are received.** If we have not received all the required materials from you and the educational institutions within 12 months, your Application will be closed and you will forfeit the application fee. **If you wish to maintain or re-activate your Application, submit an application for re-activation and the fee of \$200.00.** This will allow you an additional 12 months to complete your documents.
9. **KEEP A COMPLETED COPY OF THE APPLICATION AND ALL FORMS FOR YOUR FILES.**

**Physical Therapist Credentials Evaluation  
APPLICATION**

**Do not use this form if you are applying for a license in New York State, only.  
Use the NYS Credentials Verification Application.**

*Directions:* Please type or print in the appropriate spaces below. Submit completed application, appropriate forms, and the required fee(s) to the Foreign Credentialing Commission on Physical Therapy, 511 Wythe Street, Alexandria, Virginia 22314-1917.

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

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

Check the service that you are requesting:

1. Licensing and Immigration

- Applications received by December 31, 2005: \$US 600.00
- Applications received after December 31, 2005: \$US 630.00

Service: FCCPT Comprehensive Credentials Evaluation Certificate (Type I)

a. List state(s) where you are applying:

i. \_\_\_\_\_ Free Report \_\_\_\_\_

ii. \_\_\_\_\_ Duplicate Report Fee: (\$50.00) \_\_\_\_\_

iii. \_\_\_\_\_ Duplicate Report Fee: (\$50.00) \_\_\_\_\_

(If applying to New York for licensure, you must also complete requirements on the  
New York State Credentials Verification Application)

2. Immigration (adjustment of status)

- Applications received by December 31, 2005: \$US 425.00
- Applications Received by December 31, 2005: \$US 445.00

Service: FCCPT Visa Credential Verification Certificate (Type II)

3. Licensure ONLY

- Applications received by December 31, 2005: \$US 425.00
- Applications Received by December 31, 2005: \$US 445.00

Service: FCCPT Educational Credentials Review

a. List state(s) where you are applying:

i. \_\_\_\_\_ Free Report \_\_\_\_\_

ii. \_\_\_\_\_ Duplicate Report Fee: (\$50.00) \_\_\_\_\_

iii. \_\_\_\_\_ Duplicate Report Fee (\$50.00) \_\_\_\_\_

Has FCCPT performed previous services for you?

Yes       No

If yes, please specify service performed, month/year of service and your file number:

\_\_\_\_\_



FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

**Physical Therapist Credentials Evaluation  
APPLICATION**

7. Have you previously taken the National Physical Therapy Examination (NPTE) for physical therapy licensure? (Check one) Yes No If yes, please give date(s)/jurisdiction licensing board(s):

DATE

JURISDICTION

_____	_____
_____	_____
_____	_____

8. List all countries and/or states where you hold a physical therapy license:

COUNTRY/STATE

EXPIRATION DATE

LICENSE NO.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EDUCATION**

1. Secondary education:

SCHOOL NAME (CITY & COUNTRY)	DATES OF ATTENDANCE		DIPLOMA RECEIVED DATE OF GRADUATION
	FROM	TO	

2. Higher education: PT and non-PT Education

SCHOOL NAME (CITY & COUNTRY)	DATES of ATTENDANCE		DEGREE RECEIVED DATE OF GRADUATION
	FROM	TO	



**Physical Therapist Credentials Evaluation  
APPLICATION**

**Statement of Moral Character**

*Directions:* Please circle the appropriate answer. If you answer any of the statements "yes," attach a brief explanation to your application.

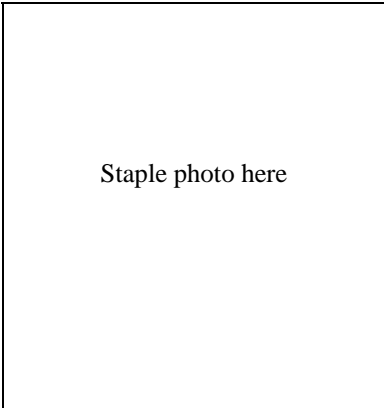
- |  |     |    |
|--|-----|----|
| 1. Have you used drugs or intoxicating substances to an extent which has affected your professional competency?  | Yes | No |
| 2. Have you been convicted for violating any municipal, state, national, international, or narcotics law?  | Yes | No |
| 3. Have you ever been convicted of a felony?   | Yes | No |
| 4. Have you had your license and/or registration to practice as a physical therapist suspended or revoked or have you been disciplined by a physical therapy licensing board or other licensing board in any other state or country? | Yes | No |
| 5. Have you ever had an application for licensure denied, refused, suspended, or revoked by a physical therapy licensing board or other licensing board in any other state or country?   | Yes | No |
| 6. Is your license or application for license under current investigation by a physical therapy licensing board in any other state or country?   | Yes | No |

**ATTESTATION:**

**Do not submit this application unless you understand and agree to the following terms.**

1. I certify that to the best of my knowledge the supplied information is true, accurate and complete.
2. I understand that this evaluation and any related Certification issued by FCCPT is not binding upon any institution, organization or agency and does not guarantee that I will receive licensure or other status I seek.
3. I hereby release FCCPT, its officers, directors, and agents from any and all liability for claims or damages arising directly or indirectly from FCCPT's evaluation, certification or failure to certify me. This release includes, without limitation, claims or damages relating to the actions or inactions of any institution, organization, agency or other person that uses the evaluation or certification provided by FCCPT. Further, I agree to reimburse FCCPT and its agents for any and all costs, including but not limited to legal expenses, which FCCPT or its agents may incur as a result of any claim or action that I (or anyone having any interest in my earnings or services) may bring, related directly or indirectly from FCCPT's evaluation, certification or failure to certify me.
4. I acknowledge that if FCCPT or its agents determine that **ANY** document(s) submitted with respect to an application is altered or irregular, the evaluation process will be terminated and FCCPT shall retain all fees I have already paid to FCCPT.
5. I release the FCCPT and its agents from **ANY AND ALL** liability for the loss or damage to documents submitted with respect to an application for an evaluation or certification
6. I agree that the fees, once paid, are **not** refundable, except in the case of overpayment.
7. I acknowledge that information and documents relative to me may be disclosed and disseminated to certain third parties including but not limited to a network of educational credential evaluators/ services, and I hereby consent to and authorize such disclosure and dissemination of information
8. I certify that I have read and fully understand the above, and agree to the terms outlined.

Staple recent photo here; **do not tape or glue photo.**



I, \_\_\_\_\_,  
(PLEASE PRINT NAME)

hereby certify under oath that I am the person named in the application; that all statements and documents enclosed herein are true; that should the Foreign Credentialing Commission on Physical Therapy determine that I have falsely answered or responded to any portion of this application, I may be denied certification by the Foreign Credentialing Commission on Physical Therapy; that the photograph attached is a true and recent likeness; I have read, understand and agree to the terms outlined herein.

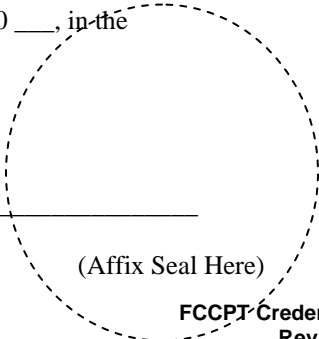
\_\_\_\_\_  
Signature of Applicant

**THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A VALID, NOTARIZATION.**

**NOTARY**

Subscribed and sworn to before me, this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, in the  
Country of \_\_\_\_\_, State of \_\_\_\_\_,  
City of \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY



FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)  
**Physical Therapist Credentials Evaluation**  
**REQUEST FOR ACADEMIC CREDENTIAL VERIFICATION**  
(For completion by applicant)

*Directions:* Please complete this form and send it, along with the *Academic Credential Verification Form*, to the Registrar's Office at each University or institution of higher learning where you completed your physical therapy education and any other university level work.

Attention: Registrar, \_\_\_\_\_  
University or institution of higher learning

Please verify and release my educational records (transcripts/mark sheets/grade lists, etc. and syllabus/course descriptions/detailed course content outlines), for the period in which I completed my education at your institution, to the Foreign Credentialing Commission on Physical Therapy, 511 Wythe Street, Alexandria, VA. 22314-1917. Also, please complete and include with my records the enclosed *Academic Credential Verification Form* for completion by the Registrar.

I hereby authorize the release of my educational records to the Foreign Credentialing Commission on Physical Therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Previous Name, if different: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ (Include country and area/city code for home and work.)

E-mail: \_\_\_\_\_

Date(s) attended university or institution of higher learning:

\_\_\_\_\_  
From To

Certificate/Diploma/Degree Awarded: \_\_\_\_\_

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

**Physical Therapist Credentials Evaluation  
ACADEMIC CREDENTIAL VERIFICATION**

(For completion by Registrar)

*Directions to Registrar:* Please send this form along with the educational records (transcripts/mark sheets/grade lists/etc. and syllabus/course descriptions/detailed course content outlines) of \_\_\_\_\_ to FCCPT, 511 Wythe Street, Alexandria, Virginia 22314-1917, USA. Should you have any questions please contact us at: Telephone, 703-684-8406; Fax, 703-684-8715; or E-mail, [help@fccpt.org](mailto:help@fccpt.org). If there is no Registrar at the university or institution of higher learning, this form should be completed by the person charged with such duties.

Name of University/Institution: \_\_\_\_\_

Name/Title of Official completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Name as a Student: \_\_\_\_\_

Name of Degree/Diploma Awarded: \_\_\_\_\_

Admission Requirements (years of education): \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

If applicant cannot be cleared for graduation at this time, please indicate the reason, e.g. all requirements for the certificate, diploma or degree have not been met and/or the individual has outstanding financial obligations to the institution.

\_\_\_\_\_  
\_\_\_\_\_

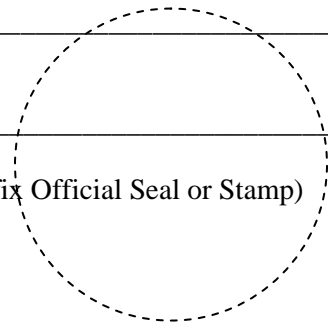
**Signature is required for completion of this form.**

I hereby attest that my responses are complete and accurate to the best of my knowledge. In witness whereof, I hereby set my hand and seal of this institution this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Registrar's Name or other Official: \_\_\_\_\_  
(Please Print)

Registrar/Official Signature: \_\_\_\_\_

(Affix Official Seal or Stamp)



**Physical Therapist Credentials Evaluation**  
**REQUEST FOR VERIFICATION OF PHYSICAL THERAPY LICENSE**  
**(For completion by applicant)**

Directions: Please complete this form and send it, along with the *Verification of Physical Therapy License*, to the appropriate regulatory authority that will verify your license to practice physical therapy. Include an envelope addressed to FCCPT, 511 Wythe Street, Alexandria, Virginia 22314-1917, USA.

Attention: Licensing Board, Government Agency or other Organization,

\_\_\_\_\_  
State/Country/Other Jurisdiction

Please verify to the Foreign Credentialing Commission on Physical Therapy, on the enclosed *Verification of Physical Therapy License* form or on your own form currently in use for this purpose, my license, registration or other record indicating my eligibility to practice physical therapy within your state, country or other jurisdiction.

I hereby authorize the verification of my licensure, registration or other record indicating my eligibility to practice physical therapy within your state, country or other jurisdiction to the Foreign Credentialing Commission on Physical Therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Name under which license was issued, if different from the above:

\_\_\_\_\_  
Last First Middle

Physical Therapy License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Month/Day/Year) (Include country and area/city code)

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(Include country and area/city code)

**NOTE: If you do not hold a license, please mark the following box, place your signature on the line provided, and return this form to FCCPT.**

**I DO NOT HOLD ANY LICENSE FOR PHYSICAL THERAPY.**

\_\_\_\_\_  
Signature Date

**Physical Therapist Credentials Evaluation**  
**VERIFICATION OF PHYSICAL THERAPY LICENSE**  
**(For completion by appropriate regulatory authority)**

*Directions for regulatory authority:* Please send this form or an appropriate substitute currently in use by your organization for this purpose to FCCPT, 511 Wythe Street, Alexandria, Virginia 22314-1917, USA. Should you have any questions please contact FCCPT at: Telephone, 703-684-8406; Fax, 703-684-8715; or E-mail, [help@fccpt.org](mailto:help@fccpt.org).

Regulatory Authority: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

The above named person held/holds a license, is registered or is otherwise authorized to practice physical therapy by the above name regulatory authority from \_\_\_\_\_ to \_\_\_\_\_.  
(Month/Day/Year) (Month/Day/Year)

Status of License/Registration/Other (Check One):

\_\_\_\_\_ Active/Current \_\_\_\_\_ Expired \_\_\_\_\_ Inactive \_\_\_\_\_ Restricted\*

\*If the applicant's license to practice physical therapy has ever been revoked, suspended, limited, or placed on probation, please attach documentation describing the reason for such action.

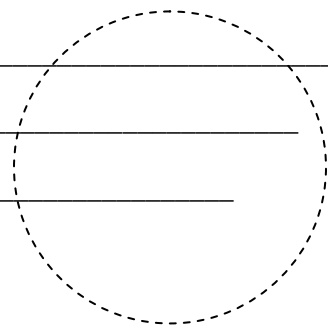
**Signature is required for completion of this form.**

I hereby attest that my responses are complete and accurate to the best of my knowledge. In witness whereof, I hereby set my hand and seal of this institution this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Official completing this form: \_\_\_\_\_

Print Name of Official completing this form: \_\_\_\_\_

Title of Official completing this form: \_\_\_\_\_  
(Affix Official Seal or Stamp)



FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)

**Physical Therapist Credentials Evaluation  
APPLICATION FEE WORKSHEET**

Applicant name: \_\_\_\_\_

	Description	Fees (USD)	Quantity	Amount
1.	FCCPT Credential Evaluation <sup>1</sup> Received by December 31, 2005 Received <b>after</b> December 31, 2005	\$425.00 \$445.00		
2.	FCCPT Comprehensive Credentials Evaluation Certificate (Type I) <sup>2</sup> Received by December 31, 2005 Received <b>after</b> December 31, 2005	\$600.00 \$630.00		
3.	FCCPT Visa Credentials Verification Certificate (Type II) <sup>3</sup> Received by December 31, 2005 Received <b>after</b> December 31, 2005	\$425.00 \$445.00		
4.	Reapplication <sup>4</sup>	\$200.00		
5.	Reevaluation <sup>5</sup>	\$200.00		
6.	Duplicate Report(s)	\$50.00		
7.	Fees for States that require conversion of Credentials to a second state form: CA, NE, OH, etc...	\$50.00		
8.	Faxed copy of report (outside U.S.)	\$5.00 per page		
9.	Faxed copy of report (domestic)	\$2.00 per page		
10.	Photocopies of original documents notarized by FCCPT <sup>6</sup>	\$2.00 per page		
11.	Retrieval of Documents from Archives, > 90 days after final report	\$50.00		
12.	Other (Please Specify)			
	<b>Total Fees</b>			\$

**Important Note:** Please enclose a certified check or money order made payable to FCCPT. Do not send cash or personal checks. FCCPT reserves the right to adjust the fee schedule at any time without notice.

<sup>1</sup> Includes report forwarded to applicant and one state. If additional report(s) are required, a duplicate report fee will be charged.

<sup>2</sup> Includes certificate and report forwarded to applicant and one state. If additional report(s) are required, a duplicate report fee will be charged.

<sup>3</sup> Includes certificate for submission to the United States Citizenship & Immigration Services (formerly INS).

<sup>4</sup> Fee to reinstate expired application.

<sup>5</sup> Re-review of evaluation based on new information provided by applicant.

<sup>6</sup> This charge is for documents already on file with FCCPT, not documents that accompany this application.

**Physical Therapist Credentials Evaluation  
APPLICATION CHECKLIST**

**HAVE YOU INCLUDED THE FOLLOWING IN YOUR APPLICATION?**

- Completed *Credentials Evaluation Application* with notarized signature.
- Current passport photo.
- Copy of physical therapy certificate, diploma or degree notarized “To be a True Copy of the Original.”
- Copy of secondary education certificate or diploma notarized “To be a True Copy of the Original.”
- Application Fee Worksheet*.
- Money order or certified check for appropriate fee made payable to FCCPT.
- If another person will represent you, a letter that you have signed and had notarized in the country where you reside authorizing this person to represent you.

**HAVE YOU ARRANGED FOR THE FOLLOWING DOCUMENTS TO BE MAILED DIRECTLY TO FCCPT?**

- Academic Credentials Verification* from the country where your physical therapy education was completed. Use the *Request for Academic Credentials Verification*.
- License/Registration Verification* from all licensing jurisdiction(s) where you hold a valid physical therapy license. Use the *Request for License/Registration Verification*.
- Transcripts/mark sheets/grade lists/etc. and corresponding syllabus/course descriptions from the educational institution where your physical therapy education was completed.
- Translations by Certified Translators for all non-English language documents. If the University does not provide translations, request that the University send the original language documents *directly* to FCCPT. FCCPT will provide you with copies to send to a Certified Translator. The Certified Translator must send the original language documents and translations *directly* to FCCPT.
- English proficiency scores: TOEFL, TWE & TSE (Type I and II certification applicants only).
- National Physical Therapy Examination (NPTE) score from the score transfer service of the Federation of State Boards of Physical Therapy (Type II applicants only).

Note: An Application file will be started with receipt of a completed Application and full payment. You are encouraged to send your Application to FCCPT in advance of any documents from institutions and other organizations. Documents received without an active Application file will be sent to archives and held for six months. A retrieval fee may be assessed.

**[KEEP THIS CHECKLIST FOR YOUR FILE.]**



**FCCPT RELEASE OF INFORMATION/  
AUTHORIZATION LETTER\***

I, \_\_\_\_\_, grant permission to FCCPT to  
(Name of Applicant)

released to the authorized representative, (named below) any information about my application for services from FCCPT, including the status of my application, the progress towards any credentials review, examination or test, and any other information in or relating to my file at FCCPT.

Signature of Applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_

Applicant's SS#, Passport Number or Visa Number \_\_\_\_\_

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**Final reports and certificates will be sent to the applicant, not this representative**

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**AUTHORIZED REPRESENTATIVE**

Name of Representative \_\_\_\_\_  
(Please print clearly)

Telephone: (daytime): \_\_\_\_\_

(evening): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\_\_\_\_\_

Notary Seal and Signature:

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

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\* **Due to federal confidentiality laws, FCCPT is not permitted to release information without permission to any third party, including family members.**