FCCPT
FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY

RE-EVALUATION STATEMENT FORM

Name:			
	Last Name	First Name	Middle Name

Date of Birth:	Month:		Day:		Year:		File Number:	

Instructions: Upload here or mail to: FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825, USA

NOTE: Only list institutions where you have taken additional courses since your previous evaluation. For CLEP Exams, enter "CLEP" as Name of College or University and provide the Exam Name in the Course Name / CLEP Exam field.

Name of College or University	Course Name(s) / CLEP Exam	Country	PT Classes? (Yes or No)	From (Year)	To (Year)	Degree Name (if awarded)	Date Degree Awarded (MM/DD/YYYY)
			No				
			No				
			No				
			No				
			No				
			No				
			No				
			No				
			No				
			No				

Please list where you would like your Included Report(s) to be sent. You receive one Included Report with the Re-evaluation, plus one for each Duplicate Report you ordered under you previous evaluation as long as your request for the Included Reports is received within 15 days of your application for the Re-evaluation. After 15 days of application, you will have to apply for a Duplicate Report and pay the associated fee.

EXAMPLE: If your previous evaluation report was sent to three jurisdictions, then you receive three Included Reports for your Re-evaluation as long as we receive the request for the Included Reports within 15 days of your application. For any additional states, you must apply separately for a Duplicate Report.

Included Report Recipient(s): _____

Note: Re-evaluations are completed on the Coursework Evaluation Tool completed in your Primary Service.

This information will not be processed without your signature.

SIGNATURE OF APPLICANT _____ DATE _____