

## ATTESTATION FORM FOR NEW YORK STATE CREDENTIALS VERIFICATION

|       |           |            |             |
|-------|-----------|------------|-------------|
| Name: |           |            |             |
|       | Last Name | First Name | Middle Name |

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

### TERMS AND CONDITIONS

The following clarifies the obligations of the Foreign Credentialing Commission on Physical Therapy (FCCPT) and you, the applicant, concerning the NYS Credential Verification service:

1. FCCPT is providing the New York State (NYS) Credentials Verification as a service solely for the New York State Education Department:
  - a. FCCPT will provide to the New York State Education Department a report on the authenticity of educational documents and professional licenses and/or registrations it has verified or attempted to verify on your behalf.
  - b. FCCPT will make no determination as to the equivalency or sufficiency of your education through the NYS Credentials Verification service, and assumes no responsibility for the outcome of your request for licensure in New York State.
  - c. Once FCCPT has completed its verification, your credentials will be evaluated by the New York State Education Department as part of your separate license application with the state of New York.
2. FCCPT reserves the right to review only those materials it deems applicable to the service being requested.
3. No verification services will be conducted until a completed application, including this notarized attestation and payment in full, have been received by FCCPT.
4. Fees as published on the FCCPT website are subject to change.

### ATTESTATION

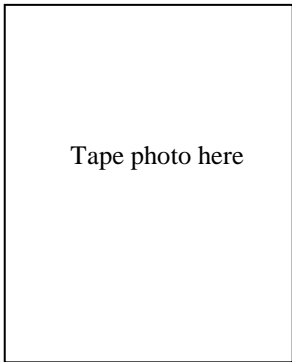
**Submission of this form is an acknowledgement that you understand and agree to the following terms:**

1. I certify that, to the best of my knowledge, the supplied information is true, accurate and complete.
2. I understand that if any document or information submitted to FCCPT is found to be falsified, altered, or tampered with, FCCPT will report such to the New York State Education Department and any other appropriate authority, and the consequences could adversely affect my professional license, immigration status, employment, and other matters.
3. I understand that the NYS Credentials Verification and any related certification issued by FCCPT is not binding upon any institution, organization, or agency and does not guarantee that I will receive an adjustment of my status or other outcome I seek.
4. I hereby release FCCPT, its officers, directors, and agents from any and all liability for claims or damages arising directly or indirectly from FCCPT credentials verification, any related evaluation, and any subsequent issuance or denial of certification or licensure. This release includes, without limitation, claims or damages relating to the actions, or failure to act, of any institution, organization, agency or other person that uses the documents collected and verified by FCCPT.
5. 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 credentials verification service.
6. I acknowledge that if FCCPT or its agents determine that **ANY** document(s) submitted with respect to an application is altered or irregular, the NYS verification process will be terminated and FCCPT shall retain all fees already paid to FCCPT. I understand that FCCPT will notify the New York State Education Department of such findings and the consequences could affect my licensure application, immigration status, employment and other matters, from which I release FCCPT from all liability.
7. I release FCCPT and its agents from **ANY AND ALL** liability for the loss or damage to documents submitted with respect to an application for verification of credentials or certification.
8. I agree that the fees, once paid, are **not** refundable, except in the case of overpayment.

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9. I acknowledge and authorize FCCPT to disclose information, the status of verification by FCCPT, any other information obtained by FCCPT, and the results and reasons for any adverse action taken against me by FCCPT relative to the New York State Credentials Verification, and to certain third parties that FCCPT may determine to have a legitimate interest in reviewing the same, including but not limited to a network of educational credential evaluators/services, government agencies, potential employers, etc. and I hereby consent to and authorize such disclosure and dissemination of information.

Tape recent photo here; **do not staple photo.**



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

hereby certify under oath that I am the person named in the application; that all statements and documents submitted, or to be submitted, are true; and that should the Foreign Credentialing Commission on Physical Therapy (FCCPT) determine that I have falsely responded to any portion of this application or, knowingly or unknowingly submit falsified or altered documents related to the NYS Credentials Verification Service, the information will be furnished to the New York State Education Department and I may be denied verification by FCCPT and be restricted from access to future services by FCCPT. I attest that the photograph attached is a true and recent likeness and I have read, understand and agree to the terms outlined herein.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**THIS ATTESTATION WILL NOT BE PROCESSED WITHOUT A VALID NOTARIZATION.**

Subscribed and sworn to before me, \_\_\_\_\_ this \_\_\_\_\_  
(Print Name of Notary)

day of \_\_\_\_\_, 20 \_\_\_\_\_, in the Country of \_\_\_\_\_,

State of \_\_\_\_\_, City of \_\_\_\_\_.

(Affix Seal Here)

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