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 the applicant (you) concerning the NYS Credential Verification service:

1. FCCPT is providing the NYS Credentials Verification as a service solely for the New York State Education Department. FCCPT will provide to the New York State Education Department a report on the authenticity of documents, licenses and registrations it has verified or attempted to verify at your request. FCCPT assumes no responsibility for, and has made no determination as to the comparability or sufficiency of your education for licensure in New York State. Once FCCPT has completed its verification, your credentials will be evaluated by the New York State Education Department as part of your license application.
2. FCCPT reserves the right to review only those materials it deems applicable to the service being requested.
3. No verification will be conducted until a completed application, including this notarized signature attestation, and payment in full has been received by FCCPT.
4. Fees as published with this application are subject to change.

ATTESTATION

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

1. I certify that I have read and agree to the terms and conditions as outlined above.

2. I certify that to the best of my knowledge, the supplied information is true, accurate and complete.

3. I understand that FCCPT and others will rely on this application and on the documents and information submitted, and that if any of it is 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.

4. I understand that the New York State 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.

5. I hereby release the FCCPT, its officers, directors, and agents from any and all liability for claims or damages arising directly or indirectly from FCCPT's credentials verification and any related evaluation, certification or failure to certify me. 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 evaluation or certification provided by FCCPT. Further, I agree to reimburse the 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 verification, evaluation, certification or failure to certify me.

6. I acknowledge that if FCCPT or its agents determine that **ANY** document(s) submitted with respect to an application is altered or irregular or that information provided in the application is erroneous, the NYS verification and FCCPT evaluation process will be terminated and FCCPT shall retain all fees already paid to FCCPT by me. 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.

9. I acknowledge and authorize FCCPT to disclose information and documents, the status of reports, verifications or evaluations prepared by FCCPT, any other information obtained by FCCPT, and the results and reasons for any adverse action taken against me by FCCPT relative to me to the New York State Education Department, 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.

10. I certify that I have read and fully understand the above, and agree to the terms outlined.

Staple passport style photo taken within the last year; **do not tape or glue photo.**

Staple photo here

This application will not be processed without your valid, notarized signature.

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, the information will be furnished to the New York State Education Department and 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

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

day of _____, 20 _____, in the Country of _____,

State of _____, City of _____.

_____
SIGNATURE OF NOTARY

(Affix Seal Here)