



**New York State Credentials Verification  
CERTIFICATION OF LICENSE/REGISTRATION NOT HELD**

Last Name		First Name		Middle Name			
Date of Birth:	Month:	Day:	Year:	File Number:			

**INSTRUCTIONS**

Please complete the following if you do not hold a license to practice physical therapy in your country of education or any other non-US territory. Mark the appropriate box(es). Be sure to sign the form and return it to FCCPT.

- I do not hold any license, registration, or other record authorizing me to practice as a physical therapist or physical therapy assistant in the country of my education.
- I do not hold any license, registration, or other record authorizing me to practice as a physical therapist or physical therapy assistant in any non-US territory.

**ATTESTATION**

**Note: Do not submit this form 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 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.
3. I acknowledge that the attestation signed when I submitted my application is still in force and that this document is intended to correct information mistakenly entered or omitted at the time of the application.

**This information will not be processed without your signature.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mail to:  
FCCPT  
124 West Street South, 3rd Floor  
Alexandria, VA 22314-2825  
USA

Or fax to:  
703-684-8715