FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY

New York State Credentials Verification
ACADEMIC CREDENTIALS VERIFICATION REQUEST

Dear Registrar, _____
University or institution of higher learning

_____
(Mailing) Address

_____
(Mailing) Address

I have applied to the New York State Education Department for licensure as a:

☐ Physical Therapist ☐ Physical Therapist Assistant.

The Foreign Credentialing Commission on Physical Therapy (FCCPT) has been authorized by the New York State Education Department to obtain my academic records. Please verify and release my official records (transcripts/mark sheets/grade lists, etc. and syllabus/course descriptions), for the period in which I completed my physical therapy education at your institution, to the Foreign Credentialing Commission on Physical Therapy, 124 West Street South, 3rd Floor, Alexandria, Virginia 22314-2825. Also, please complete and include with my records the enclosed *New York State Academic Credential Verification* for completion by the Registrar.

Personal Information:

Name: _____
Last First Middle

Previous Name as a student, if different:

_____
Last First Middle

Date of Birth: _____
(Month/Day/Year)

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

Signature: _____ Date: _____