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

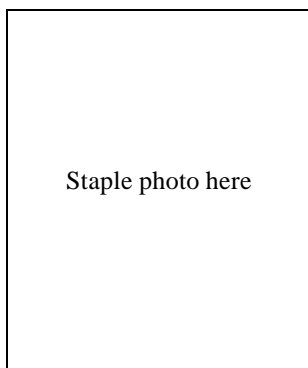
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| Date of Birth: | Month: | | Day: | | Year: | | File Number: | |
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ATTESTATION to FCCPT:

Do not submit this Physical Therapist Assistant Educational Equivalency Review application 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 understand that this evaluation and any related Certification issued by FCCPT is not binding upon any institution, organization or agency and does not guarantee that I will receive licensure or other status I seek.
3. I hereby release FCCPT, its officers, directors, and agents from any and all liability for claims or damages arising directly or indirectly from FCCPT's evaluation, certification or failure to certify me. This release includes, without limitation, claims or damages relating to the actions or inactions of any institution, organization, agency or other person that uses the evaluation or certification provided by FCCPT. 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's evaluation, certification or failure to certify me.
4. 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.
5. I release the FCCPT and its agents from **ANY AND ALL** liability for the loss or damage to documents submitted with respect to an application for an evaluation or certification
6. I agree that the fees, once paid, are **not** refundable, except in the case of overpayment.
7. I acknowledge that information and documents relative to me may be disclosed and disseminated to certain third parties including but not limited to a network of educational credential evaluators/ services, and I hereby consent to and authorize such disclosure and dissemination of information
8. I certify that I have read and fully understand the above, and agree to the terms outlined.

Staple recent photo here; **do not tape or glue photo.**



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, 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

THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A VALID, NOTARIZATION.

NOTARY

Subscribed and sworn to before me, this ____ day of _____, 20 ____, in the

Country of _____, State of _____, City of _____

SIGNATURE OF NOTARY

(Affix Seal Here)

