

FOREIGN CREDENTIALING COMMISSION ON PHYSICAL THERAPY (FCCPT)  
**Physical Therapist Credentials Evaluation**  
**REQUEST FOR ACADEMIC CREDENTIAL VERIFICATION**  
**(For completion by applicant)**

*Directions:* Please complete this form and send it, along with the *Academic Credential Verification Form*, to the Registrar's Office at each University or institution of higher learning where you completed your physical therapy education and any other university level work.

Attention: Registrar, \_\_\_\_\_  
University or institution of higher learning

Please verify and release my educational records (transcripts/mark sheets/grade lists, etc. and syllabus/course descriptions/detailed course content outlines), for the period in which I completed my education at your institution, to the Foreign Credentialing Commission on Physical Therapy, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825. Also, please complete and include with my records the enclosed *Academic Credential Verification Form* for completion by the Registrar.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal Information:

Name: \_\_\_\_\_  
Last First Middle

Previous Name, if different: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
(Month/Day/Year)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Include country and area/city code for home and work.)

E-mail: \_\_\_\_\_

Date(s) attended university or institution of higher learning:

\_\_\_\_\_  
From To

Certificate/Diploma/Degree Awarded: \_\_\_\_\_

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**Physical Therapist Credentials Evaluation**  
**ACADEMIC CREDENTIAL VERIFICATION**  
(For completion by Registrar)

*Directions to Registrar:* Please send this form along with the educational records (transcripts/mark sheets/grade lists/etc. and syllabus/course descriptions/detailed course content outlines) of \_\_\_\_\_ to FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825. Should you have any questions please contact us at: Telephone, 703-684-8406; Fax, 703-684-8715; or E-mail, [help@fccpt.org](mailto:help@fccpt.org). If there is no Registrar at the university or institution of higher learning, this form should be completed by the person charged with such duties.

Name of University/Institution: \_\_\_\_\_

Name/Title of Official completing this form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Name as a Student: \_\_\_\_\_

Name of Degree/Diploma Awarded: \_\_\_\_\_

Admission Requirements (years of education): \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

If applicant cannot be cleared for graduation at this time, please indicate the reason, e.g. all requirements for the certificate, diploma or degree have not been met and/or the individual has outstanding financial obligations to the institution.

**Signature is required for completion of this form.**

I hereby attest that my responses are complete and accurate to the best of my knowledge. In witness whereof, I hereby set my hand and seal of this institution this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Registrar's Name or other Official: \_\_\_\_\_  
(Please Print)

Registrar/Official Signature: \_\_\_\_\_

(Affix Official Seal or Stamp)