



## FCCPT RE-EVALUATION STATEMENT FORM

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

### INSTRUCTIONS

**After you have applied on-line for a re-evaluation, please complete this form and fax or mail it to FCCPT. This form must be completed correctly to ensure a timely and accurate re-evaluation. Be sure to print clearly.**

**Mail or Fax Completed Form To: 124 West Street, South; 3<sup>rd</sup> Floor; Alexandria, VA 22314-2825. Fax: 703-684-8715**

	Name of College or University (List each CLEP separately if multiply exams taken)	Country	PT Classes? (Yes or No)	From (Year)	To (Year)	Degree Name (if awarded)	Date Degree Awarded (MM/DD/YYYY)
Additional documents being submitted to FCCPT							
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Please list the jurisdiction(s) that you would like your re-evaluation to be sent to.

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**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 certify that I have included a listing of ALL additional documents for the re-evaluation process.
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.**

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(SIGNATURE OF APPLICANT)

DATE