

Foreign Credentialing Commission on Physical Therapy

Online Application



Please complete the form below and click 'Continue ->'.

File Number *If New Applicant, leave blank.*

Last Name

Date of Birth (MM/DD/YYYY) / /

Country of Birth

Continue -->

ONLINE APPLICATION

This is the login screen for ordering NEW primary services only. When you enter your information and click "continue" it will only take you to the option of adding a NEW primary service. If you are trying to order a "related service" you must first login to your account.

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Select the service type you want to apply for:

You can only apply for one service at a time. If you wish to apply for more than one service you will have to repeat the application process.

 Type I Certification

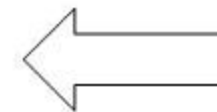
Provides an educational credentials evaluation for licensure and health care worker's visa certificate for adjustment of US Immigration Status, if the applicant qualifies. A visa certificate requires a finding of substantial equivalence in the educational credentials evaluation, compliance with minimum English language proficiency test requirements, and verification of eligibility to practice (licensure if it is required) in the country where the applicant received professional physical therapy education. Base service fee = \$750 includes one report to applicant and one report to a jurisdiction included, reports to additional jurisdictions @ \$90 per state. Some jurisdictions (California and New Jersey) require a separate state evaluation form to be filled out, for which there is an additional \$50 charge.

 PT Assistant Educational Equivalency Review

Provides an educational credential evaluation for licensure as a physical therapist assistant and for certification for CMS-Medicare providers. Requires verification of authenticity of educational credentials and detailed descriptions of courses included in the paraprofessional curriculum. Base service fee = \$490 and includes one report to the applicant and one report to a jurisdiction. Reports to additional jurisdictions at \$90 per state. At this time, only California has special jurisdiction form, so \$50 surcharge for reports to states with special forms will apply only to CA.

 Credentials Evaluation

Provides an educational credentials evaluation for licensure. Requires verification of authenticity of professional educational credentials and detailed description of the courses included in the professional physical therapy curriculum. Base service fee = \$490 includes one report to applicant and one report to a jurisdiction included, reports to additional jurisdictions @ \$90 per state. Some jurisdictions (California and New Jersey) require a separate state evaluation form to be filled out, for which there is an additional \$50 charge.



You choose the service you want by clicking on the little circle on the left side of the screen and then click on the **CONTINUE** button at the bottom

[Cancel Request](#)[Continue -->](#)

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Applicant Name:

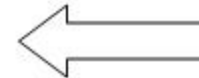
Primary Service: Type I Certification

File:

Payment must be made online, by credit card, at the time of application. FCCPT accepts Visa and MasterCard only. Other forms of payment are no longer accepted. If you fill out the application, but do not attempt to make the credit card payment, the application information will not be kept, and you will need to start the process over again when you are ready to make payment. All Purchases are FINAL. There will be NO REFUNDS after the purchase has been processed. Please make certain you are ordering the correct service prior to completing the online application.

All Purchases are FINAL, there will be NO REFUNDS after the purchase has been processed. Please make certain you are ordering the correct service prior to completing the online application.

Continue ->



FCCPT only accepts payment via credit cards now.

Checks and money orders are no longer accepted.

You must use a credit card that pays in US dollars.

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The application form is broken into several sections. After completing each section, you may continue on to the next section or return to this menu. After completing all sections, you may submit your application along with your payment information (if applicable).

To begin work on each section, click the section name below.

First Name:

Last Name:

Service Type: Type I Certification

Section	Name	Status
1.	General Information	INCOMPLETE
2.	Other Names	INCOMPLETE
3.	Exam (NPTE) History	INCOMPLETE
4.	License History	INCOMPLETE
5.	Secondary Education	INCOMPLETE
6.	Higher Education	INCOMPLETE
7.	Jurisdictions	INCOMPLETE
8.	Review Application and Submit	YOU MUST COMPLETE SECTIONS 1 - 7 FIRST.

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Other Names - Step 2 of 8

If any of the educational or other documents that you will have sent to FCCPT will arrive with a different name, like a maiden name, or will have a different spelling of your name, then you must tell us how your name appears on those documents.

-To add a new name, click the 'Add an Other Name Used on Documents' button.

-To update an existing name, click the 'Edit' button next to the name you would like to edit.

Note: If you have previously applied for an FCCPT service, you will not be able to edit any names you submitted with that request. If any information you submitted previously is incorrect, please email help@fccpt.org with any changes.

Add an Other Name Used on Documents

Last Name

First Name

Middle Name

View

It is important that you list all names you have used for yourself throughout your academic and professional history. If your documents come to us with a different name than what you enter on the application your documents may not be linked with your correct file.

Return to Menu

Save and Return to Menu

Save and Continue -->

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Other Names - Step 2 of 8

-Complete the form below and click 'Save Record'.

-Click 'Cancel' to return to the Other Names list.

** Indicates required field*

*First Name:

Middle Name:

*Last Name:

Date From: / / format: mm/dd/yyyy

Date To: / / format: mm/dd/yyyy

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Exam History - Step 3 of 8

-To add a new TOEFL, TWE, TSE, Internet-based TOEFL or NPTE exam, click the 'Add an Exam Record' button.

-To update an existing exam record, click the 'Edit' button next to the exam record you would like to edit.

Note: If you have previously applied for an FCCPT service, you will not be able to edit any exam records you submitted with that request. If any information you submitted previously is incorrect, please email help@fccpt.org with any changes.

Add an Exam Record

Exam Type	Exam Date	Jurisdiction	
IBT - Speaking		None Specified	<input type="button" value="View"/>
NPTE		WISCONSIN	<input type="button" value="View"/>

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Save and Return to Menu

Save and Continue -->

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Exam History - Step 3 of 8

-Complete the form below and click 'Save Record'.

-Click 'Cancel' to return to the Exam History list.

** Indicates required field*

***Exam Date:** / /
(MM/DD/YYYY)

***Exam Type:** ▼

Jurisdiction: ▼
(NPTE Only)

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Licensure History - Step 4 of 8

-To add a new license record, click the 'Add a License Record' button.

-To update a license record, click the 'Edit' button next to the license you would like to edit.

Note: If you have previously applied for an FCCPT service, you will not be able to edit any license records you submitted with that request. If any information you submitted previously is incorrect, please email help@fccpt.org with any changes.

License refers to any professional regulatory registration or certification.

Add a License Record

Country	State	Number	Issued	Expired	
Afghanistan		exxx			View
Barbados		nnnnn			View
United States		00002499	1/1/1979	1/1/2007	View

TIP: If you do not have or cannot remember the number for your PT license, try adding XXXX when the online application asks for it. You can send in a license revision form at a later date when you find the correct license number. See example here.

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Save and Return to Menu

Save and Continue -->

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Licensure History - Step 4 of 8

-Select the country from the list below and click 'Save Record'

-Click 'Cancel' to return to the License History list.

Country:

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Secondary Education History - Step 5 of 8

-To add a new education record, click the 'Add a Secondary Education Record' button. Secondary education is High School education.

-To update an education record, click the 'Edit' button next to the record you would like to edit.

Note: If you have previously applied for an FCCPT service, you will not be able to edit any education records you submitted with that request. If any information you submitted previously is incorrect, please email help@fccpt.org with any changes.

NOTE: You no longer need to send in notarized copies of the high school diploma, but you must enter the information about the high school education in the online application.

Add a Secondary Education Record

School Name	From	To	Diploma	Graduation	
University of St. Las Salle	1/1/1994	1/1/1998	High School Diploma	3/29/1998	View

Return to Menu

Save and Return to Menu

Save and Continue -->

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Secondary Education History - Step 5 of 8

- Complete the form below and click 'Save Record'.
- Click 'Cancel' to return to the Secondary Education Histories list.
- Please do not abbreviate school names.

** Indicates required field*

*Country:	<input type="text" value="None Selected"/>
*School Name:	<input type="text"/>
Program Type:	<input type="text" value="Secondary Education"/>
*Date From: (MM/DD/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
*Date To: (MM/DD/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>

Note: Please give us the actual name of the document certifying completion of secondary education. Applicants, especially from Europe, and Central or South America should enter the name of the credential in language in which it was issued rather than attempting to translate it into English.

Diploma or Certificate Title:

Date of Graduation: / /
(MM/DD/YYYY)

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Higher Education History - Step 6 of 8

-To add a new education record, click the 'Add a Higher Education Record' button.

-To update an education record, click the 'Edit' button next to the record you would like to edit.

Note: If you have previously applied for an FCCPT service, you will not be able to edit any education records you submitted with that request. If any information you submitted previously is incorrect, please email help@fccpt.org with any changes.

Add a Higher Education Record

School Name	From	To	Diploma	Graduation	
UNIVERSITY OF WISCONSIN-MADISON	1/1/1970	1/1/1974	BS in Rehabilitation Medicine	1/1/1974	View
Riverside College	1/1/1998	1/1/2003	BSc Physical Therapy	3/21/2003	View
Katholieke Hogeschool Brussel	1/1/2007	1/1/2007			View
Limburgs Universitair Centrum	1/1/1977	1/1/1979	diplom	1/1/1979	View

Return to Menu

Save and Return to Menu

Save and Continue -->



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Higher Education History - Step 6 of 8

-Select the country from the list below and click 'Save Record'

-Click 'Cancel' to return to the Higher Education History list.

Country:

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Higher Education History - Step 6 of 8

-Complete the form below and click 'Save Record'.

-Click 'Cancel' to return to the Higher Education History list.

* Indicates required field

*Country: Philippines

Please find the name of your school from the alphabetical list below. If you **do not** find your school in the list, you may type it in.

*Select a School:

If school is **NOT** in the above list, enter the School Name. **DO NOT** use abbreviations or initials.

*Program Type:

*Date From: / /
(MM/DD/YYYY)

*Date To: / /
(MM/DD/YYYY)

Note: Please give us the actual name of the degree, diploma, or title. Applicants, especially from Europe, and Central or South America should enter the name of the credential in language in which it was issued rather than attempting to translate it into English.

Diploma or Degree Name:

Date of Graduation: / /
(MM/DD/YYYY)



NOTE: If you are entering information for a higher education degree it is critical that you enter a graduation date before leaving this page of the online application.

Cancel

Save Record

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Jurisdictions - Step 7 of 8

Complete the form below and click 'Save and Return to Menu' or 'Save and Continue ->'.

The base fee for service includes an evaluation report for you and a report for one other recipient. Jurisdictions marked with an asterisk (*) have a special state evaluation form that must be filled out in addition to the regular FCCPT report. For this extra report there is an additional \$50 fee.

You may select more than one recipient, but there will be a \$90 charge for each report to each additional recipient, except for the jurisdictions marked with an asterisk, in which case the fee for the additional report will be \$145.

- | | |
|---|--|
| <input type="checkbox"/> NONE AT THIS TIME | <input type="checkbox"/> MONTANA |
| <input type="checkbox"/> ALASKA | <input type="checkbox"/> NEBRASKA |
| <input type="checkbox"/> ARIZONA | <input type="checkbox"/> NEVADA |
| <input type="checkbox"/> ARKANSAS | <input type="checkbox"/> NEW HAMPSHIRE |
| <input type="checkbox"/> CALIFORNIA* | <input type="checkbox"/> NEW JERSEY* |
| <input type="checkbox"/> COLORADO | <input type="checkbox"/> NEW MEXICO |
| <input type="checkbox"/> CONNECTICUT | <input type="checkbox"/> NORTH CAROLINA |
| <input type="checkbox"/> DELAWARE | <input type="checkbox"/> NORTH DAKOTA |
| <input type="checkbox"/> DISTRICT OF COLUMBIA | <input type="checkbox"/> OHIO |
| <input type="checkbox"/> FLORIDA | <input type="checkbox"/> OKLAHOMA |
| <input type="checkbox"/> GEORGIA | <input type="checkbox"/> OREGON |
| <input type="checkbox"/> HAWAII | <input type="checkbox"/> PENNSYLVANIA |
| <input type="checkbox"/> IDAHO | <input type="checkbox"/> PUERTO RICO |
| <input type="checkbox"/> ILLINOIS | <input type="checkbox"/> RHODE ISLAND |
| <input type="checkbox"/> INDIANA | <input type="checkbox"/> SOUTH CAROLINA |
| <input type="checkbox"/> IOWA | <input type="checkbox"/> SOUTH DAKOTA |
| <input type="checkbox"/> KANSAS | <input type="checkbox"/> TENNESSEE |
| <input type="checkbox"/> KENTUCKY | <input type="checkbox"/> TEXAS |
| <input type="checkbox"/> LOUISIANA | <input type="checkbox"/> UTAH |
| <input type="checkbox"/> MAINE | <input type="checkbox"/> VERMONT |
| <input type="checkbox"/> MARYLAND | <input type="checkbox"/> US VIRGIN ISLANDS |
| <input type="checkbox"/> MASSACHUSETTS | <input type="checkbox"/> VIRGINIA |
| <input type="checkbox"/> MICHIGAN | <input type="checkbox"/> WASHINGTON |
| <input type="checkbox"/> MINNESOTA | <input type="checkbox"/> WISCONSIN |
| <input type="checkbox"/> MISSISSIPPI | <input type="checkbox"/> WYOMING |
| <input type="checkbox"/> MISSOURI | <input type="checkbox"/> OTHER (Enter Address Below) |



NOTE: You will see this page of the online application only if you ordered a primary service that includes a credential evaluation, such as the Comprehensive Credential Review (Type 1 Service) or the Educational Credential Review.

Organization/Name

Address (Line 1)

Address (Line 2)

Address (Line 3)

City

State

Zip

Country

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Applicant Name:
 Primary Service: Type I Certification
 File:



This is the payment page where your name will be listed and the name of the primary service you ordered.

If you are a new applicant you will see your new file # listed here. Please write this down for safe-keeping so you can log into your file at a later date.

Paying By Credit Card. Please enter your credit card information below. Credit cards are the only form of accepted payment by the FCCPT.

Item	Cost
Type I Certification	\$750.00

Balance Due: \$750.00

-- Complete the form and click 'Submit Payment ->' --

Payment Amount \$

Cardholder's Name:
 Name as is appears on card
 First: Last:

Address:

City:

State/Province:

Zip Code:

Country:

Credit Card Type:

Card Number:

Expiration Date:

CVV Code:

(3 digit number on back of card)

Payment amount must be a valid currency value and must be less than or equal to the Balance Due.

Credit card payments are posted at Midnight Eastern Standard time.

All Purchases are FINAL, there will be NO REFUNDS after the purchase has been processed. Please make certain you are ordering the correct service prior to completing the online application.

[Return to Menu](#) [Submit Payment ->](#)