



New York State Credentials Verification
REQUEST FOR ACADEMIC CREDENTIALS VERIFICATION

FOR APPLICANT TO COMPLETE AND SUBMIT TO EACH SCHOOL

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

Name of School Attended: _____

Name of Recipient at School Attended: _____

Applying to the New York State Education Department (NYSED) for licensure as a: _____
Profession

Please **COMPLETE THE ENCLOSED NEW YORK STATE ACADEMIC CREDENTIALS VERIFICATION FORM** and release my official records (transcripts/marksheets/grade lists/etc.; detailed syllabus/detailed course content outlines; and certificate of clinical internship hours), for the period in which I completed education at your institution, to:

Foreign Credentialing Commission on Physical Therapy
124 West Street South, 3rd Floor
Alexandria, Virginia 22314-2825
help@fccpt.org

Dates of Attendance: From*: _____ To*: _____
(MM/DD/YYYY) (MM/DD/YYYY)
*If unsure of exact date, please enter attendance YEAR, at a minimum.

Name while attending this school: _____
(if different from name above)
Last First Middle

Applicant's Cell Phone: _____
(Include Country and Area/City Code)

Applicant's Email: _____

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

Applicant Signature

Date

REGISTRAR: PLEASE COMPLETE THE ENCLOSED NEW YORK STATE ACADEMIC CREDENTIALS VERIFICATION AND INCLUDE WITH MY RECORDS.

FOR SCHOOL REGISTRAR TO COMPLETE AND SUBMIT TO FCCPT

Directions to Registrar: Please complete and send this form along with the educational records (transcripts/marksheets/grade lists/etc. and syllabus/course descriptions/detailed course content outlines) to:

FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825

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. Should you have any questions please contact us at help@fccpt.org.

Name of University/Institution: _____

Name/Title of Official Completing this form: _____

Institution Address: _____
Street City

State/Province Post/Zip Code Country

Email: _____

Applicant's Name: _____
(as a student)

Dates of Attendance: From*: _____ To*: _____ Graduation Date: _____
(MM/DD/YYYY) (MM/DD/YYYY) (MM/DD/YYYY)

Name of Degree/Diploma Awarded: _____ Check this box if applicant did not graduate from this institution:

Admission Requirements (years of education): _____

Language of Instruction: _____ Language of Textbooks: _____

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 and Seal are 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's /Official's Signature: _____
(Affix Official Seal or Stamp)

Please include ALL educational records belonging to the applicant named on this form. Records may include Transcripts, Transcript of Hours, Marksheetworks, Grade Lists, and Syllabus / Course Descriptions or Detailed Course Outlines.

NOTE: Marksheetworks must come with corresponding Transcript of Hours in order to be accepted for evaluation purposes.