

LICENSE REVISION FORM

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

Corrections: To correct information about your license that is displayed incorrectly on our database, use the first row in the pair to copy the incorrect information found on your file; use the second row in the pair to show the corrected information.

	Country	State / Province (if applicable)	License or Registration Number	Licensing / Registration Authority Name	Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
Incorrect:						
Correct:						
Incorrect:						
Correct:						
Incorrect:						
Correct:						

Additions or Deletions: If your physical therapy license does not appear on your file and you want to have it added, write the word "ADD" in the first column, followed by the appropriate information. If you do not have a license that is listed on your file, write the word "DELETE" in the first column, followed by the license information as it appears on your file.

Add or Delete	Country	State / Province (if applicable)	License or Registration Number	Licensing / Registration Authority Name	Date Issued (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)

This information will not be processed without your signature.

SIGNATURE OF APPLICANT

DATE

Upload [here](#) or mail to: FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825, USA