

Name:			
	Last Name	First Name	Middle Name

Date of Birth:	Month:		Day:		Year:		File Number:	
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INSTRUCTIONS

Please indicate below if you do not hold a license to practice physical therapy in your country of education or any other non-US territory. **Mark one or both of the boxes**, as appropriate, and submit the form via email or mail to:

**Foreign Credentialing Commission on Physical Therapy (FCCPT)
124 West Street South, 3rd Floor
Alexandria, VA 22314-2825
USA**

Email: help@fccpt.org

Check all statements that apply:

- I do not hold any license, registration, or other record authorizing me to practice as a physical therapist or physical therapy assistant in the country of my education.
- I do not hold any license, registration, or other record authorizing me to practice as a physical therapist or physical therapy assistant in any non-US territory.

I certify that to the best of my knowledge, the supplied information is true, accurate and complete.

THIS FORM WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE

Applicant Signature: _____

Date: _____