



ATTESTATION FORM FOR PTA EER EVALUATION

Name:			
	Last Name	First Name	Middle Name

Date of Birth:	Month:		Day:		Year:		File Number:	
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Submission of this form is an acknowledgement that 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 understand that this evaluation and any related certification issued by FCCPT is not binding upon any institution, organization or agency and does not guarantee that I will achieve licensure or other status I seek.
3. I hereby release FCCPT, its officers, directors, and agents from any and all liability for claims or damages arising directly or indirectly from FCCPT's evaluation and subsequent issuance or denial of certification or licensure, if applicable. This release includes, without limitation, claims or damages relating to the actions or inactions of any institution, organization, agency or other person that uses the evaluation or certification provided by FCCPT.
4. Further, I agree to reimburse FCCPT and its agents for any and all costs, including but not limited to legal expenses, which FCCPT or its agents may incur as a result of any claim or action that I (or anyone having any interest in my earnings or services) may bring, related directly or indirectly from FCCPT's evaluation and subsequent issuance or denial of certification or licensure.
5. 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.
6. I release FCCPT and its agents from **ANY AND ALL** liability for the loss or damage to documents submitted with respect to an application for an evaluation or certification.
7. I agree that the fees, once paid, are **not** refundable, except in the case of overpayment.
8. I acknowledge that information and documents relative to my credentials evaluation may be disclosed and disseminated to certain third parties including but not limited to a network of educational credential evaluators/services, and I hereby consent to and authorize such disclosure and dissemination of information.

Tape recent photo here; **do not staple photo.**



I, _____,
(PLEASE PRINT NAME)

hereby certify under oath that I am the person named in the application and attestation; that all statements and documents submitted, or to be submitted, are true; that should the Foreign Credentialing Commission on Physical Therapy determine that I have falsely responded to any portion of this attestation and application or knowingly or unknowingly submit falsified or altered documents related to my evaluation, I may be denied certification by FCCPT and be restricted from access to future services by FCCPT. I attest that the photograph attached is a true and recent likeness and I have read, understand and agree to the terms outlined herein.

SIGNATURE OF APPLICANT

THIS ATTESTATION WILL NOT BE PROCESSED WITHOUT A VALID NOTARIZATION.

Subscribed and sworn to before me, this _____ day of _____, 20____, in the
Country of _____, State of _____, City of _____

SIGNATURE OF NOTARY

