



## PLAN INCREMENTAL REQUEST FORM

**Notice:** This form is intended for use by applicants who have had their Credentials Evaluation completed by an agency other than FCCPT. If your Credentials Evaluation was completed by FCCPT, please apply for PLAN-Incremental online using your existing file number.

**IMPORTANT:** The role of PLAN-Incremental is NOT to dispute the results of the Credentials Evaluation completed by another agency, but to give the applicant information about course options and, as indicated, state jurisdiction requirements based on the report provided.

<b>Name:</b>			
	Last Name	First Name	Middle Name

<b>Place of Birth:</b>			
	City	State/Province	Country

<b>Date of Birth:</b>			
	Month	Day	Year

<b>Email Address:</b>	
-----------------------	--

### Evaluation Information

<b>Name of Organization that completed Evaluation:</b>			
<b>Date Evaluation Completed:</b> <i>(month/day/year)</i>		<b>Purpose of Evaluation:</b> <i>(Licensure / Immigration / Academic Admissions)</i>	

<b>Jurisdiction(s) where you are seeking licensure:</b>	
---	--

**IMPORTANT: Please include your completed Coursework Tool (CWT) Evaluation Report with this application request. If we do not receive your Evaluation Report within thirty (30) days of receipt of this form, your service will be cancelled and fees will NOT be refunded.**

**ATTESTATION:**

**Do not submit this application unless 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 service and any related recommendation issued by FCCPT is not binding upon any institution, organization, or agency and does not guarantee that I will receive 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 services. This release includes, without limitation, claims and/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. 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 services.
4. I acknowledge that if FCCPT or its agents determine that **ANY** document(s) submitted with respect to an application is altered or irregular, my service will be terminated and FCCPT shall retain all fees I have already paid to FCCPT.
5. I release the 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.
6. I agree that the fees, once paid, are **not** refundable, except in the case of overpayment.
7. I acknowledge that information and documents related to me 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
8. I certify that I have read and fully understand the above, and agree to the terms outlined.

**This form will not be processed without your signature.**

---

**Applicant Signature**

---

**Date (month/day/year)**