

## RE-EVALUATION STATEMENT FORM

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

**Instructions:** After you have applied on-line for a re-evaluation, please complete this form and fax or mail it to FCCPT - 124 West Street, South; 3rd Floor; Alexandria, VA 22314-2825. Fax: 703-684-8715. This form must be completed correctly to ensure a timely and accurate re-evaluation.

**NOTE:** Only list Institutions where you have taken additional courses since your previous evaluation. For CLEP Exams, enter "CLEP" as Name of College or University and provide the Exam Name in the Course Name / CLEP Exam field

Name of College or University	Course Name(s) / CLEP Exam	Country	PT Classes? (Yes or No)	From (Year)	To (Year)	Degree Name (if awarded)	Date Degree Awarded (MM/DD/YYYY)

Please list where you would like your Included Report(s) to be sent. You receive one Included Report with the Re-evaluation, plus one for each Duplicate Report you ordered under your previous evaluation.

EXAMPLE: If your previous evaluation report was sent to three jurisdictions, then you receive three Included Reports for your Re-evaluation. For any additional states, you must apply separately for a Duplicate Report.

Report Recipient(s): \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE