

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 as long as your request for the Included Reports is received within 15 days of your application for the Re-evaluation. After 15 days of applicaiton, you will have to apply for a Duplicate Report and pay the associated fee.
 EXAMPLE: If your previous evaluation report was sent to three jurisdictions, then you receive three Included Reports for your Re-evaluation as long as we receive the request for the Included Reports within 15 days of your application. For any additional states, you must apply separately for a Duplicate Report.

Included Report Recipient(s): _____

I would like a CWT6 evaluation completed as part of this Re-evaluation.

This information will not be processed without your signature.

SIGNATURE OF APPLICANT

DATE