



AUTHORIZATION FOR USE OF FEDEX ACCOUNT

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

INSTRUCTIONS

If you want FCCPT to use your FedEx account to send documents related to your evaluation service, mail or fax this form to:

Foreign Credentialing Commission on Physical Therapy (FCCPT)
124 West Street South, 3rd Floor
Alexandria, Virginia 22314-2825
FAX: 703-684-8715

Evaluation Services include all Primary Services, with the exception of the New York Credentials Verification, as well as any subsequent Re-evaluation. If you are requesting FedEx use for your New York Credential Verification service, please complete and submit the FedEx Form for New York Credentials Verification, available in the FCCPT File Library.

Documents will be delivered to your primary mailing address as listed in your file or, if delivering to an institution or organization, to the address we have on file. Please ensure that your address is accurate by reviewing the information in your online file.

FedEx Account No.: _____ **FedEx Account Active Until:** _____
(MM/DD/YYYY)

TERMS AND CONDITIONS

Submission of this form is an acknowledgement that you understand and agree to the following terms:

1. This form grants FCCPT authority to use your FedEx account to create a shipping label for the sole purpose of delivery of documents related to, or required for completion of your credential evaluation service including, but not limited to, the delivery of the following:
 - a. Type 1 Certificate
 - b. California PIF/PIG Certificate
 - c. Document Authentication Requests to Academic Institutions
2. To avoid delay in your service, if the FedEx number is found to be inactive, FCCPT will send documents via standard USPS mail to the intended recipient and you will be notified. FCCPT will not contact FedEx on your behalf to verify the authenticity or active status of your FedEx account
3. If FedEx mistakenly invoices FCCPT for your package, FCCPT will contact FedEx to apply the charges to your account. If your account can't be billed, FCCPT will charge you a \$105 service fee to pay the invoice.
4. You must call FedEx prior to submitting this form to FCCPT, and make sure FedEx will deliver to the area of your primary mailing address. If FCCPT cannot successfully create a FedEx shipment label due to an invalid address, or indication that FedEx does not deliver to the specified area, FCCPT will send your documents via standard USPS mail and you will be notified.
 - a. If we send your documents via FedEx, and FedEx does not deliver to the address you have provided, you will be responsible for any fines that FedEx charges.
 - b. If, for any reason, you fail to receive documents delivered via FedEx, you will be responsible for contacting FedEx, or filing an affidavit of loss and submitting a request for replacement documents at an additional cost.

THIS INFORMATION WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE

I, _____, hereby authorize FCCPT to send documents related
(Printed Name)
to my evaluation service, including re-evaluation, via FedEx using the above FedEx account number. I attest that I have been authorized to use the FedEx account number provided, the account is in good standing, and I have contacted FedEx and verified that they deliver to the area of my primary mailing address.

Applicant Signature: _____ **Date:** _____