



Higher Education Revision/Update

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MM/DD/YY)	FILE NUMBER

Instructions for corrections: *To correct information in our database that is displayed incorrectly, list the incorrect information in the first row. Enter the correct information in the second row.*

	Name of College/University	Country	Physical Therapy Classes? (Yes or No)	From (Year)	To (Year)	Degree Name (If awarded)	Date Degree Awarded (MM/DD/YYYY)
Incorrect							
Correct Information							
Incorrect Information							
Correct Information							
Incorrect Information							
Correct Information							
Incorrect Information							
Correct Information							



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Instructions for additions/deletions: *If your license does not appear in our database, or a license is listed that you do not have, use this form for corrections. Identify if the information should be added by writing ADD in the second column. Write DELETE for information that should be removed.*

ADD or DELETE	Name of College/University	Country	Physical Therapy Classes? (Yes or No)	From (Year)	To (Year)	Degree Name (If awarded)	Date Degree Awarded (MM/DD/YYYY)
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APPLICANT SIGNATURE

DATE