



Re-evaluation Statement of Information

LAST NAME	FIRST NAME	MIDDLE NAME

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

Instructions: *This form should be completed after you have applied on-line for a re-evaluation. Only list Institutions where you have taken additional courses since your previous evaluation.*

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



Re-evaluation Statement of Information

Your re-evaluation can be sent to any jurisdiction or agency, at your request. Below, please list where you would like your included report to be sent. You may receive one included report with the Re-evaluation, plus an additional one for each Duplicate Report you ordered under your previous evaluation as long as your request for the included reports is received within 30 days of your application for Re-evaluation. After 30 days of application, you will have to apply for a Duplicate Report and pay the associated fee.

Included report recipients: _____

APPLICANT SIGNATURE

DATE