



International Consultants of Delaware

GLOBAL CREDENTIALS EVALUATION SERVICES

A Charter Member of NACES®

PHYSICAL THERAPIST EVALUATION APPLICATION

Evaluation types

Physical therapist evaluation – this evaluation provides information on your physical therapy program of study and any other post-secondary coursework you have completed. This evaluation uses the Federation of State Boards of Physical Therapy Coursework Tool or the Multi-State Form, depending on each state's requirements, and includes the dates of attendance, names of institutions, degree/diploma/certificate awarded, and a conversion of credits and contact hours to U.S. semester credits.

Re-evaluation – this evaluation includes any new coursework, including CLEP exams, that was completed after the initial physical therapist evaluation.

Optional services (additional fee required)

Priority service – your evaluation will be completed within 14 **business** days upon receipt of all documents and information required to initiate your evaluation.

Additional evaluation recipient – your evaluation fee provides you with an evaluation that will be sent a designated recipient. This service will provide an additional copy or copies to recipient(s) you listed on your application.

Express courier (in the United States/international) – your evaluation will be sent to your recipients via express courier. Please note that this fee must be paid for each recipient.

Document translation – if any of your documents have not been issued in English and you cannot provide your own certified English translation, ICD can arrange for translation of documents.

Transfer documents to CGFNS International– if you have submitted documents to ICD and would like to apply to a service at CGFNS International; ICD will transfer all your documents on file. Please note that a fee is required.

Documents required for your evaluation

All of the documents listed below are required for your evaluation. You may submit your diplomas and proof of name change directly to ICD. The "Request for Academic Records Form", transcripts, marks sheets, and course descriptions must be sent directly to ICD by your school. We will not accept transcripts, marks sheets or course descriptions that have been sent to ICD by you or a third party. If any of your documents were not issued in English, we require a certified English translation of each document. You cannot translate your own documents.

DO NOT SEND ORIGINAL DOCUMENTS.

ALL DOCUMENTS SUBMITTED TO ICD BECOME THE PROPERTY OF ICD AND WILL NOT BE RETURNED.

- **Notarized copy of secondary school diploma**
- **Notarized copy of all physical therapist or physical therapist assistant diplomas or certificates**
- **Notarized copy of all other post-secondary diplomas or certificates** – if you have completed post-secondary programs other than physical therapy.
- **Notarized copy of GCE “A” level certificate(s), Caribbean Advanced Proficiency Examination (CAPE) certificate, or similar examinations**
- **Request for Academic Records Form** – this form must be completed by every post-secondary institution that you have attended. You must complete the top part of the form and your school must complete the bottom part of the form. Your school must send the completed form directly to ICD. This form can be downloaded from <http://www.icdeval.com/forms>.
- **Transcripts or marks sheets for every post-secondary program** – these must include all courses completed in your program of study, along with the credits or clock hours of each course, and the grades you were awarded. Physical therapy or physical therapist assistant transcripts or marks sheets must include the clock hours and locations of all of your clinical experiences. We must have a separate transcript or marks sheet from each school you attended; we cannot accept consolidated transcripts or marks sheets.
- **CLEP scores** – if you have taken any CLEP examinations, contact The College Board to request copies of your scores to be sent to ICD. We can only accept CLEP scores sent directly to ICD from The College Board.
- **Foreign physical therapist or physical therapist assistant license** – if you are currently licensed to practice as a physical therapist or physical therapist assistant in the country where you received your physical therapy/physical therapist assistant education, send a notarized photocopy of your license to ICD. If physical therapists/physical therapist assistants are not licensed in the country where you received your physical therapy/physical therapist assistant education, send a letter via postal mail to ICD to explain why you do not have a physical therapy/physical therapist assistant license.
- **License verification form** – the Ministry of Health or the appropriate licensing authority in the country where you received your physical therapist/physical therapist assistant education must complete this form and send it directly to ICD. This form can be downloaded from <http://www.icdeval.com/forms>.
- **Proof of name change** – if you have married or changed your name and it is not the same as the name on any of your diplomas, certificates, transcripts or marks sheets, please submit a notarized copy of your marriage license or other legal documentation or verification of name change.
- **Applicants for licensure in Texas only** – the Texas Board of Physical Therapy requires ICD to include information on any U.S. physical therapist or physical therapist assistant licensure you hold. Send a notarized photocopy of any U.S. physical therapist or physical therapist assistant license you hold.
- **Applicants for licensure in California and Tennessee only** -the California and Tennessee Boards of Physical Therapy require ICD to include proof of English language proficiency with your final evaluation. This is documented by an official Test of English as a Foreign Language (TOEFL) score that is NOT more than two years old. ***ICD will only accept the TOEFL iBT examination score that measures all four skills of communication (reading, writing, listening and speaking).*** If you have not taken the TOEFL exam or if your current scores are more than 2 years old, go to the Educational Testing Service (ETS) website (<http://www.ets.org/toefl>) for information on registering for the TOEFL exam.

TENNESSEE APPLICANTS PLEASE NOTE - if your first professional physical therapy diploma is a bachelor’s degree or higher and was completed in Australia, Canada (except the Province of Quebec), Ireland, New Zealand, or the United Kingdom, you are exempt from the Tennessee Board of Physical Therapy’s proof of English language proficiency requirement.

Due to limited storage space, documents received without an application and applications received without payment will be destroyed after one year. ICD reserves the right to request independent verification of the authenticity of any document at any time, and for any reason.

Instructions for completing your ICD application

If you have questions regarding the application process, we strongly encourage you to contact ICD by postal mail or email. We can only accept correspondence that has been signed by you. ICD will only release information to a third party if we have received a signed *Authorization to Release Information* form which can be downloaded from <http://www.icdeval.com/forms>. ICD can be contacted by telephone at +1-215-243-5858 or by email at icd@icdeval.com. Customer care representatives are available Monday through Friday from 12:30 p.m. to 3:30 p.m. Eastern standard time. Please wait at least 2 weeks to contact ICD about your evaluation status unless you have purchased the priority service.

Step 1: Complete the ICD Physical Therapist

- Applications sent by fax or email will not be accepted.
 - Please the *Terms and Conditions* of the ICD credentials evaluations.
 - Please read the information carefully before signing and dating this Attestation. By signing the application creates a contract between you and ICD.
 - Make a copy of your completed application for your records
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Step 2: Enclosure checklist and English translations

The documents listed on page 2 are required to initiate your ICD evaluation. Any documents that have not been issued in English must have an English translation performed by a certified translator. The following sentence must be included at the end of every translation: "Certification of Translation" – I certify that I am fluent in English and (language of document), and that this translation is true and accurate." The translator must sign each translation. You CANNOT translate your own documents. ICD relies on the accuracy of English translations. ICD cannot be responsible for evaluations that are based on inaccurate English translations.

Step 3: Send your supporting documents to ICD

When ICD has processed your application, you will be assigned an ICD file number. Include your ICD file number with any correspondence you send to ICD. Contact ICD within two weeks after you have submitted your application to obtain your ICD file number.

Step 4: After you receive your ICD file number

After you receive your ICD file number, download the *Request for Academic Records/Transcripts for Credentials Evaluation* form from <http://www.icdeval.com/forms>. A form must be submitted for every post-secondary educational institution you attended. Complete the top portion of the form and send the form to your school. Your school must complete the bottom portion of the form and return the form directly to ICD along with official copies of your transcripts/marks sheets and course descriptions. All forms, transcripts/marks sheets and course descriptions must be sent directly to ICD; we cannot accept forms, transcripts/marks sheets and course descriptions sent to ICD by you or a third party.



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PRELIMINARY INFORMATION

- a. Have you previously applied to ICD? ☐ No ☐ Yes – ICD file number:
- b. How did you learn about ICD? ☐ State Licensure Board ☐ Recruiter ☐ Employer
☐ Immigration Attorney ☐ Internet ☐ Other
- c. Why did you select ICD over another credentials evaluation organization?
☐ ICD's reputation ☐ Instructed by your evaluation recipient ☐ Price ☐ Other

YOUR NAME

List your name as you would like it to appear on your final evaluation and all correspondence:

FAMILY NAME

FIRST (GIVEN) AND MIDDLE NAMES

YOUR OTHER NAMES

List any alternate names on your documents:

YOUR BIRTHDATE

MONTH

DAY

YEAR

GENDER

☐ Female

☐ Male

CONTACT INFORMATION

ADDRESS

ADDRESS

CITY

STATE/PROVINCE

COUNTRY

ZIP CODE/POSTAL CODE

COUNTRY

TELEPHONE

EMAIL

EDUCATIONAL HISTORY

Please list all primary and secondary schools you have attended (even if you did not complete the program of study) beginning with primary school. Write the name of each certificate of diploma in the native language. Your application is not considered complete if you do not provide this information.

Name of school	City and Country	Month/Year entered	Month/Year completed	Name of diploma or certificate in native language
Primary school				
Secondary school				

Please list all post-secondary schools you attended even if you did not complete the program of study, including your physical therapist/physical therapist assistant program(s) or study, GCE "A" level examinations, CAPE examinations, or similar examinations. Please the names of any CLEP examinations you have taken along with the date of the examination. Write the name of each certificate of diploma in the native language. Your application is not considered complete if you do not provide this information.

Name of school	City and Country	Month/Year entered	Month/Year completed	Name of diploma or certificate in native language

PHYSICAL THERAPIST LICENSURE

Are you currently licensed as a physical therapist in the country where you received your physical therapist education?

☐ Yes ☐ No ☐ Physical therapists are not licensed in the country where I received my education

List all physical therapist licenses you hold or have held in the U.S. and other countries

Country/Province/State	Legal professional title	Date of registration	Date of expiration

SELECT YOUR EVALUATION RECIPIENTS

Your evaluation fee provides you with a copy of your ICD evaluation. Indicate below the name and address of your evaluation recipient. If you would like a copy of your evaluation to be sent to a second recipient, please enter the recipient's name and address at the bottom of the next page (this requires an additional fee).

Name and address of recipient:

Name of first recipient

Address

City

State

ZIP code

PHYSICAL THERAPIST: SELECT EVALUATION STATE AND EVALUATION TYPE

Check the box ☒ to select the evaluation type (price includes paper application processing fee)

		Total fee due
<input type="checkbox"/> Kansas – initial evaluation	\$575.00	\$.
<input type="checkbox"/> Kansas – re-evaluation	\$575.00	\$.
<input type="checkbox"/> California, Tennessee – initial evaluation (includes proof of English language proficiency)	\$560.00	\$.
<input type="checkbox"/> California, Tennessee – re-evaluation (includes proof of English language proficiency)	\$560.00	\$.
<input type="checkbox"/> Florida – initial evaluation	\$550.00	\$.
<input type="checkbox"/> Florida – re-evaluation	\$550.00	\$.
<input type="checkbox"/> Arizona, Arkansas, Colorado, Delaware, Guam, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Puerto Rico, South Carolina, Texas, Virginia, Virgin Islands, Washington, Wisconsin, Wyoming – initial evaluation	\$475.00	\$.
<input type="checkbox"/> Arizona, Arkansas, Colorado, Delaware, Guam, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Maine, Maryland, Michigan, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, Ohio, Oregon, Puerto Rico, South Carolina, Texas, Virginia, Virgin Islands, Washington, Wisconsin, Wyoming – re-evaluation	\$475.00	\$.
SUBTOTAL		\$.

SELECT OPTIONAL SERVICES

Check the box ☒ to select the optional services

		Total fee due
<input type="checkbox"/> 14-day priority service*	\$200.00	\$.
<input type="checkbox"/> Transfer documents to CGFNS International	\$200.00	\$.
<input type="checkbox"/> Express courier – recipient outside of the United States	\$75.00 (per recipient)	\$.
<input type="checkbox"/> Express courier – recipient in the United States	\$40.00 (per recipient)	\$.
<input type="checkbox"/> Document translation	\$85.00 (per page)	\$.
<input type="checkbox"/> Additional recipient (list name and address below)	\$50.00 (per recipient)	\$.
<input type="checkbox"/> Unofficial applicant copy of evaluation	\$25.00 (per evaluation)	\$.
SUBTOTAL		\$.
TOTAL DUE (EVALUATION TYPE + OPTIONAL SERVICES)		\$.

Full payment for all services must be included with your application. **All fees are subject to change without notice.**

**Begins once all required documents and information is received and is based on business days when ICD is open for business; excludes weekends and holidays.*

NAME AND ADDRESS OF ADDITIONAL RECIPIENT(S)

Name

Address

Address

City

State/Province/Country ZIP/Postal code

Name

Address

Address

City

State/Province/Country ZIP/Postal code

TERMS AND CONDITIONS OF THE INTERNATIONAL CONSULTANTS OF DELAWARE CREDENTIALS EVALUATION

The following clarifies the obligations of the provider (ICD) and the applicant (you) of the ICD credentials evaluation as well as the manner in which this service is provided.

- ICD reserves the right to evaluate any material it deems applicable to the ICD credentials evaluation application.
- No evaluation is initiated until a completed application and full payment is received by ICD.
- Applications remain open for 12 months from the date of receipt. Applicants who do not submit all the required documents and information requested by ICD within the first 12 months from the date of receipt of the application will have their files closed and must submit a new application and appropriate fees to re-open their files.
- Fees, as published in this application, are subject to change and are non-refundable.

ICD's evaluations provide assistance in understanding foreign educational credentials by comparing them to the U.S. educational system. ICD's opinions are strictly advisory and recipients of ICD evaluations make their own decisions and interpretations based on the information provided in the evaluation.

ATTESTATION

Please note: every applicant must sign his/her full name on the applicant signature line below. Do not submit this application if you do not understand and/or agree to the following terms:

- I agree to the Terms and Conditions of the International Consultants of Delaware credentials evaluation as outlined.
- I certify that all information that ICD has received from me as a part of this application or in the past, or from a third party on my behalf, is true and complete.
- I certify that all documents that have been submitted to ICD for any purpose have not been falsified, altered, or tampered with by me or any other person.
- I understand that ICD and others will rely on this application and on the documents and information submitted to support this application, and that if any of these documents or information are falsified, altered, or tampered with, or if I alter an ICD credentials evaluation or misrepresent a copy as an original ICD evaluation, ICD may take such disciplinary action against me as it deems appropriate, and the consequences could adversely affect my professional license, immigration status, employment, and other matters from which I release ICD from all liability.
- I release ICD from any liability for damages resulting from a credentials evaluation and agree to reimburse ICD for any and all costs, including legal expenses, which ICD may incur as a result of any claim I, or anyone having an interest in my earnings or services, may make based upon the evaluation determination. Further, I release ICD from any liability for the loss or damage to documents submitted to support an application for evaluation.

- I authorize ICD to contact any relevant institutions, government authorities or ministries, testing services, or examinations authorities for verification purposes, and/or to request any additional information needed prior to completing the evaluation, and to disclose the information and documents in this application, the status of any evaluations, verifications or evaluations prepared by ICD, any other information obtained by ICD, and the results and reasons for any adverse action taken against me by ICD to any person organization I designate in writing or to any other recipient which ICD may determine has a legitimate interest in receiving the same, such as government agencies and potential employers.

You **must** sign and date this application in order for it to be processed.

APPLICANT SIGNATURE

DATE