



## ICD Evaluation of Physical Therapy Assistant Credentials Application

International Consultants of Delaware (ICD) provides reports analyzing the education and licensure you earned outside the United States — presented in terms of their U.S. equivalents. ICD credentials evaluation reports can be used for education, immigration, licensure, certification, employment or other purposes. A request for evaluation may be submitted by you or by another individual, company, government agency or school on your behalf.

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### Evaluation report types

When applying, select one of the following evaluation reports.

**Physical Therapy Assistant Report** – This report provides **general information and comparability statements** regarding the education you earned outside the United States. It identifies attendance dates, institution(s) attended and all degrees/diplomas/certificates earned, together with their U.S. equivalents. Courses are listed with corresponding credits indicated.

**Re-evaluation Report** – Requests concerning the addition of any information, including subsequent studies (adding U.S. credit, C.L.E.P., **any** additional credits earned **after** the completed evaluation), changing the applicant's name, date or state where the applicant would like to apply for licensure of the **original** report, and/or **all** requests for an evaluation completed prior to three years will require a re-evaluation.

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### Additional services

**Additional report recipient** – This option allows you to select additional report recipients beyond the two who already receive your report as part of the basic application. These recipients cannot be U.S. state boards.

**Faxed copy of your report** – Upon receipt of a written request from you, ICD will fax a copy of your report, for an additional fee, to a recipient in the United States.

**Overnight courier (domestic/international)** – This service provides overnight delivery of a completed report to your designated recipient(s). This fee applies for each recipient whom you wish to receive your report.

**Originals returned by courier** – This option allows you to have any original documents you submitted as part of your application returned to you by courier.

**Document translation** – If any of your documents are not in English and you were unable to provide a certified word-for-word translation, ICD can arrange for document translation for an additional fee. See number 5 of step 2, *Enclosure checklist*, for translation instructions.

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### Priority Service

**14-Day Priority Service** – Request this service if you need your evaluation report in 14 working days (excluding weekends). Evaluations will begin on the date that **all** of your required materials are received by ICD. Please let ICD know if there is a specific date when the evaluation is needed, and we will do our best to accommodate you.\*

\* Certain restrictions apply.

## Instructions for completing your ICD application

If you have questions regarding the application process, communication by mail (letter) or email is strongly encouraged. To assist us in maintaining the confidentiality of your application, **letters must be signed only by you**. ICD will only release information to your authorized agent when we receive a signed *Authorization to Release Form* from you. ICD can be reached by telephone: +1 (215) 222 8454 ext 603, fax +1 (215) 349 0026 or by using the [Contact Us](#) form on our Web site at [www.icdeval.com](http://www.icdeval.com). To save time, please have your ICD file number ready (if you have one). Phone lines are open between 12:30 pm and 3:30 pm Monday through Friday, U.S. Eastern Time. Please wait a minimum of 30 days before requesting a status update, unless you have purchased our priority service.

### STEP 1 Complete this *ICD Evaluation of Physical Therapy Assistant Credentials Application*.

*Note:* Applications will be accepted by mail or courier only. Faxed and emailed applications will not be accepted.

- Item 13 outlines the *Terms and Conditions* of the ICD credentials evaluation.
- Item 14 creates a contract. Read the information carefully before **signing** and **dating** this Attestation.
- Make a copy of your completed application form for your own records.

### STEP 2 Enclosure checklist

The following documents are part of a complete application for an ICD credentials evaluation:

1. Photocopies of diplomas and certificates earned during secondary school education must be authenticated, legalized or notarized by the country's approved channels for authentication and must be translated (see number 5 below). The translation can be done by the applicant. External exam results submitted by the applicant will not be accepted. Applicants who do not have an official secondary school diploma/certificate should request that the agency that issued/granted the diploma/certificate write ICD directly with verification of your status.
2. Official academic records/transcripts from all professional (tertiary) educational institutions you attended, which should include courses, grades, credits/contact hours, course description/syllabi and evidence of conferral of degree/diploma/certificate, must be sent **directly to ICD** by the issuing institution's registrar's office (see page 7).
3. Official validations of each of your professional registrations/licenses, if applicable, including your initial and most recent certificates of registration and all current registration(s)/license(s) you hold, sent directly to ICD from the issuing authority (see page 8).
4. Documentation of any legal name change, if applicable (for example, a marriage certificate).
5. Certified English translations of any documents not in English. The following sentence **must** be typed or written at the end of the translation: "**Certification of Authenticity:** This is to certify that this is a true and correct English translation of the attached photocopy of the original (name of document) of (your name)." This sentence must then be signed by the translator.

*Note:* Official documents received directly from the issuing institutions and authenticated or legalized photocopies received from you and/or your representatives become the property of ICD and will not be returned or released to a third party.

### STEP 3 Place the completed application and all enclosures and full payment for all requested services in an envelope and send to ICD by

#### COURIER:

International Consultants of Delaware, Inc.  
3600 Market Street, Suite 450  
Philadelphia, PA 19104-2651 USA

#### OR MAIL:

International Consultants of Delaware, Inc.,  
P.O. Box 8629  
Philadelphia, PA 19101-8629 USA

*Note:* Do not send completed application forms and payment to academic institutions. ICD will not accept official documents from the institution if they were received together with your application and payment.

*Note:* If you are requesting and paying for 14-Day Priority Service, please indicate this by printing the word **PRIORITY** at the top of the envelope (between your return address and the postage).

### STEP 4 To obtain your personal ICD file number, please contact us by email 30 days after submitting your application, or earlier, if requesting priority service. An email form can be found by going to our Web site, [www.icdeval.com](http://www.icdeval.com), and clicking on [Contact Us](#) in the navigation menu.

### STEP 5 When you have received your ICD File Number, complete the top portion of the form *Request for Academic Records/Transcripts for Credentials Evaluation* for each professional (tertiary) education program you attended. Official copies of **all** professional (tertiary) academic records/transcripts must be provided. If you need to submit to more than one educational institution, you may photocopy or print copies of this form. Provide the information requested, sign the form(s), **enclose any payment required by your school(s)** (including translation costs) and mail the form(s) to the appropriate school official(s).

*Note:* All professional (tertiary) academic records/transcripts must be sent directly to ICD by your educational institution. ICD cannot accept these records supplied by you or a third party. If any foreign language documents are sent to ICD without an English translation, ICD can arrange to have them translated for an additional fee.

### STEP 6 When you have received your ICD File Number, complete the top portion of the form *Request for Validation of Registration/License for Credentials Evaluation* and mail the form to the registration authority which issued the registration/license credential. If you have other registration(s)/license(s) you need validated, photocopy the request form. Validations must be completed for initial, most recent and all current registration/licenses.



# ICD Evaluation of Physical Therapy Assistant Credentials Application

Provide all information requested below. Use a typewriter or print legibly in ink.

## 1 ICD Preliminary information

- a. Have you ever applied to ICD before?  Yes  No
- b. If yes, please provide your ICD file number \_\_\_\_\_ Date \_\_\_\_\_
- c. How did you learn of this service?  U.S. College/University  State Licensure Board  Recruiter  
 U.S. Employer  Immigration Attorney  Internet  Other \_\_\_\_\_
- d. Why did you select ICD over another organization for your credentials evaluation?  ICD's reputation  
 Instructed by your report recipient  Price  Other \_\_\_\_\_

## 2 Your name

Print or type your full name as you would like it to appear on all correspondence. Put only one letter in each box.

\_\_\_\_\_

Given (first) and middle names (Leave a blank square between names)

\_\_\_\_\_

Surname (last/family name) (Leave a blank square between names)

## 3 Your other names

List alternate names appearing on your documents. Include legal documentation/evidence verifying name change.

\_\_\_\_\_

Name before marriage

\_\_\_\_\_

Other name

## 4 Your birth date (Spell the month and enter numbers for day and year)

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

## 5 Your gender

- Female  Male

## 6 Your U.S. Social Security Number (if known)

\_\_\_\_\_

## 7 Your contact details

Print or type the address where ICD should mail all correspondence to you.

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State/Province

Post code

Country

\_\_\_\_\_

Telephone (include country code)

Fax (include country code)

\_\_\_\_\_

E-mail

## 8 Your citizenship

Birth country

Country of current citizenship

## 9 Educational institutions you attended

Please list, in the order you attended, all educational institutions. Explain any gaps in your educational history on an attached sheet.

### Primary and secondary education

List information for all schools attended whether completed or not, beginning with the first year of your **primary** school education and ending with the last year of your **secondary** school education. Write the name of each certificate/diploma as it appears in its native language. Enclose a photocopy of your diploma, certificate or external exam certificate.

Name of primary and secondary schools attended	City and Country	Month/Year entered	Month/Year completed/ graduated	Name of diploma or certificate in its native language
<b>Primary</b>				
<b>Secondary</b>				

### Professional (tertiary) education

List information for each professional (tertiary) school attended, whether completed or not. Write the name of each certificate/diploma as it appears in its native language. Forward a copy of *Request for Academic Records/Transcripts for Credentials Evaluation* form to each academic institution you list.

Name of professional (tertiary) schools attended	City and Country	Month/Year entered	Month/Year completed/ graduated	Name of diploma or certificate in its native language

## 10 Your registration/license

- If you are not currently registered/licensed, please indicate and explain:
  - Never registered/licensed
  - Not currently registered/licensed (attach an explanation to your application).
- Have any of your registrations/licenses ever been revoked, suspended or restricted?
  - Yes
  - No
 If "Yes," please attach an explanation to your application.
- List all legal professional title(s) and country(ies) in which you have ever held a registration/license (both past and current). Indicate if you are currently registered/licensed by marking "yes" or "no" in the last column.

Legal professional title	State/Province	Country	Currently registered

## 11 Report recipients

Indicate here the names and addresses of as many as **two** different recipients for your report. Recipients listed in this section do not include U.S. state boards.

**Note:** If you would like to receive a copy of the report for yourself, you will need to designate yourself as one of the recipients.

Name and address of first report recipient	Name and address of second report recipient
Name	Name
Address	Address
Address	Address
City	City
Country, Post code	Country, Post code

## 12 Fees for ICD credentials evaluation reports

State board requirements change over time. Contact the board in the state where you wish to practice to confirm that this ICD report meets its licensure requirements.

Indicate the state(s) where you need to be evaluated for licensure.

**Check  to indicate selection** (Check all that apply)

			Total fees due
<input type="checkbox"/> Physical Therapy Assistant report (each state) .....	\$400.00		\$ .
<input type="checkbox"/> 14 Day* Priority Service** (optional) .....	\$200.00	+	\$ .
<input type="checkbox"/> Re-evaluation report .....	(by state) FULL FEE		\$ .

ICD will not process documents on applications that have lapsed for more than three years. If your original evaluation was completed more than three years ago, you will have to begin a new application, which includes redoing academic and registration/license forms. Since most state boards require original academic records/transcripts be mailed directly to them from your school, the process will go much faster if you request academic records/transcripts be mailed to both ICD and to the state board(s) **now**.

**Fees for additional services** (Check all that apply)

<input type="checkbox"/> Additional report recipient (state boards are disallowed as additional recipients) .....	\$ 25.00	+	\$ .
<input type="checkbox"/> Faxed copy of your report .....	\$ 25.00	+	\$ .
<input type="checkbox"/> Overnight courier, Domestic .....	\$ 40.00	+	\$ .
<input type="checkbox"/> Overnight courier, International .....	\$ 75.00	+	\$ .
<input type="checkbox"/> Originals returned by courier, Domestic .....	\$ 40.00	+	\$ .
<input type="checkbox"/> Originals returned by courier, International .....	\$ 75.00	+	\$ .
<input type="checkbox"/> Document translation .....	(per page) \$ 75.00	+	\$ .
		total	\$ .

\*working days

\*\*In order to ensure efficient service, ICD reserves the right to limit the number of priority service requests to be processed at a given time. If you are requesting priority service, you may want to include the additional overnight courier service to mail your report to the recipient(s).

Full payment for all services requested must be included with your application. Send only a certified bank check or international money order, drawn in U.S. dollars on a U.S. bank, and made payable to ICD, or pay by credit card using the *Credit Card Payment Form* on page 9. Personal checks and cash are **not** accepted. **All fees are subject to change without notice.**

### 13 Terms and Conditions of the International Consultants of Delaware, Inc., 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 delivered.

- ICD reserves the right to evaluate any material it deems applicable to the ICD credentials evaluation application.
- No evaluation is conducted until a completed application and full payment is received by ICD.
- Applications remain open for 12 months. Applicants who do not meet the requirements of the ICD Credentials Evaluation application within the first 12 months of their order may continue the service by applying to reprocess and paying the associated fee.
- Fees, as published with this application, are subject to change and are non-refundable, except in the case of overpayment.

In offering evaluations, ICD subscribes to the opinion expressed by the Division of International Education of the U.S. Department of Education when it refers International Consultants of Delaware, Inc., to prospective clients by stating ICD “provides advisory assistance in the interpretation of specific foreign educational credentials in terms of the approximately comparable level of educational achievement in the United States,” and “this interpretation or opinion, is advisory only and is no way binding on any U.S. institution, agency or organization, each of which has the responsibility and authority for making its own decisions, on the recognition it chooses to accord to educational credentials under the decentralized system of education in the United States.”

### 14 Attestation

**Please note:** Each applicant must sign his/her full name in English on the applicant’s signature line. Do not submit this application unless you understand and agree to the following terms:

I agree to the Terms and Conditions of the International Consultants of Delaware, Inc., Credentials Evaluation as outlined in Item 13 (above).

I certify that all information which ICD has received as a part of this application or in the past, from me or from a third party on my behalf, is true and complete. I certify that all documents which have been submitted to ICD for any purpose have not been falsified, altered or tampered with by any person.

I understand that ICD and others will rely on this application and on the documents and information submitted, and that if any of it is falsified, altered or tampered with, or if I alter an ICD credentials evaluation Report or misrepresent a copy as an original, 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 the use of a Credentials Evaluation Report, 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 with respect to an application for an evaluation.

I authorize ICD to contact any relevant institutions for verification purposes, and 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 reports, 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 or 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 (do not print)

Date





# Request for Validation of Registration/License for Credentials Evaluation

**APPLICANT completes this section** (Send to all agencies that have issued you registrations/licenses. Do not send without ICD file number)

My ICD file number (required)  Applicant signature

The registration /license was issued under the name of

Given (first) and middle names (Leave a blank square between names)  Surname (last/family name) (Leave a blank square between names)

My current name is (if different from above)

My registration/license number is

I received my initial registration/license on    My current registration/license is valid until

Month Day Year Month Day Year

## OFFICIAL OF REGISTRATION/LICENSING AUTHORITY completes this section

**Dear Registrar:**

Please promptly **complete this section of the form** and send it to the International Consultants of Delaware as validation of my professional registration/license, **accompanied by an English translation.**

This is to certify that  was first issued registration/license number

to practice as a **PHYSICAL THERAPIST** on    Expiration date of this registration /license is

Month Day Year Month Day Year

Birth date of applicant    License status  Active/Current  Inactive  Expired  Restricted\*

Month Day Year

\*Please attach an explanation if the applicant's registration/license has ever been revoked, suspended, limited or placed on probation.

Licensed by  National /Provincial State Examination  Review of another license  Other

Name and location of professional (tertiary) education program completed:

Date of graduation

Month Day Year

Was professional (tertiary) education program accredited/approved?  Yes  No By whom?

Program type  Diploma  Baccalaureate Degree  Associate Degree  Other:

Signature (of registration authority)  Sign entire name (do not print) **Registration Authority seal or stamp must cover signature**

Date    Registration authority title

Month Day Year

State Country/Province



Please send this document and any attachments, in English, via airmail to: ➡

**International Consultants of Delaware, Inc.**  
3600 Market Street, Suite 450  
Philadelphia, PA 19104-8629 USA

