



# Request for Academic Records/Transcripts for Credentials Evaluation

**APPLICANT** completes this section (send one form to each school you've attended. Do not send without ICD file number)

My ICD file number (required)           Applicant signature

The name I used when I attended this school was

Given/middle/surname

Current name (if different from above)

Name of school attended

Attended **from** Month  Year  **to** Month  Year  Birth date (month/day/year)

Address

Address

City

State/Province

Post code

Country

Telephone

Fax

E-mail

**ADMINISTRATIVE SCHOOL OFFICIAL** completes this section

Applicant name

Birth date (month/day/year)

Educational institution name

Is your school a government-approved school?  Yes  No

Educational institution address

Telephone number

Fax number

Email address

Name of degree/diploma/certificate awarded (in native language)

Minimum academic entrance requirement

What governmental authority in your country recognizes this school's program?

What was the language of instruction for this applicant?

Textbook language?

What was the program's duration? (years)

(weeks)

Program type (eg, certificate, diploma, baccalaureate, etc.)

Program completion date

Upon graduation, what higher university program would this applicant be eligible to enter?

**Important:** For Physical Therapist and Physical Therapist Assistant applicants, course descriptions/syllabi/curriculum AND the grading scale relevant to the applicant's attendance dates MUST be included. Documents must include the individual's name, attendance dates and program completion date, as well as the number of lecture hours and laboratory study hours, the final grades, credits, weighting factors and contact hours earned for each course completed.

I hereby attest that the enclosed academic records/transcripts are a review of and relate to the courses taken, study hours and grades received for the above-named individual.

Signature

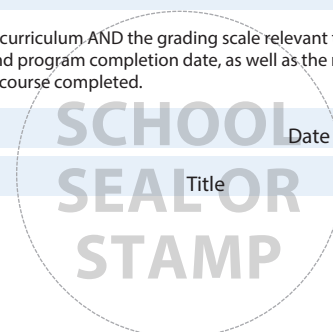
Date

Print name

Title

Please place school seal or stamp over flap of envelope after sealing and return all academic record(s)/transcript(s) along with this form via airmail to:

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



School seal or stamp must cover signature

In addition to a copy of the academic record(s)/transcript(s), please provide specific hours of theoretical instruction and hours of clinical practice for the subject areas listed below. Please do not combine subject areas. If they are combined in your curriculum, please estimate the hours of theoretical instruction and hours of clinical practice in each subject area. Please attach a copy of the actual transcript. Both the completed form and educational transcript must be sent directly to CGFNS. All documents must be in English.

Subject area	Classroom hours	Clinical practice hours	Subject area	Classroom hours	Clinical practice hours
Human anatomy			Kinesiology		
Physiology			Pathology		
<b>SUBTOTAL</b>			<b>SUBTOTAL</b>		
<b>Massage therapy theory, technique and practice</b>					
Direct pressure			Shaking		
Effleurage/Gliding			Stretching		
Friction			Superficial warming techniques		
Jostling			Tapotement/Percussion		
Petrissage/Kneading			Vibration		
Pumping					
<b>SUBTOTAL</b>			<b>SUBTOTAL</b>		
<b>instruction</b>					
Benefits			Legalities of massage		
Body mechanics			Massage history		
Client data collection			Professional standards including draping and modesty		
Communications			Therapeutic relationships		
Contraindications			Universal precautions		
Documentation					
<b>SUBTOTAL</b>			<b>SUBTOTAL</b>		
Ethics			Business		
Supervised clinical practice					
<b>TOTAL</b>			<b>TOTAL</b>		