



**Application for FSBPT
Alternate Identification Number**
*This form is to be submitted by candidates
without a U.S. Social Security Number.*

For FSBPT Use Only	
Date Received:	_____
Date Processed:	_____
Processed by:	_____
AIN #:	_____

An FSBPT Alternate Identification Number (AIN) will be issued to NPTE candidates who do not have a U.S. Social Security Number (SSN) for identification purposes. The issuance of an Alternate Identification Number (AIN) is solely for the purpose of registering for examinations or services through the FSBPT when a candidate cannot obtain a Social Security Number (SSN). The AIN is not a substitute for a Social Security Number for any other purpose.

Applicants should retain their AIN and utilize it for all correspondence, inquiries or requests relating to their licensing examination. AIN applications will be processed within three business days of receipt. Candidates will be notified of their assigned number by email upon issuance.

For inquiries, please call (703) 739-9420 and press “1” for Exam Services. Completed forms should be mailed to: **FSBPT, Exam Services 124 West Street South Third Floor Alexandria, VA 22314.**

PLEASE PRINT OR TYPE - All fields must be complete in order to process your request.

Date: _____
Month / Day / Year

Name: _____
Last First Middle

Aliases or Previous Name(s): _____
Last First Middle

Applicant’s Mailing Address: _____
Street

City State/Province Zip Code Country

Phone Number: _____ **Email Address:** _____

Date of Birth: _____ Male Female
Month / Day / Year

Place of Birth: _____ **Country:** _____

Mother’s Maiden Name: _____

Have you previously received an alternate identification number (AIN)?

No/Do not know

Yes. Previous AIN number: _____

Have you previously taken the NPTE for physical therapy licensure? Yes No

In what State or other U.S. licensing jurisdiction did you apply for the NPTE? _____
Date State

Identification Number: _____ **State/Country:** _____

(Applicants must provide a single identification number issued by their country of origin that is your own unique individual identification number. **Please do not write your PT license number as the national ID number.**)

Type of Identification document (Check one)

Driver's license/State I.D. Passport National ID Other _____

I, _____, the above named applicant, hereby certify under oath that I am the person named in this application; that all statements and information provided herein are true; that should FSBPT determine that I have falsely answered or responded to any portion of this application, I may be denied the right to sit for the NPTE and that the U.S. licensing jurisdiction to whom I am applying for licensure shall be notified of such falsification of information; and, that the photograph attached is a true and recent likeness.

Signature of Candidate

NOTARY'S USE ONLY

The foregoing was acknowledged before me this day of _____, 20____ by the above named attestant, who has produced for my examination a credible means of identification as listed above. Furthermore, I have affixed my initials to the photograph below as an acknowledgement that it represents a reasonable likeness of the above named attestant.

Signature of Notary: _____

Name printed in ink, typed or stamped: _____

My commission expires: _____

(Affix Seal)

Photograph: Staple recent photo here; do not glue or tape