## FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

## **Examination Score Verification**

Note: Omissions or errors will result in delays. Please follow the instructions.

For FSBPT Use Only
Date Received:
Date Processed:
Processed By:
Fee Charged:

## **INSTRUCTIONS**

Please print or type all information on the form. You must complete all information and include the correct fee, or the request will be returned.

This service must be requested within 30 days of receiving your score. Requests will be processed by FSBPT within 5 business days of receipt. In deciding whether to have your score verified, please consider that examinations are scored electronically with a high degree of accuracy. It is therefore unlikely that verification will alter your original score.

Last Name	First Name	Middle N	Name	FSBPT ID
Current Address				
City	State		Zip	
Email	Work Telephone	e Home Telephone		
EXAMINATION INFORMATION	***ALL FIELDS AR	RE REQUIRED*	**	
Type of Examination				
☐ Physical Therapist ☐ Physical 1	Therapist Assistant	sistant Date of Examination		
Location of Examination	Candidate ID Number			
PAYMENT METHOD				
Fee for Examination Score Verifica	tion is \$150.00. (A 1.69	% processing fee, re	ounded to the near	est dollar, will apply.)
Credit card:   VISA   MasterCa	rd Discover			
		/		
Credit Card Number		/ Expiration Date	Security Code	Billing Zip Code
Credit Card Number  Card Holder's Name (Printed)		/ Expiration Date  Card Holder's Sign	•	Billing Zip Code
		Card Holder's Sign	•	Billing Zip Code
Card Holder's Name (Printed)		Card Holder's Sign	•	Billing Zip Code

MAIL TO:

FSBPT Examination Score Verification 124 West Street South, 3<sup>rd</sup> Floor Alexandria, VA 22314 Fax: 703-739-9421