



Ref. #: _____

Date: _____

Fees: _____

REQUEST FORM FOR DUPLICATE/REVISED REPORTS OF A PHYSICAL THERAPY EVALUATION

Please note that there is a five-year limit on requests for copies of any evaluation. We are currently able to issue duplicate copies of reports dated **2007 and thereafter**. For evaluations issued prior to 2007, a new report and new application fees are required. IERF reserves the right to deny a request for a duplicate copy on the basis of changes that may have taken place in: 1) the educational system of the country of study, 2) IERF policy, or 3) the requirements of the institution/licensing board/agency to which the report is to be sent, since the time the initial report was issued. In such a case, a new report and new application fees are required. A separate form is required for services other than duplications/revisions of Physical Therapy Evaluations.

Please complete this form clearly and return it with your payment.

Section 1: Applicant Information

Name: _____			
Family/Last	Given/First	Second/Middle	
Mailing Address: _____			
Number	Street	Apt. #	
City	State	Zip/Postal Code	Country
Telephone: () _____ () _____		Fax: () _____ Cell: () _____	
Day	Evening		
Email: _____		IERF File # _____ (Please provide.)	

Section 2: Fees

REPORTS	
1. Duplicate Report (Same State/Type of Licensure Only) State: _____ Licensure: <input type="checkbox"/> PT <input type="checkbox"/> PTA (\$100) \$ _____	
2. Revised Report (for new states, new types of licensure (PT or PTA), and/or for additional studies)	
First Report: State: _____ Licensure: <input type="checkbox"/> PT <input type="checkbox"/> PTA (\$275) \$ _____	
Additional Report: State: _____ Licensure: <input type="checkbox"/> PT <input type="checkbox"/> PTA (\$100) \$ _____	
Additional Report: State: _____ Licensure: <input type="checkbox"/> PT <input type="checkbox"/> PTA (\$100) \$ _____	
MAILING OPTIONS (prices are per address)	
Domestic	
Secure Mailing (add \$20 each)	\$ _____
<input type="checkbox"/> applicant	
<input type="checkbox"/> state board(s) in: _____	
Next Day Delivery (add \$35 each)	\$ _____
<input type="checkbox"/> applicant	
<input type="checkbox"/> state board(s) in: _____	
International Secure Mailing (add \$75)	\$ _____
<input type="checkbox"/> applicant	
TOT	AL \$ _____

Section 3: Services and Fees

REPORTS
One official copy and one applicant copy are included in the fee. As required by the state boards, copies of all files are forwarded for consultation to a licensed practicing physical therapist, who is employed by IERF. Existing evaluation reports will be modified to reflect current individual state regulations.
1. Duplicate Report (Same State/Type of Licensure Only) – \$100 (with no additional studies or modifications). Allow 15 business days from the receipt of all required documentation (and/or fees) for your report to be mailed.
2. Revised Report – \$275 for the first report and \$100 for each additional state or type of licensure (PT or PTA) requested at the same time. Revisions include reports for new states, new types of licensure (PT or PTA), and/or for additional studies. Allow 60 business days from the receipt of all required documentation (and/or fees) for your report to be mailed.
State Boards of Physical Therapy Please refer to our website (www.ierf.org/applications.asp) for the list of state boards that accept IERF evaluations.

Section 4: Certification

I agree to be bound to the same terms and conditions as those in my initial application.	
_____ Signature	_____ Date