INTERNATIONAL EDUCATION RESEARCH FOUNDATION, INC.

For Office Use Only
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 2020 and thereafter**. For evaluations issued prior to 2020, 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 requirements of the licensing board to which the report is to be sent, since the time the initial report was issued; 2) the educational system of the country of study; or 3) IERF policy. In such a case, a new report and new application fees are required.

There is also a **five-year** limit on requests for **revisions**. Revisions include adding new studies, changing the report for another state board, and changing the report for a different level of licensure, if allowed by the board (e.g., PT vs. PTA licensure). We are currently able to issue revisions of reports **dated 2020 and thereafter**. For evaluations issued prior to 2020, a new report and new application fees are required.

Whether your request is for a duplicate or a revision, please note that, depending on the state board, additional or new documents might be required. Upon receipt of your application and payment, your file will be reviewed and you will be notified accordingly. A different form is required for services other than duplicates/revisions of physical therapy evaluations.

Complete this form clearly and return it with your payment to alliedhealth@ierf.org (or to IERF, 10736 Jefferson Blvd, #532, Culver City, CA 90230).

Section 1: Applicant Information

Name: _____
Family/Last Given/First Second/Middle

Mailing Address: _____
Number Street Apt. #

_____
City State Zip/Postal Code Country

Contact Information: ( ) _____ ( ) _____ _____
Cell Phone Landline E-Mail

FSBPT ID # *(if applicable)*: _____ **IERF File #:** _____

Section 2: Fees

REPORTS

1. **Duplicate Report** (Same State/Type of Licensure Only)
   State: _____ Licensure: ❑ PT ❑ PTA ($150) $ _____

2. **Revised Report** (for new states, new types of licensure (PT or PTA), and/or for additional studies)

   First Report:
   State: _____ Licensure: ❑ PT ❑ PTA ($475) $ _____

   Additional Report:
   State: _____ Licensure: ❑ PT ❑ PTA ($250) $ _____

OFFICIAL REPORT DELIVERY FEE (prices are per address) *

Email/Electronic Delivery (add $10 each) $_____
❑ state board(s) in: _____
Email address: _____
Regular Mail (add $10 each) $_____
❑ state board(s) in: _____
Secure Mailing (add $29 each) $_____
❑ state board(s) in: _____
Next Day Delivery (add $49 each) $ _____
❑ state board(s) in: _____
International Secure Mailing to applicant (add $75) $_____

RETURN OF ORIGINAL DOCUMENTS SUBMITTED BY APPLICANT

Domestic Secure Mailing (add $29) $_____
Domestic Next Day Delivery (add $49) $_____
International Secure Mailing (add $75) $_____
Regular Mail (add $10) $_____

TOTAL $ 0

Section 3: Services and Fees

REPORTS

An unofficial applicant copy of the report is included in the report fee. It will be emailed to you at the email address provided in Section 1. The options in Section 2 are for the delivery of the official board report, as well as the return of any original documents submitted by the applicant.

As required by all physical therapy boards, your official evaluation must be addressed and mailed directly to the board. The official report may also be sent electronically, if accepted by the state board.

1. ***Duplicate Report*** *(Same State/Type of Licensure Only)* – $150 (with no additional studies or modifications). Allow a minimum of 3 weeks from the receipt of all required documentation (and/or fees) for your report to be mailed.

2. ***Revised Report*** – $475 for the first report and $250 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 a minimum of 3 months 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 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