



Physical Therapy Board of California

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WORK VERIFICATION FORM FOR FOREIGN EDUCATED PHYSICAL THERAPISTS LICENSED IN OTHER STATES

Please type or print. Signatures must be in blue ink.

Include your resume of work experience (including duties performed) when submitting this form.

Name of Physical Therapist Applying for a California Physical Therapist License:

First

Middle

Last

Place of Employment: _____

Name of the facility the applicant is actually working in

Street Address

City

State

Zip Code

Dates of Employment: From: _____ To: _____ Full-time _____ *Part-time _____

MM/DD/YYYY

MM/DD/YYYY

*If part-time, please provide hours per week worked: _____

Brief Description of Job Duties: _____

Supervisor's Name: _____ Supervisor's Job Title: _____

Supervisor's Daytime Telephone No. (____) _____

Supervisor's Professional License No. _____

Supervisor of Applicant during Specified Dates of Employment: _____

I declare under penalty of perjury under the laws of the State of California that the information contained in this document is true and correct.

Applicant's Signature _____ Date _____
(Blue Ink Only)

Supervisor's Signature _____ Date _____
(Blue Ink Only)