



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICAL THERAPY BOARD OF CALIFORNIA  
2005 Evergreen St., Suite 2600, Sacramento, CA 95815  
P (916) 561-8200 | (916) 561-8213 | F (916) 263-2560 | E pta@dca.ca.gov  
www.ptbc.ca.gov • facebook.com/ptbcnews • twitter.com/ptbcnews



## AFFIDAVIT OF SELF – STUDY FOR ELECTRONEUROMYOGRAPHY

This page to be completed by the applicant.

Applicants Name: \_\_\_\_\_  
Last First Middle

Physical Therapist License Number: \_\_\_\_\_

I certify that I have completed a period of self-study which has prepared me to pass a supplemental examination for additional certification to perform electroneuromyographical examination. I will include with this certification evidence and documentation that summarizes what matters were contained in the self-study including clinical exposure to electroneuromyography and any materials studied on that subject and the name and statements, of any proctors who may have supervised me in electroneuromyography.

Misrepresentation of the documentation requested above could result in disciplinary action against the physical therapist license of the individual signing this form. I understand that the information provided on this form is submitted to the Physical Therapy Board of California for the purposes of certifying that I may perform electroneuromyography and I hereby certify under penalty of perjury under the laws of the State of California that this information is true and correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_