Physical Therapy Board of California

Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815
Phone: (916) 561-8200 Fax: (916) 263-2560
Internet: www.ptbc.ca.gov

APPLICATION FEE SCHEDULE

Kinesiological Electromyography and Electroneuromyography Examination

(FEES SUBJECT TO CHANGE)

FULL NAME: _____ DATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

PT License #: _____

FEE CALCULATION:

1. Application Processing Fee
   (Check either box A or B)

   A. ☐ Kinesiological Electromyography $100.00

   B. ☐ Electroneuromyography $100.00

2. Written Examination Fee
   (Check either box A or B)

   A. ☐ Kinesiological Electromyography $500.00

   B. ☐ Electroneuromyography $500.00

Total: $_____

PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE PTBC AND PAPER CLIP YOUR CHECK TO THE FEE SCHEDULE

FOR BOARD USE ONLY

CASHIERING USE ONLY	RECEIPT NO.	KEMG Application f125700 4T	KEMG Exam Fee 125700 4R	ENMG Application 125700 4S	ENMG Exam Fee 125700 4H
		$100	$500	$100	$500

Check # _____ Initials:_____ Date: _____ ATS # _____