

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 fpt@dca.ca.gov www.ptbc.ca.gov • facebook.com/ptbcnews • twitter.com/ptbcnews



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	e (including duties performe	d) when submitting this	s form.	
Name of Physical Therapist Applying	ng for a California Physi	cal Therapist Licens	e:	
First	Middle	Last	Last	
Place of Employment:Name of the		aldia artia		
name or the	e facility the applicant is actually wol	rking in		
Street Address	City	State	Zip Code	
Dates of Employment: From:	To:	Full-time	*Part-time	
*If <u>part-time,</u> please provide hours				
Brief Description of Job Duties:				
Supervisor's Name:	Supervisor's Job Title:			
Supervisor's Daytime Telephone N	lo. ()			
Supervisor's Professional License	No			
Supervisor of Applicant during Spe	cified Dates of Employn	nent:		
I declare under penalty of perjury information contained in this do			that the	
Applicant's Signature		D	ate	
Applicant's Signature(Blue	Ink Only)			
Supervisor's Signature		D	ate	

(Blue Ink Only)