

PHYSICAL THERAPIST

Compliance with Federal and State Laws

Name of Physical Therapist \_\_\_\_\_

Home address \_\_\_\_\_

Telephone no. \_\_\_\_\_

QUALIFIED ACCORDING TO FEDERAL REGULATIONS, ON BASIS OF ONE OF THE FOLLOWING (for which photocopy proof is attached):

- Graduate of approved physical therapy curriculum
- Member of American Physical Therapy Association prior to 1966
- Member of American Registry of Physical Therapists prior to 1966
- Licensed prior to January 1, 1970 and satisfactory grade on Public Health Service (equivalency) examination
- Licensed prior to January 1, 1966 plus fifteen years full-time experience prior to January 1, 1970
- Federal requirements for foreign trained

LICENSED IN THE STATE OF MARYLAND: \_\_\_\_\_ (license number) \_\_\_\_\_ (current control number)

Name of health facility receiving this form: \_\_\_\_\_

Address \_\_\_\_\_

Telephone no. \_\_\_\_\_

I HEREBY CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT.

\_\_\_\_\_  
Signature of Physical Therapist

.....  
Send this form and a self-addressed stamped envelope to:

The Maryland State Board of Physical Therapy Examiners  
301 West Preston Street, Baltimore, Maryland 21201

The Maryland State Board of Physical Therapy Examiners certifies that the above-named Physical Therapist is currently licensed in the State of Maryland for the calendar year \_\_\_\_\_, and that the original license number and the current control number as stated above are correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary to Board of Physical Therapy Examiners  
(SEAL)