



State of Nevada

Physical Therapy Board

3291 N. Buffalo Dr., Suite 100, Las Vegas, NV 89129, (702) 876-5535, Website: www.ptboard.nv.gov

DRY NEEDLING ATTESTATION FORM

By signing this form you are attesting to the fact that you successfully completed the requirement of the post graduate minimum of 25 hours of training for dry needling as outlined in NAC 640.

1. Legal Full Name (Please Print or Type)

First	Middle	Last	License #
Address	City	State	Zip Code
Contact Phone Number	Email address		

Post Graduate Dry Needling Coursework

Post Graduate Dry Needling Coursework was completed: Prior to 06/05/2016 After 06/05/2016

I attest that I have made an attempt to obtain my certificate of attendance for the post graduate dry needling that I successfully completed but was unable to obtain it.

I attest that I successfully completed the below post graduate dry needling course that was a minimum of 25 hours and included the following:

The course content was approved by one or more of the following entities:

- Commission On Accreditation In Physical Therapy Education
- American Physical Therapy Association
- The Advisory Committee on Continuing Competency of the Nevada Physical Therapy Board.

The course included, but was not limited to, passing of both a written and practical examination before completion of the course content. Practice application course content and examinations were done in person.

Course Name: _____ Completion Date: _____

Course Provider: _____ Number of Hours: _____

Course Name: _____ Completion Date: _____

Course Provider: _____ Number of Hours: _____

Course Name: _____ Completion Date: _____

Course Provider: _____ Number of Hours: _____

Signature of Licensee

Date