

**NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS**  
**7570 Norman Rockwell Lane, Suite 230**  
**Las Vegas, NV 89143**  
**(702) 876-5535**

Dear Applicant:

Enclosed please find the application for licensure in physical therapy in our Great State of Nevada! Please note that Physical Therapists and Physical Therapist's Assistants must have a Nevada license to practice physical therapy in Nevada.

Per Board policy, fingerprint submissions expire 6 months after receipt unless an application is received. Any items received in the Board office towards the licensure process (transcripts, etc). will only be held for 6 months from the date of receipt, unless an application is received. Board staff will not verify receipt of any items received until such time an application has been received by the Board.

Applications not completed within one year of receipt automatically expire. It is in your best interest to complete the requirements in a timely manner.

Please note that the Board office will only work directly with the applicant during the application process. We will not discuss your application or status of licensure with prospective employers or recruiters. This is to protect your privacy and to avoid confusion.

After mailing your application, please allow 10 days before contacting the Board for status. This will allow staff sufficient time to create your database file and permanent file. Please make all inquiries for application status via email at [ptapplication@govmail.state.nv.us](mailto:ptapplication@govmail.state.nv.us). Be sure to include your full name and last four numbers of your social security number in your email. You may also call the Board office for status.

The application process takes **approximately** 3-4 weeks for endorsement candidates using the electronic submission fingerprinting option, and **approximately** 6-8 weeks using the hard card fingerprinting option. These are only estimates and not a guarantee of a licensure date.

Please update the Board with any changes to your residential address or phone numbers. Also, when you secure employment in Nevada please provide the name of the Nevada facility, completed address, phone and fax numbers. You submit updates via fax, mail, or to the licensing assistant via the email provided above. Upon licensure, a copy of your license will be faxed to your Nevada facility of record (if provided) which will allow you to work. Please post a copy of the license until you have received the original in the mail.

If you have any questions, please contact us. We will be pleased to assist you in any way we can.

Sincerely,

The Nevada State Board of Physical Therapy Examiners

**STATE OF NEVADA  
BOARD OF PHYSICAL THERAPY EXAMINERS**

PLEASE PRINT LEGIBLY - FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING RETURNED

**PHYSICAL THERAPIST LICENSURE APPLICATION**

I, \_\_\_\_\_  
**FIRST NAME                      MIDDLE NAME                      LAST NAME                      MAIDEN (OR OTHER NAME USED)**

herewith apply for licensure as a physical therapist in accordance with the provisions of Chapter 640, Nevada Revised Statutes and Chapter 640, Nevada Administrative Code.

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**CITY                                      STATE                                      MONTH-DAY-YEAR**

Mailing Address: \_\_\_\_\_  
**STREET                                      CITY                                      STATE                                      ZIP**

Phone Numbers: HOME \_\_\_\_\_ CELL \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a citizen of the United States? [  ] Yes [  ] No Social Security Number: \_\_\_\_\_  
*(required)*

EDUCATION				
TYPE	NAME	LOCATION	DATES	DEGREE EARNED
HIGH SCHOOL				
PT SCHOOL				
COLLEGE				
COLLEGE				

Photo of applicant taken within 60 days of application must be attached here. Minimum 2 x 2 inches, maximum 3 x 3. Photo must clearly show facial features.

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_  
 (feet / inches)

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

### Physical Therapy Experience

List your three most recent Physical Therapy Experiences. Indicate type of practice. List your position.

DATES From/To	Name	Complete Address	Phone	Type	Posit.

Please note that any absence of practice for two years or longer, or having not practiced in the US for at least 1 year full-time, will require an appearance before the Board.

Have you taken the Physical Therapy Examination and did not receive a passing score:  Yes  No

If yes, please list the date of each attempt: \_\_\_\_\_

If you have failed the examination two or more times, an appearance before the Board will be schedule upon completion of your application.

List the state/country(s) of previously held and current licenses in Physical Therapy and/or other health care fields:

**Child Support Information:** Please mark the appropriate response (failure to mark one of the three will result in denial of the application):

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and *am in compliance* with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or;

\_\_\_\_\_ I am subject to a court order for the support of one or more children and *am not in compliance* with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Has your application, license, registration, or certification to practice physical therapy in any jurisdiction ever been denied, revoked, suspended, cited, fined, surrendered, restricted, limited or placed on probation?  Yes  No.

Have you ever been reprimanded or fined in relation to the practice of physical therapy?  Yes  No.

Is there any action pending?  Yes  No.

Have you ever had a problem related to the habitual use of alcohol or drugs or been diagnosed and/or treated for addiction?  Yes  No.

Have you ever been **arrested** for a violation of a Federal Law, State Law, or Municipal Ordinance?  Yes  No. (See instruction sheet for information regarding sealed records)

Have you ever been **charged** with a violation of a Federal Law, State Law, or Municipal Ordinance?  Yes  No. (See instruction sheet for information regarding sealed records)

Have you ever been **convicted** of a violation of a Federal Law, State Law, or Municipal Ordinance?  Yes  No. (See instruction sheet for information regarding sealed records)

Have you ever been diagnosed, treated or hospitalized for a psychiatric or mental health condition that will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist's assistant?  Yes  No.

Have you ever been diagnosed as having a physical or medical condition which will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist's assistant?  Yes  No

A "Yes Answer" to any of the above questions will affect the processing of your application and *may* result in a required appearance before the Board and the issuance of a limited or restricted license, or denying your request for licensure. Failure to answer truthfully is grounds for a fraudulent application and may result in denial of your request for licensure.

**If the answer is yes to any of the above questions, give details on separate sheet.**

AFFIDAVIT OF \_\_\_\_\_  
(NAME OF APPLICANT)

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, and under penalty of perjury, state: (Name of Applicant)

- 1. That affiant has personal knowledge of the information contained herein and could testify to same if called upon to do so.
- 2. That affiant is applying for a license to practice physical therapy in the State of Nevada.
- 3. That the information contained in the application to practice physical therapy is true and correct.
- 4. That the photograph attached to the application to practice physical therapy is a true and correct image of the affiant taken within the last sixty days.

\_\_\_\_\_  
(Signature of Applicant)

SUBSCRIBED AND SWORN to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires \_\_\_\_\_ 20\_\_\_\_\_.

BOARD MEMBER APPLICATION REVIEW SECTION

Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>	_____	_____
				Chairman	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>	_____	_____
				Vice Chairman	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>	_____	_____
				Secretary/Treasurer	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>	_____	_____
				Board Member	Date
Approve	<input type="checkbox"/>	Disapprove	<input type="checkbox"/>	_____	_____
				Board Member	Date

Applicant Name: \_\_\_\_\_

### LICENSING FEES

Application Fee for the Physical Therapist \$325 (Non-refundable)

All of the above licensing fees are payable directly to the Nevada State Board of Physical Therapy. We accept personal checks, money orders and cashier's checks. We do not accept credit cards or cash.

### EXAMINATION FEES

National Physical Therapy Examination \$400

The examination fee must be paid to the federation of State Boards of Physical Therapy. Register for the examination and pay the related fee at

[http://www.fsbpt.org/ExamCandidates/NationalExam\(NPTE\).aspx](http://www.fsbpt.org/ExamCandidates/NationalExam(NPTE).aspx)

When licensed, please indicate exactly how you want your name to appear on your license

\_\_\_\_\_ (do not list a nickname or degree or title)

Before you mail in your application and materials, please verify that you have:

- 1) Contacted the FCCPT for the credentials evaluation;
- 2) Contacted ETS to schedule the language tests or have transferred your scores;
- 3) Completed the application legibly and completely;
- 4) Included the required references;
- 5) Included the appropriate fee;
- 6) Included the completed jurisprudence examination;
- 7) Retained the application instructions;
- 8) Included the transcripts or have ordered them;
- 9) Ordered the license verifications;
- 10) Registered and paid for the National Physical Therapy Examination.

MAIL THIS APPLICATION & FEE, JURISPRUDENCE EXAM AND REFERENCE LETTERS TO:

NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS  
7570 NORMAN ROCKWELL, SUITE 230  
LAS VEGAS, NV 89143  
(702) 876-5535

**INSTRUCTIONS FOR COMPLETING THE  
NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS  
LICENSE APPLICATION VIA EXAMINATION**

**ALL INFORMATION REQUESTED MUST BE PRINTED AND COMPLETE  
APPLICATIONS WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE**

**Application - Page One**

- 1) Complete all information as indicated.
- 2) A US Social Security number is **required** to apply. The Alternate Identification Number (AIN) issued by the Federation of State Boards of Physical Therapy is not a substitute for the US Social Security number.
- 3) List all colleges attended, even if a degree was not obtained.

**Application - Page Two**

- 1) Physical Therapy Experiences. List your three most recent work experiences and/or clinical affiliations, whichever three are most recent. Please provide complete addresses and phone numbers. Do not list work experiences outside of the clinical affiliations (i.e. employment as a physical therapy technician).
- 4) Answer all questions listed, including child support section.
- 5) If you have ever been arrested, charged or convicted of a violation of a Federal Law, State Law or Municipal Ordinance and have had your **records sealed**, you may answer "no" to these questions. However, you are *required* to submit a letter to the Board explaining the incident(s) in detail (dates, charges and outcomes). As a licensing body, we are authorized by Nevada Revised Statute (NRS) 179.259(3) to receive sealed criminal records. NRS 640.160(1)(a) and 640.160(2)(g) allow the Board to deny a license if an applicant is found to have attempted to obtain a license by material misrepresentation. It is in your best interest to disclose all arrests, charges and convictions.
- 6) Complete the physical description section and **attach** a photograph taken within 60 days. The photo must be at least 2 x 2, no larger than 3 x 3. A passport photo usually works best.

**Application - Page Three**

- 1) Review the information provided.
- 2) Indicate exactly how you want your name to appear on your permanent license (first, middle initial and last name, or first and last only, etc). This must be your legal name, no nicknames.

**Application - Page Four**

- 1) Complete the top section in the presence of a Notary Public. The Notary Public does not have to be in the State of Nevada.

**FINGERPRINTING.** Email the Board at [ptapplication@govmail.state.nv.us](mailto:ptapplication@govmail.state.nv.us) to request the fingerprinting information. Please include your full name in your email so that we can establish a record in the office. Board staff will email you the information to obtain fingerprinting. You can begin this process before applying for licensure.

**Nevada State Board of Physical Therapy Examiners  
REQUIREMENTS FOR THE EXAMINATION APPLICANT**

**Professional and Personal References.** Provide two professional references letters, and one personal reference letter. The reference letters **must be in sealed envelopes and submitted along with your application. Applications received without the reference letters will be returned.** The following criteria must be followed when submitting reference letters:

**SUBMIT TWO LETTERS FROM:**

- ❖ Licensed physical therapists who can attest to your clinical skills as a physical therapist within the last two years. (use your supervisors from clinical affiliations)
- ❖ And NOT related to you by blood or marriage.
- ❖ And NOT professor/educator/classmate from any school you attended.

**To be accepted, the reference letters must:**

- 1) **Be addressed to the Board;**
- 2) **Include the start and end month/year of the work experience;**
- 3) **Include information on the clinical skills of the applicant;**
- 4) **Be typed, dated and signed.**
- 5) **Include a phone number.**

**Professional letterhead is requested, but not required.**

**SUBMIT ONE LETTER FROM A PERSON:**

- ❖ **Outside** the profession of physical therapy and has not worked with you.
- ❖ And competent to address your moral character.
- ❖ And NOT professor/educator/classmate from any school you attended.
- ❖ And NOT related to you by blood or marriage.

The personal reference letter must not contain any information on clinical skills; must include information on the applicant's moral character; must be dated, signed and include a phone number. A typed letter is preferred.

If you cannot secure the required references, include what you are able to and provide a letter to the Board as to the reasons you are not able to provide the required references.

**License Verification.** Submit proof satisfactory to the Board of your licensure to practice as a physical therapist without limitation in the country in which you were trained. Send a copy of the Verification of License form to the licensing Board for completion. If the applicant provides proof that he was a citizen of the United States on the date of his graduation from physical therapy school, this requirement may be waived. The applicant must prove, to the satisfaction of the Board, they were a US citizen on the date of graduation. Also, mail to each jurisdiction in which you are now, or were previously **licensed in any healthcare related field**. Please contact the receiving jurisdiction(s) to determine if a fee is required. We will not accept faxes of verifications, nor will the Board verify your license on-line. We require original license verifications received directly from the issuing bodies in sealed envelopes.

**Transcripts.** For every college attended (whether or not a degree was awarded), original transcripts in sealed envelopes must be mailed to the Board office.

**Jurisprudence Exam.** Complete the provided Jurisprudence (Law) Examination and return it to the Board office with the completed application. We will return a copy of the graded examination to you. Please use the Practice Act (Nevada Revised Statutes and Nevada Administrative Code) when taking this examination. All of the answers can be found in the Practice Act. The Practice Act can be found on the Board's website at [www.ptboard.nv.gov](http://www.ptboard.nv.gov), click on Practice Act. Be sure to print the NAC and the NRS.

**Credentials Evaluation:** Submit an evaluation of credentials from the FCCPT that states the education of the applicant is substantially equivalent in content to an accredited educational program for physical therapy in the United States. We do not recognize any other agency for credentials evaluations.

Foreign Credentialing Commission on Physical Therapy (FCCPT):  
511 Wythe Street  
Alexandria, VA 22314  
(703) 684-8406 phone  
(703) 684-8715 fax  
[www.fccpt.org](http://www.fccpt.org)

**Demonstration of Proficiency in the English Language:** Unless your native language is English and you graduated from a program of physical therapy that was conducted entirely in the English language, demonstrate proficiency in the English language by successfully completing the language tests administered by TOEFL/TSE Services. *This is required whether or not you hold a license in another jurisdiction.* Our Board's institution code is 9882. Passing scores on the computer-based tests are as follows:

Reading	21	Speaking	26
Listening	18	Writing	24

A passing score in each section is required to be reported on one score report. The Board will not combine score reports to achieve passing in all areas. We will not accept scores directly from the applicants. TOEFL/TSE will not report scores that are more than 2 years old. We do not recognize any other agency for language proficiency testing.

TOEFL/TSE Services  
Post Office Box 4151  
Princeton, NJ 08541-6151  
(609) 771-7100  
[www.ets.org](http://www.ets.org)

**Register to sit for the National Physical Therapy Examination (NPTE).** Go on-line to:

[http://www.fsbpt.org/ExamCandidates/NationalExam\(NPTE\).aspx](http://www.fsbpt.org/ExamCandidates/NationalExam(NPTE).aspx)

This site is where you register and pay for the examination. If you are **disabled** according to the Americans with Disabilities Act, please contact the Board office for the special accommodations form.

**The PT examination is only offered on fixed dates, four times per year. Please visit the FSBPT website for information on testing dates and registration deadlines:**

[https://www.fsbpt.org/ExamCandidates/NationalExam\(NPTE\)/RegistrationProcess.aspx](https://www.fsbpt.org/ExamCandidates/NationalExam(NPTE)/RegistrationProcess.aspx)

Once you have a completed licensure application on file, we will electronically contact the FSBPT and authorize your registration. The FSBPT will send you an Authorization to Test Letter (ATT) letter to the email address you provided in your registration. The ATT letter contains all of the information needed to schedule your examination. You may also download the ATT letter from the "Status of My Request" section at the site where you registered.

Approximately 5-7 days after testing, candidates can get score information by going to the FSBPT website under "Status of My Request." It will either say "Score Received – Pass" or "Score Received – Fail." Additionally, the FSBPT provides a free score report to all candidates 10 days after the test. Please refer to the FSBPT Candidate Handbook for the details. **Please do not call the Board office, testing center or FSBPT for your results.**

Upon receiving confirmation of passing the NPTE, your completed application will be placed on the next meeting agenda of the Board. You will receive a certified letter of the location, date and time to appear. This is required as the education and practice of physical therapy varies outside of the US, and the Board will need to review the work history of the applicant as well as determine the length of possible probation needed to ensure the applicant has received the proper training and oversight regarding patient safety, treatments, billing, etc. Probation requires supervision by primary and secondary Board approved supervisors who attest they will remain on-site, co-sign all notes, and remain in contact with the probationary licensee every day. The length of probation is determined by the year of graduation and length of practice, if any, in the country of training. The probationary period will range from 6 months to 3 years in length, and is determined at the time the applicant appears before the Board.

# **NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS**

## **JURISPRUDENCE EXAMINATION FOR APPLICANTS**

Per Nevada Administrative Code 640.040, all applicants for licensure must complete and pass a jurisprudence examination. These questions cover the provisions of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), Chapters 640. These provisions are known as the Practice Act.

The answers to these questions can be found by reviewing the Practice Act. Please follow the application instructions to download the Practice Act from the Board's website.

Circle one answer for each question. ***Return the original completed examination to the Board with your application.*** The examination will be reviewed by the Board office and you will be mailed a graded copy of the examination.

**A minimum of 15 correct answers is required to pass this examination.**

1. A physical therapist may supervise a maximum of \_\_\_\_\_ physical therapist's assistants.
  - a. 1
  - b. 2
  - c. 3
  - d. 4
  
2. All licensees must report any changes to their residential address or primary professional address within \_\_\_\_\_ days after the change.
  - a. 30
  - b. 60
  - c. 45
  - d. 15
  
3. All licensees must report residential address changes and primary professional addresses to the Board:
  - a. verbally
  - b. in writing
  - c. in person
  - d. All of the above

Applicant Name: \_\_\_\_\_

4. Unless renewed, all licenses expire annually on \_\_\_\_\_.
- December 31<sup>st</sup>
  - the licensee's birthday
  - July 31<sup>st</sup>
  - June 30<sup>th</sup>
5. Licensees are required to obtain \_\_\_\_\_ units of continuing education for the annual renewal of their license.
- 1.0 units (10 hours)
  - .8 units (8 hours)
  - 1.5 units (15 hours)
  - 2.0 units (20 hours)
6. A licensee shall, within \_\_\_\_\_ after providing treatment to a patient, indicate in the record of the patient the treatment that was provided.
- 72 hours
  - 5 days
  - 14 days
  - 24 hours
7. The Board has the authority to refuse to issue a license, refuse to renew a license, suspend or revoke a license, place a licensee on probation and/or impose an administrative fine of up to \$5,000. Under what section is this located?
- NAC 640.680
  - NRS 640.100
  - NRS 640.160
  - None of the above
8. Immediate supervision means that a person is \_\_\_\_\_ to give aid, direction and instruction to the person he is supervising.
- physically on the premises
  - present and immediately available within the treatment area
  - within 30 miles of the facility
  - available by cell-phone

Applicant Name: \_\_\_\_\_

9. What does the term "primary professional address" mean?
- a. Address where the licensee is practicing on any given day.
  - b. Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 30-day period.
  - c. Address where the licensee works for the majority of time within the calendar year.
  - d. Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 60-day period.
10. A physical therapist who supervises a physical therapist's assistant who provides treatment to a patient shall:
- a. provide the required treatment and reevaluate the patient not less than every fifth day of treatment or within 10 days, whichever comes first.
  - b. provide the required treatment and reevaluate the patient not less than every tenth day of treatment or within 30 days, whichever comes first.
  - c. provide the required treatment and reevaluate the patient not less than every seventh day of treatment or within 21 days, whichever comes first.
  - d. provide the required treatment and reevaluate the patient not less than every fifteenth day of treatment or within 30 days, whichever comes first.
11. A physical therapist who supervises a physical therapist's assistant who provides treatment to a patient shall provide an evaluation before the patient is discharged, based upon the availability of the patient. Under what section is this located?
- a. NAC 640.680
  - b. NAC 640.055
  - c. NRS 640.162
  - d. NAC 640.592
12. A licensee can be disciplined for failure to cooperate in an investigation.
- a. True
  - b. False

Applicant Name: \_\_\_\_\_

13. A licensee is legally required to report to the Board any unlicensed, unauthorized, unqualified or unethical practice of physical therapy.
- True
  - False
14. A licensee shall prominently display the original current license issued to him by the Board at his primary professional address during the hours the place is open for business. Under what section can this provision be found?
- NAC 640.800
  - NRS 640.100
  - NAC 640.560
  - NAC 640.120
15. A licensee shall provide medical records to a patient within \_\_\_\_\_ business days after receipt of a written request.
- 5
  - 10
  - 30
  - 45
16. In what section can you find information regarding the term "professionally incompetent"?
- NAC 640.670
  - NRS 640.024
  - NAC 640.550
  - NRS 640.220
17. In what section can you find the term "unearned fee" defined?
- NAC 640.985
  - NAC 640.340
  - NAC 640.670
  - none of the above
18. A licensee shall not engage in sexual activities with a patient unless:
- the patient consents to the relationship
  - there was a preexisting relationship with that person
  - the employer agrees to the relationship
  - all of the above

Applicant Name: \_\_\_\_\_

19. To remain in compliance, after the annual renewal period, current licenses MUST be posted:
- a. upon receipt by the licensee.
  - b. on August 1.
  - c. within 60 days of renewal.
  - d. at the discretion of the employer.

20. A physical therapist's technician:

- a. means an unlicensed person who performs certain limited activities at the direction of the physical therapist.
- b. must be immediately supervised by a physical therapist when the physical therapist's technician performs treatments related to physical therapy which have been directed by the physical therapist.
- c. may not perform any activity which requires the unique skills, knowledge and judgment of a physical therapist.
- d. All of the above.

I hereby attest that I answered the above questions, without assistance from any entity or individual. I further attest that I reviewed the provided Practice Act to answer the above questions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**THIS SECTION TO BE COMPLETED BY THE APPLICANT**

Complete the top section of this form and mail to the Board of each state in which you are now or have ever been licensed to practice Physical Therapy AND/OR any healthcare related field. *Contact the jurisdiction to ask if there is fee for this service.*  
(Make copies if needed)

Print Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
License # \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD**

This is to certify that the records of the Board of \_\_\_\_\_  
of the State of \_\_\_\_\_ indicate the following:

Name of Licensee: \_\_\_\_\_  
License Number: \_\_\_\_\_  
License Type \_\_\_\_\_  
(i.e. PT, PTA, CNA, etc.) \_\_\_\_\_  
Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
License Status: \_\_\_\_\_  
National Exam: (yes/no) \_\_\_\_\_  
Licensed By: (exam/endorsement) \_\_\_\_\_  
Disciplinary Action: \_\_\_\_\_

If yes, please provide information and supporting documentation.

BOARD SEAL

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

LICENSING BOARD, Please return the completed form, or equivalent verification, to:

Nevada State Board of Physical Therapy Examiners  
7570 Norman Rockwell Lane, Suite 230  
Las Vegas, NV 89143