

NEVADA PHYSICAL THERAPY BOARD CCU VERIFICATION FORM

FOR **ADVANCED COMPETENCY** AND/OR **PROFESSIONAL ACTIVITY** ONLY

Please complete and return THIS PAGE along with the required documentation via licensure renewal

Licensee Name: _____

Email: _____ Phone: _____

Advanced Competency Activity Type:

ABPTS Exam (See # 1)

Accredited Residency (See #2)

Accredited Fellowship (See #2)

Professional Activity Type:

(See #4)

APTA NV /NPTB (See #4)

College Coursework (See #4)

Primary Clinical Instructor (See #4)

APTA NV/ NPTB Board/Committee Work

Pro-Bono PT Service (See #3)

Peer Reviewed Publication (See #5)

Complete the following details as they apply to the activity type, please be as thorough as possible. For any questions/concerns, please contact the NPTB for clarification prior to submission.

1. ABPTS Exam Specialty: _____ Exam date: _____

2. Residency/ Fellowship Program Name:

Contact Information: Program Director Name: _____

Email: _____ Phone: _____

3. For Pro-Bono PT Service– Please provide a brief description of how this activity is related to physical therapy:

Contact Information: Supervisor Name: _____

Email: _____ Phone: _____

Relevant Dates/Times: _____

4. Organization/Program/School Name _____

Contact Information: Program Director Name: _____

Email: _____ Phone: _____

Relevant Dates/Times: _____

5. For Peer Reviewed Publication: Licensee role in writing/publication process _____

Journal Article Title: _____