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MILITARY VETERANS PROGRAM (MVP) ACTIVE MILITARY AFFIDAVIT

I, the undersigned, do hereby certify under the pains and penalties of perjury that I am engaged in the active service of the Armed Forces as defined in 10 USC § 101(a)(4). Upon my discharge from active military duty, I will notify the Nevada Physical Therapy Board in writing of my discharge and will include a copy of my Report of Separation (DD-214). Attached hereto are a copy of my military identification card and a copy of my military orders.

Please indicate the license type for which you are applying.

- License by Examination* *License Renewal*
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If currently licensed as a PT or PTA, provide the following information:

State/Jurisdiction

License Number

Name of Service Member Applying for Waiver: _____

Signature

Date