

# STATE OF NEVADA

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Governor

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## PHYSICAL THERAPY BOARD

3291 North Buffalo Drive, Suite 100  
Las Vegas, NV 89129

# MILITARY VETERANS PROGRAM (MVP) MILITARY SPOUSE AFFIDAVIT

I, the undersigned, do hereby certify under the pains and penalties of perjury that I am the spouse of an active member of the Armed Forces of the United States or the surviving spouse of a Veteran. Attached hereto is a copy of my military identification card (front and back), a copy of my spouse's transfer orders, and/or a copy of my spouse's Report of Separation (DD-214).

Please indicate the license type for which you are applying.

- License by Examination*                       *License Renewal*  
 *License by Endorsement*

If currently licensed as a PT or PTA, provide the following information:

\_\_\_\_\_  
State/Jurisdiction

\_\_\_\_\_  
License Number

Name of Servicemember/Veteran: \_\_\_\_\_

Name of Spouse Applying for Waiver: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*"Veteran" is defined as a person who has served on active duty in the United States Armed Forces including the Reserves of the United States Armed Forces and the National Guard and received a discharge other than dishonorable.*