



**GEORGIA STATE BOARD OF PHYSICAL THERAPY**  
237 COLISEUM DRIVE  
MACON, GEORGIA 31217-3858  
(478) 207-1686  
www.sos.state.ga.us/plb/pt

**VERIFICATION OF STATUS (Foreign Applicant)  
AUTHORIZATION TO PRACTICE PHYSIOTHERAPY**

APPLICANT: This form must be completed by the legally designated authority (either regional or national in the applicant's country of physiotherapy education) who is responsible for registration, licensing or regulation of physiotherapy and/or health regulated professions (Registration Board, Licensing Board, Department of Professional Regulation, Ministry of Health, Board of Physiotherapy Practice, Ministry of Culture, etc.) and submitted directly to this office. Complete Part I and submit the entire form to the appropriate agency in the country in which you are licensed.

**PART I**

I, \_\_\_\_\_, HEREBY AUTHORIZE \_\_\_\_\_  
(Print Applicant's Name) (Agency or regulatory authority)  
**BOARD OF PHYSICAL THERAPY TO FURNISH TO THE GEORGIA STATE BOARD OF PHYSICAL THERAPY  
THE INFORMATION REQUESTED BELOW.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**LICENSE NUMBER**

⇒ APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY ⇐

**LICENSING AGENCY: The above applicant has requested licensure with the Georgia State Board of Physical Therapy by endorsement from your country. To meet the current requirements of the Physical Therapy Law, the Board is requesting that you complete Part II of this form and return it to the Board office at the above address as soon as possible. Thank you.**

**PART II**

1. APPLICANT'S NAME \_\_\_\_\_

2. APPLICANT'S COUNTRY OF PHYSIOTHERAPY EDUCATION \_\_\_\_\_

3. NAME OF PHYSIOTHERAPY SCHOOL/INSTITUTION \_\_\_\_\_

4. APPLICANT'S DATE OF PT OR PTA GRADUATION \_\_\_\_\_

5. DOES YOUR COUNTRY REGULATE THE PROFESSION OF PHYSIOTHERAPY AND REQUIRE A  
LICENSE TO PRACTICE THE PROFESSION OF PHYSIOTHERAPY?

NO  YES, PLEASE ANSWER: DOES APPLICANT HOLD A VALID LICENSE TO PRACTICE  
PHYSIOTHERAPY IN THE COUNTRY OF EDUCATION?  YES  NO  
(DATE EXPIRED) \_\_\_\_\_

APPLICANT'S LICENSE NUMBER \_\_\_\_\_

6. IS APPLICANT CURRENTLY ELIGIBLE TO PRACTICE PHYSIOTHERAPY IN THE COUNTRY OF  
EDUCATION?  YES  NO

7. WHAT ARE THE REQUIREMENTS TO PRACTICE PHYSIOTHERAPY IN THE COUNTRY OF  
EDUCATION? (PLEASE CHECK ALL THAT APPLY)

EXAMINATION  CLINICAL EDUCATION  SUPPLEMENTARY COMPLETION PROGRAM

OTHER (PLEASE DESCRIBE) \_\_\_\_\_

8. IF THE COUNTRY OF EDUCATION DOES NOT REQUIRE A SPECIFIC LICENSE TO PRACTICE PHYSIOTHERAPY, IS THERE A REGULATORY BOARD OR AGENCY (MINISTRY OF HEALTH, MINISTRY OF CULTURE), WHICH DEALS WITH MALPRACTICE FOR THE PHYSIOTHERAPIST?

NO  YES, PLEASE ANSWER: (NAME OF AGENCY) \_\_\_\_\_  
DOES THIS BOARD OR AGENCY HAVE AUTHORITY TO RESTRICT PHYSIOTHERAPY PRACTICE?  YES  NO

HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST THE ABOVE-NAMED APPLICANT WITHIN THE LAST TEN YEARS, IS ANY DISCIPLINARY ACTION PENDING, OR HAS THE APPLICANT EVER BEEN DENIED AUTHORIZATION TO PRACTICE PHYSIOTHERAPY IN THE COUNTRY OF EDUCATION?  YES  NO

9. PLEASE ENCLOSE A COPY OF THE APPLICANT'S AUTHORIZATION TO PRACTICE, OR LICENSE TO PRACTICE, OR DOCUMENT ATTESTING TO APPLICANT'S ELIGIBILITY TO PRACTICE PHYSIOTHERAPY.

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AUTHORIZING SIGNATURE

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PRINT NAME

TITLE

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NAME OF REGULATORY AGENCY/LICENSING BOARD

ADDRESS

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DATE

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OFFICIAL AGENCY  
SEAL