



## GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 Coliseum Drive MACON, GEORGIA 31217

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<http://sos.ga.gov/index.php/licensing/plb/39>

### ATTESTATION OF INSTRUCTION IN DRY NEEDLING

I, \_\_\_\_\_, holder of Georgia license number \_\_\_\_\_, hereby, attests to the following (**must check each statement and fill in the blanks**):

- ☐ I completed a minimum of 50 hours of instruction in dry needling prior to January 1, 2015.
- ☐ The OSHA Blood Borne Pathogens coursework I received was taught in excess of the minimum 50 hours of dry needling instruction.
- ☐ I am specifically trained and competent by virtue of instruction, education and training to perform dry needling in the state of Georgia.
- ☐ I completed my dry needling instruction in and around \_\_\_\_\_ (Date) by one of the following methods (**must check one of the following**):
  - ☐ Graduation from an entry-level PT Program.
  - ☐ Graduation from a post-graduate credentialed residency or fellowship program.
  - ☐ Successful completion of a didactic dry needling course of study.
- ☐ The course was provided by \_\_\_\_\_.  
(Name of Program/Entity/Organization)
- ☐ The instruction took place at \_\_\_\_\_.  
(Location)

Licensee Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*Personally appeared before me, the undersigned official authorized to administer oaths, came the licensee named above who deposes and swears that he/she is the person who executed this attestation of instruction in Blood Borne Pathogens Standards in the state of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.*

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_

10/22/2018