GEORGIA STATE BOARD OF PHYSICAL THERAPY
237 Coliseum Drive, Macon, Georgia 31217-3858

VERIFICATION OF EMPLOYMENT

Instructions:
1. Applicant: complete Section I and sign.
2. Submit this form to your most recent **employer(s) (Personnel Director, Human Resources Department)** who can provide verification of your practice as a Physical Therapist or Physical Therapist Assistant. Self-employed individuals still must complete a form. **Submit this completed, signed and notarized form with your application.**

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last **First** **Middle** **Maiden**

Applicants Address: _____
Street **City** **State** **Zip Code**

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Physical Therapist or Physical Therapy Assistant to the Georgia State Board of Physical Therapy. I understand this information is required as part of the application for licensure process

_____ _____
Signature of Applicant: Applicant Phone Number(s):

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment)

Instructions:
1. Complete Section II of this form.
2.Physical Therapy or Physical Therapy Assistant employment must have been for compensation.
3.Return the signed, notarized and completed form to the applicant for submission with their application materials.

1. Name of Business: _____ Phone Number: _____

2. Physical Location of practice: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Description of Applicant's experience in facility: _____

_____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

_____
(Signature of Individual Completing this information)

Sworn to and subscribed before me this

_____
Signature of Employer/Person completing this form

_____ day of _____, 20____

_____ **(Notary Seal)**
Notary Public Signature

My commission expires: _____