

7 List the colleague(s) who will verify your professional experience in the practice of physical therapy. The colleague(s) listed must have knowledge of your professional practice of physical therapy totaling at least three years. All listed experience must follow your initial licensure and be within the seven years immediately preceding application for licensure by endorsement.

Assigned Number	Name of Colleague and Address of Experience Setting	Dates of Experience	
		From	To
1			
2			
3			
4			
5			
6			
7			

8 Attestation

I declare and affirm under penalty of perjury that the statements made in the foregoing application, including accompanying statements are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial of qualification and may lead to a filing of charges of professional misconduct.

 Applicant's Signature _____ mo. / _____ day / _____ yr.

Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Physical Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.