

S.C. BOARD OF PHYSICAL THERAPY EXAMINERS
P.O. BOX 11329, COLUMBIA, SC 29211
(803) 896-4655

VERIFICATION OF PHYSICAL THERAPY EMPLOYMENT

I have applied for licensure with the SC Board of Physical Therapy Examiners and request and authorize you to release all information requested below by the SC Board concerning my employment and performance record. I understand that information provided to the Board will be considered confidential.

To be completed by applicant: (Please print)

Name _____

Employed as _____

Dates of employment _____

Hours worked per week _____

Reason for leaving _____

Date _____ Signature _____

To be completed by current and/or prior employer and mailed directly to the Board at the above address:

- The above information is correct. ____ Yes ____ No

If no, comment: _____

- Eligible for re-hire. ____ Yes ____ No

If no, give reason below.

Name of Facility/Company

Address

City/State/Zip Code

Phone Number

Employer Signature _____

Title _____

Date _____

Form C-40 (Revised 06/11)

*Must be mailed by employer directly to the Board