



State of Louisiana
 DEPARTMENT OF HEALTH AND HOSPITALS
Louisiana Physical Therapy Board

2110 W. PINHOOK RD., STE. 202 | LAFAYETTE, LOUISIANA 70508
 PHONE 337-262-1043 | FAX 337-262-1054
 WWW.LAPTBOARD.ORG | INFO@LAPTBOARD.ORG

ELECTED/APPOINTED POSITIONS OF PHYSICAL THERAPY ORGANIZATIONS

Per Rule §195.C.7 licensees serving in elected or appointed positions of either a national or state physical therapy organization may obtain a maximum of five contact hours for serving in that role.

I, _____ (PT/PTA # _____) served as an elected official as
 _____ of _____.
Title of position *Name of Organization*

Serving for the term of _____ to _____.
Start date *End date*

Please list any in-person meetings or conferences related to the position held in which you attended while serving in this capacity:

By signing this documentation form, I agree that I have served as the elected position stated above for the dates listed above.

 Signature Date

**Complete this form and submit it to the Board office for approval.
 Keep a copy this form for your records in the event that you are audited by the Board.**