State of Louisiana
Department of Health and Hospitals
Louisiana Physical Therapy Board

AFFIDAVIT

I am a: ☐ **Military Service Member** ☐ **Military Spouse**

Printed Name: _____

By signing this application, I affirm under penalty of perjury that:

- ☐ *I am the person described and identified in this application.*
- ☐ *All statements in this application are true, correct, and complete.*
- ☐ *I understand the scope of practice for a physical therapist or physical therapist assistant licensed in LA and will not perform outside of that scope of practice.*
- ☐ *I am in good standing in each state in which I hold or have held a PT and/or PTA license. I understand that "good standing" means that my license(s) has not been revoked or had discipline imposed by any State, does not have an active investigation(s) relating to unprofessional conduct pending in any state relating to it, and has not been voluntarily surrendered while under investigation for unprofessional conduct in any State.*

Applicant's Signature: _____ **Date:** _____

Subscribed and sworn to in my presence this _____day of _____, Year_____.

_____ _____

Signature of Notary ***Date Commission Expires***

Affix Notary Seal above