

EXPERIENCE VERIFICATION FOR EXAM WAIVER - PHYSICAL THERAPIST ASSISTANT

Access this form via website at : hawaii.gov/dcca/pvl

PART I. TO BE COMPLETED BY APPLICANT

Fill in your NAME and ADDRESS only. Your supervisor/employer must complete the other sections and have the form notarized. After it is completed, ATTACH it to your application form.

NAME OF APPLICANT (First, Middle)	(Last)
Mailing Address of Applicant	Date

PART II. TO BE COMPLETED BY LICENSED PHYSICAL THERAPIST SUPERVISOR

Your assistance as a licensed physical therapist is necessary to provide valid and accurate verification of experience. Acceptable verification is from a licensed physical therapist working with and/or responsible for the applicant. **Please sign before a Notary Public.** Please return this completed "Experience Verification" form to the **APPLICANT** who must attach it to their application form.

Please indicate your license before verifying the applicant's experience:

Name and Address of Supervisor Title: _____ Years of Experience: _____ Physical Therapist Lic. No.: (Required) _____ Years Licensed: _____	Employer's Name and Address NOTE: Please print additional forms if you had more than one employer.
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Applicant's Employment Information:

Employment Date	Termination Date	Total Length of Employment	Average Hours Per Week
		yrs. mos.	

EXPERIENCE: 1. Did the applicant perform work as a physical therapist assistant? Yes No
 2. **Describe** work performed in **detail**.

(CONTINUED ON PAGE 2 - NOTARIZED SIGNATURE REQUIRED)

Print Name of Applicant: _____

Date: _____

AFFIDAVIT:

I swear that the information provided is true and correct. I understand that any misrepresentation is grounds for refusal to grant or possible disciplinary action against the licensee.

Signature of Supervisor or Employer in front of Notary Public

Date

Print Name of Supervisor or Employer

<p><i>Subscribed and sworn to before me this</i> _____ day of _____ A.D. 20 ____ . <i>Notary Signature:</i> _____ <i>Notary Public, State of:</i> _____ <i>My commission expires:</i> _____ <i>Print Name:</i> _____</p>

<p><i>Doc. Date:</i> _____ <i>No. of Pages:</i> _____ <i>Notary Name:</i> _____ <i>Circuit Court:</i> _____ <i>Doc. Description</i> _____ _____ <i>Notary Signature:</i> _____ <i>Date:</i> _____</p>
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