

WEST VIRGINIA BOARD OF PHYSICAL THERAPY
101 Dee Drive Charleston, WV 25311
Phone (304) 558-0367 Fax (304)-558-0369

BIENNIAL RENEWAL (PART 2) - EMERGENCY & TEMPORARY ABSENCE

***MUST BE COMPLETED BY SUPERVISING PT
*ONLY SUBMIT THIS FORM DURING RENEWAL SEASON**

LICENSEE NAME _____
LICENSE NUMBER _____
RENEWAL YEAR _____
EMPLOYER CONTACT INFORMATION:
NAME _____
ADDRESS _____
PHONE _____

**PLEASE LIST ALL TEMPORARY OR EMERGENCY ABSENCE USED SINCE LAST RENEWAL
USE SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED**

DATE	HOURS ABSENT	TEMPORARY OR EMERGENCY	REASON FOR ABSENCE

I certify the information reported on this form is true and correct.

Signature

Date Signed

OFFICE USE ONLY - DO NOT COMPLETE

DATE REVIEWED	
APPROVED OR DENIED	
COMMENTS	