

**FORM 3**

(check one)

- Physical Therapist
- Phys Therapist Asst.

The University of the State of New York  
 THE STATE EDUCATION DEPARTMENT  
 Office of the Professions  
 Division of Professional Licensing Services  
 89 Washington Avenue  
 Albany, NY 12234-1000

## CERTIFICATION OF PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT LICENSURE IN ANOTHER STATE

### APPLICANT INSTRUCTIONS

If you are not licensed in another State or U.S. territory, do NOT use this form. You must use CGFNS or FCCPT to verify your licensure status.

1. Complete Section 1. Enter your name as it appears on your Application (Form 1). Be sure to sign and date item 7.
2. Send this form with any fee required to the appropriate licensing authority of the state in which you are or have been licensed to complete Section II and return this form directly to the Office of the Professions at the address at the end of this form.

**NOTE: A separate Form 3 must be received by the Department from every state in which you are or have been licensed.**

### SECTION I: APPLICANT INFORMATION

**1 SOCIAL SECURITY NUMBER**    -

*(Leave this blank if you do not have a U.S. Social Security Number)*

**2 BIRTH DATE**   /   /

*Month Day Year*

**3 PRINT FULL NAME**

Last

First

Middle

**4 MAILING ADDRESS**

Street

City

State  Zip Code

Province/Country If not U.S.

**5** If you took a licensing examination in the United States using a different name, enter that name below:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**6** If licensed by examination in the United States, indicate state or territory: \_\_\_\_\_

Date license was issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ License number: \_\_\_\_\_

**7** I request and give my permission to the licensing authority listed in item 6 above to complete the information on this form and mail it to the New York State Education Department and to release any other information required by the State Education Department in connection with my application for licensure.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*mo. day yr.*

