

Mississippi State Board of Physical Therapy PO Box 55707 Jackson, MS 39296



T: (601) 352-2918 F: (601) 352-2920

The Physical Therapist Assistant (PTA) Disaster/Emergency Waiver is intended for any PTA temporarily practicing in Mississippi during the state of emergency. This waiver is effective for the duration of the State Emergency Declaration status at the time of application.

Physical therapist assistants making application to practice during this time, you must hold a current physical therapist assistant license and provide the employer name and location to which you are assisting in Mississippi. The applicant shall not be the subject of any investigation or disciplinary proceedings by any licensing and/or regulatory board. Any statement made on this application which is false and known or should be know to be false by the applicant at the time of making such statement shall be deemed fraudulent and will subject the applicant to disciplinary proceedings.

Prior approval must be obtained before practicing in the State of Mississippi. For approval please email this form to sboyette@msbpt.ms.gov.

| License #: | State: | | Exp Date: | | |
|---|-----------------------------------|---------------|------------------------|---------------|--|
| Name:First | Middle | | Last | | |
| Date of Birth: | Soci | al Security | / #: | | |
| Primary Address:Street | | City | State | Zip | |
| Phone: | Email: | | | | |
| Employer Name: | | Phone: | | | |
| Employer Address:Street | | City | State | Zip | |
| Supervising Physical Therapist | : | | | | |
| Supervising PT License #: | S | tate Licen | sed: | | |
| I hereby certify that I am applying for Disaster/Emergency Waiver Permit. | privilege to practice physical th | herapy in the | State of Mississippi o | n a temporary | |
| I further certify that the above refere of any pending investigation, discipli | | | | | |

Date: _

Signature: