

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



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

The Physical Therapist (PT) Disaster/Emergency Waiver is intended for any PT 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 making application to practice during this time, you must hold a current physical therapist 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	Middle		Last	
Date of Birth:		Soc	Social Security #:			
Primary Address:						
	Street		City	State	Zip	
Mailing Address: (If different)	Street		City	State	Zip	
Phone:		Email:				
Employer Name:		Phone:				
Employer Addres	s:					
	Street		City	State	Zip	
I hereby certify that temporary Disaster/I		for privilege to practice phy er Permit.	sical therapy	in the State of Mi	ississippi on a	
		enced license number is cur disciplinary proceedings or a				

Date:

Signature: