



Executive Council of Physical Therapy and Occupational Therapy Examiners

333 Guadalupe, Ste 2-510 512/305-6900 • 512/305-6951 fax
Austin, Texas 78701-3942 http://www.ptot.texas.gov

App. No: \_\_\_\_\_

Cert. No: \_\_\_\_\_

PT Facility Registration Application

Name of Facility: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City Zip

Area Code/Phone No. Fax#

Mailing Address (if different from above) \_\_\_\_\_

Check one box below

- New Facility Registration
Change of Owner (if yes, please answer below)
Previous Registration # \_\_\_\_\_

Check one box below

Is this the only facility registered by this owner?
YES NO

Owner Information

Type of Business (Check one) Sole Proprietor Partnership Corporation Government Entity

Owner's Federal Taxpayer ID Number (SSN allowed only if the owner is a sole proprietor and has no Federal employee ID number. Enter one number only.)

EIN - or SSN -

Name of the Owner: if the entity is a sole proprietorship operated under the name of the owner, enter that name both here and in the contact information field on page 2.

For use by agency staff only

Completed by: Initial and date Fee Received

Reviewed by: Initial and date Receipt No.



You are required by rule to supply a list of PTs and PTAs working in the facility. Do NOT include the name of the Therapist in Charge, whose name goes on the TIC FORM below. Attach another page if you need to add more names.

Licensee's Name	License #

### Signature of PT in Charge

PLEASE NOTE: According to PT Rule §347.5, a change in PT in Charge must be reported to the board within 30 days. Your name will be officially listed with this facility unless you notify us otherwise.

I hereby affirm that I have authority and responsibility for the registered facility's compliance with the PT Act and Rules. I swear that the information submitted on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date