



Executive Council of  
Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners  
Texas Board of Occupational Therapy Examiners

www.ptot.texas.gov

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**THERAPIST IN CHARGE FORM**

Facility Name	Registration #
Facility Address (physical location)	Expiration Date
City, State, Zip	PT or OT (circle one)
Daytime phone number	
Email: _____	

**A facility has 30 days by rule to notify the Board of a change to the Therapist in Charge. This form may be completed by either the new therapist OR the one that is leaving. Please complete the appropriate box below:**

\_\_\_\_\_ **New Therapist In Charge**

\_\_\_\_\_ **No Longer Therapist In Charge**

FAXED FORM ACCEPTED	FAXED FORM ACCEPTED
<b>Signature of New Therapist in Charge</b>	<b>Signature of Exiting Therapist in Charge</b>
I hereby affirm that I have authority and responsibility for the registered facility's compliance with the Act and Rules. I swear that the information submitted on this form is true and correct to the best of my knowledge.	I hereby affirm that I no longer have authority and responsibility for the registered facility's compliance with the Act and Rules. I swear that the information submitted on this form is true and correct to the best of my knowledge.
Name (last, first, middle)	Name (last, first, middle)
License # _____	License # _____
Signature _____	Signature _____
Date _____	Date _____