



Texas Board of Physical Therapy Examiners

1801 Congress Ave Ste 10.900
Austin, Texas 78701

512/305-6900
ptot.texas.gov

Compact Privilege Practice Location

Name: _____ TX Compact Privilege Number: _____

Phone: _____ Email: _____

During the time I am practicing physical therapy under a Compact Privilege in Texas, I will be practicing at the following facility(ies).

Indicate if services will be provided via telehealth

Name of Facility (1): _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Facility Phone #: _____

Name of Facility (2): _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Facility Phone #: _____

Name of Facility (3): _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Facility Phone #: _____

If more than 3 facilities, complete an additional form.

Signature

Submit completed form(s) to karen@ptot.texas.gov.