# *Texas Board of Physical Therapy Examiners*

***1801 Congress Ave Ste 10.900*** ***512/305-6900***
***Austin, Texas 78701*** ***ptot.texas.gov***


## RETIRED STATUS: Voluntary Charity Care Attestation

Name: _____

(Residential Address)

Street: _____

City: _____ State: _____ Zip: _____

License #: _____ Daytime Phone: _____

**CHARITABLE ORGANIZATION**
(must be completed for Retired Status; Performing Voluntary Charity Care)

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

I attest that I am **currently providing physical therapy services only as a volunteer at the above named charitable organization** and that I am not providing physical therapy services for compensation at any other facility.

Signature: _____Date: _____