



Executive Council of Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners
Texas Board of Occupational Therapy Examiners
512/305-6900

1801 Congress Ave Ste 10.900
Austin, Texas 78701
ptot.texas.gov

Social Security Number Statement

According to state law, to obtain or renew a license you must furnish your social security number (SSN) or send us this form stating that you have no SSN.

If you have an SSN, complete the information below and mail this form to the address above or email to exam@ptot.texas.gov. Include your license number, if you already have a license, so we can accurately add this information to your file.

Name: _____

Address: _____

City, State, Zip: _____

License #: _____

Date: _____

SSN: _____-_____-_____

If you do not have an SSN, complete the information below and mail this form to the address above or email to exam@ptot.texas.gov.

AFFIDAVIT

I attest that I do not currently have a U.S. Social Security Number but will furnish this information to the Board when I obtain one.

Print Name: _____

Signature: _____

For office use only

Date Received _____

Processed by: _____