



MINNESOTA BOARD OF PHYSICAL THERAPY

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MN Relay Service for Hearing Impaired 800-627-3529

PHYSICAL THERAPY TEMPORARY PERMIT REQUEST FORM

This form and the \$25.00 fee are required to apply for a temporary permit.

I have read Minnesota Statute 148.71 regarding the use of the temporary permit and hereby agree to abide by Minnesota Statutes and Rules governing physical therapists.

Applicant's Name (please print)

Signature of Applicant

List name(s) of supervising physical therapist(s) and license number(s) (for new grads only)

Professional address at which the temporary permit will be used (attach an additional sheet if more than one location):

Hospital/Clinic

Department

Address

City, State, Zip Code

Professional telephone number(s): _____
(include area code)

Anticipated date of commencing practice: _____

Address you wish to have temporary permit mailed to:

NOTE: *It is your responsibility to immediately notify the Board if you wish to add or change the supervisor(s) and/or practice site(s) and receive Board approval prior to working under a new supervisor or at a new practice site.*