STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Board of Physical Therapy Examiners

Expert Witness Training Application

□PT □PTA

First: _____ M.I. _____ Last: _____

E-Mail: _____

Licensing:

Total Yrs. Experience: _____ Peer Review Certified (y/n): _____

MD License #: _____ Expires: _____

Other States: (List State(s) & Year issued) _____
_____
_____
_____

Past Discipline (y/n): _____

Explain:_____
_____
_____
_____
_____

Specialties:

____Aquatic ____Home Health ____Pediatric

____Cardio ____Neurological ____Women's Health

____General Practice ____Nursing Home ____Wound Management

____Geriatric ____Orthopedic ____Other: _____
_____
_____
_____
_____

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Web Site: dhmh.state.md.us/bphte