NEVADA PHYSICAL THERAPY BOARD

MILITARY VETERANS PROGRAM (MVP)
ACTIVE MILITARY AFFIDAVIT

I, the undersigned, do hereby certify under the pains and penalties of perjury that I am engaged in the service of the Armed Forces as defined in 10 USC § 101(a)(4).

This affidavit is submitted in support of a request for a military fee waiver for initial licensure or license renewal, as applicable. Upon my discharge from active military duty, I will notify the Nevada Physical Therapy Board in writing of my discharge and, if requested by the Board, provide a copy of my Report of Separation (DD-214) or other acceptable proof of eligibility.

Please indicate the license type for which you are applying.

☐License by Examination ☐License by Endorsement ☐License Renewal

Please indicate the submittal of eligilbility documents.

☐Attached hereto is a copy of my military identification card and a copy of my military orders, or other acceptable proof of eligibility.

☐I have previously submitted a DD-214 or other acceptable proof of eligibility. The Board will verify that documentation is on file.

If currently licensed as a PT or PTA, provide the following information:

_____ _____
State/Jurisdiction License Number

Name of Service Member Applying for Waiver: _____

_____ _____
Date Signature

"Veteran" is defined as a person who has served on Active Duty, the Reserves, the National Guard in the United States Armed Forces or Commissioned Corps of the United States Public Health Service or the National Oceanic and Atmospheric Administration of the United States and received a discharge other than dishonorable. (NRS 417.125)

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