



PARTNERS PROGRAM APPLICATION

Date: _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Physical Therapist License #: _____

Partners Type (please check one):

- PTA Equivalent (Licensed physical therapist assistant who did not graduate from a Commission on Accreditation in Physical Therapy Education (CAPTE)-approved academic education program). \$100.00*
Must submit a copy of a letter from the Physical Therapy Board of California recognizing equivalent education and experience.
- Foreign-educated Physical Therapist (living in the United States). \$100.00*
Must submit a copy of a letter from a recognized credentials evaluation service.
- Non-Physical Therapist Faculty (Full-time faculty member of a physical therapist or physical therapist assistant program in California who is not a physical therapist). \$100.00*
Must submit a letter from the department chair supporting applicant's full-time status.
- International Physical Therapist (practicing outside of the United States). \$50.00*
Must submit a copy of foreign license or work permit verifying physical therapist status.

*Membership dues are effective for 12 months.

Please check one method of payment. Check made payable to CPTA in the amount of \$ _____

Please charge: VISA MasterCard in the amount of \$ _____

Credit Card Number: _____ Exp. Date: _____

Signature: _____

New FCC rules require associations to obtain your explicit permission before faxing anything to you. Please check the box below to indicate your consent to receive notices and other membership-related information by fax from the CPTA.

FAX PERMISSION GRANTED

For questions, contact Heather Pino at 800-743-2782 or by e-mail to hpino@ccapta.org.

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