Volunteer Application

Directions: Please limit your application to the space provided on this form. Print or type in the space provided. To be considered, e-mail, fax or mail this form *with a copy of your résumé or curriculum vitae* to:

FSBPT Volunteer Application
Federation of State Boards of Physical Therapy
124 West Street South, 3rd Floor
Alexandria, Virginia 22314
Fax: 703.299.3110
ATTN: Assessment Department
E-mail: volunteer@fsbpt.org

Date: _____

Contact Information

Name	
Street Address 1	
Street Address 2	
City ST ZIP Code	
Home Phone	
Work Phone	
Fax	
E-Mail Address	

Interests

Tell us in which areas you are interested in volunteering

☐ NPTE - PT
☐ NPTE - PTA
☐ Practice Review Tool

State Licensure

Please list the states where you currently hold an active license.

	PT	PTA
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

Date of Initial Licensure: Month: _____ Year: _____

Other Information

In order to develop a group of volunteers that is representative of the physical therapy profession; please provide the following information:

Gender: ☐ Male ☐ Female

Professional Level: ☐ PT ☐ PTA

Race/Ethnicity:
- ☐ African American
- ☐ American Indian/Native American
- ☐ Asian American/Pacific Islander
- ☐ Hispanic American
- ☐ White
- ☐ Other

Are you an APTA member? ☐ Yes ☐ No

Do you own or have access to a computer with a connection to the internet? ☐ Yes ☐ No

Have you ever **applied** to be an FSBPT volunteer before? ☐ Yes ☐ No

If Yes, in what year did you apply? _____

Have you ever **served** on an FSBPT committee before? ☐ Yes ☐ No

If yes, on what committee and in what year did you serve? _____ (Committee(s)) _____ (Year)

Physical Therapy: Practice Setting

Please indicate your primary practice setting with a "1". Indicate second and third practice settings with "2" and "3" if needed. Please list no more than 3 practice settings.

____ Academic Institution	____ Inpatient Rehab
____ Extended Care of Skilled Nursing Facility	____ Outpatient Facility
____ Home Health	____ Private Practice
____ Hospital	____ School Setting
____ Other	

If Other Please Explain:

How many years have you been in your current practice setting?
- ☐ Under 5 years
- ☐ 5 to 10 Years
- ☐ 10 to 15 years
- ☐ 15 to 25 years
- ☐ 25 or more years

703-299-3100 (phone) ○ 703-299-3110 (fax) ○ www.fsbpt.org

Physical Therapy: Areas of Expertise

Please rank order your primary area of expertise using a "1". Please list secondary and tertiary expertise areas with "2" or "3" if they apply. Next, indicate what % of your time you spend in each area.

Topic	Rank	% of Time Spent
Acute Care		
Administration		
Amputee		
Cardiopulmonary		
Clinical Education		
Geriatrics		
Industrial Rehab		
Spine/Mobilization		
Orthopedics		
Other		
Neuromuscular: Spinal Cord Injury		
Neuromuscular: Head Injury		
Neuromuscular: Other		
Obstetrics/Gynecology		
Pediatrics		
Research		
Wound Care		
Sports PT		
If Other Please Explain:		
What percentage of time do you spend on direct patient care? _____		
PTs Only: What percentage of time do you currently work with PTAs? _____		

703-299-3100 (phone) ○ 703-299-3110 (fax) ○ www.fsbpt.org