



Board of Physical Therapy Examiners

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

ORAL COMPETENCY CERTIFICATION REQUEST FORM

Per COMAR 10.38.06.01A. Foreign-Educated Licensure Requirements, the applicant shall file with the Board of Physical Therapy Examiners: Evidence of oral competency in the English language and Evidence of written competency in the English language.

Complete all fields to avoid processing delays.

Section I – Personal Information

Name: _____
Address: _____
City/State/Zip Code: _____
Home Phone Number: _____ Alternate Phone Number: _____
Email Address: _____
Date of Birth: ____/____/____ Graduation date: _____

Section II – To be completed by University Official

University Name: _____
Dates Attended: from _____ to _____

- University subjects were taught and responses were required in the:
 - ___ English language written and oral responses
 - ___ Native language written and oral responses
- Clinical training was taught and responses were required from patients and healthcare professional, in the:
 - ___ English language written and oral responses
 - ___ Native language written and oral responses

Official's Name completing form: _____
Official Title: _____
Date signed: _____

