

You must complete the additional Section on the reverse side of this form or this form will be returned.

Signature (REQUIRED)

Date

Web Page Display of Licensee Information (You have the following choices, please check your choice.)

| | | | |
|---|---|---|--|
| Address (Select 1 or both) | Display my work address on the Web Page <input type="radio"/> | Display my home address on the Web Page <input type="radio"/> | DO NOT Display any of my addresses on the Web Page <input type="radio"/> |
| Phone & Fax Number(s) (Select 1 or both) | Display my work phone number on the Web Page <input type="radio"/> Display my fax number on the Web Page <input type="radio"/> | Display my home phone number on the Web Page <input type="radio"/> Display my fax number on the Web Page <input type="radio"/> | DO NOT Display my phone and fax numbers on the Web Page <input type="radio"/> |
| Email Address | Display my email address on the web <input type="radio"/> | DO NOT Display my email address on the Web Page <input type="radio"/> | |

Activity Status: Please read ENTIRE list BEFORE answering.

A: Check the **ONE MOST** applicable description of your present activity:

- 10. Working as a physical therapist
- 11. Working as a physical therapist assistant
- 12. Unemployed not seeking employment in physical therapy
- 13. Unemployed seeking full time employment in physical therapy
- 14. Unemployed seeking part time employment in physical therapy
- 15. Unemployed seeking PRN employment in physical therapy
- 16. Retired from physical therapy
- 17. Working in another field and do not plan to return to physical therapy
- 18. Working in another field but would like to return to physical therapy in the future
- 19. Not working in any field
- 20. Student - in physical therapy
- 21. Student - NOT in physical therapy
- 22. Other _____

- B. If you are currently employed on a part-time or PRN basis, is it because you cannot find a full-time position? Check your choice.
- Yes
 - No

Please answer the following questions

C. _____ Average number of hours working each week as a PT/PTA (0 if not working).

D. _____ Average number of hours working in clinical practice each week as a PT/PTA (0 if not working).

E. Enter the NC County of primary employment

**If not employed in North Carolina, please enter "NONE"

If you are working in physical therapy, complete F & G.

F. Form of physical therapy employment: (Check all that apply)

- 10. Self employed
- 11. Employee of for-profit corporation, agency, private practice
- 12. Employee of not-for-profit corporation or agency
- 13. Contract employee
- 14. Employee of city or town government
- 15. Employee of county government
- 16. Employee of state government
- 17. Employee of federal government
- 18. Other _____

G. Employment setting: check the ONE principal setting in which you practice physical therapy. Non-Federal Facility

- 10. Home care or patient's home
- 11. Hospital (Acute Care)
- 12. Sub-acute Rehabilitation Hospital
- 13. Outpatient facility or clinic (health System or hospital based)
- 14. Outpatient facility or clinic (free standing independent clinic)
- 15. Outpatient facility or clinic (corporate clinic)
- 16. Extended Care (SNF/ECF/ICF)
- 17. Health, Fitness or Wellness Center
- 18. Physician's Office
- 19. Developmental Evaluation Center
- 20. School System (preschool / primary / secondary)
- 21. Academic Institution (post-secondary)
- 22. Research Center
- 23. Industry
- 24. Other _____

Federal Facility

30. Health facility on a military installation

- 31. V.A., Public Health or Indian Health Facility
- 32. Other federal health facility _____

H. Race/Ethnicity* (OPTIONAL)

- 1. American Indian/Alaskan Native
- 2. Asian-American/Pacific Islander
- 3. Black/Non-Hispanic
- 4. Hispanic
- 5. Multiracial
- 6. White/Non-Hispanic
- 7. Other (Specify: _____)

For Office Use Only:

Reviewed by Deputy Director: _____ Date: _____

New Reporting period: _____



Employee Misclassification

Public Notice Statement

Required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat §§ 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act, 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919) 715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. (N.C. Gen. Stat. § 143-762(5))

Please read the public notice statement above and then check the box below to certify that you have read it. (failure to answer this question will result in a denial of (licensure/renewal) per N.C. Gen. Stat. 143-765(b)).

I have read and understand the public notice statement above.

In the past five (5) years have you been investigated for employee misclassification as defined in the public notice statement above? If yes, please list the result of each occurrence (if additional space is required, please attach separate pages to this document).

Yes

No

List Each Occurrence: _____

Signature/Date: _____

