

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 <u>ONE MOST</u> applicable description of your present activity: 10. <input type="radio"/> Working as a physical therapist 11. <input type="radio"/> Working as a physical therapist assistant 12. <input type="radio"/> Unemployed not seeking employment in physical therapy 13. <input type="radio"/> Unemployed seeking full time employment in physical therapy 14. <input type="radio"/> Unemployed seeking part time employment in physical therapy 15. <input type="radio"/> Unemployed seeking PRN employment in physical therapy 16. <input type="radio"/> Retired from physical therapy 17. <input type="radio"/> Working in another field and do not plan to return to physical therapy 18. <input type="radio"/> Working in another field but would like to return to physical therapy in the future 19. <input type="radio"/> Not working in any field 20. <input type="radio"/> Student - in physical therapy 21. <input type="radio"/> Student - NOT in physical therapy 22. <input type="radio"/> 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. <input type="radio"/> Yes <input type="radio"/> 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. <input type="radio"/> Self employed 11. <input type="radio"/> Employee of for-profit corporation, agency, private practice 12. <input type="radio"/> Employee of not-for-profit corporation or agency 13. <input type="radio"/> Contract employee 14. <input type="radio"/> Employee of city or town government 15. <input type="radio"/> Employee of county government 16. <input type="radio"/> Employee of state government 17. <input type="radio"/> Employee of federal government 18. <input type="radio"/> Other _____ G. Employment setting: check the <u>ONE</u> principal setting in which you practice physical therapy. Non-Federal Facility 10. <input type="radio"/> Home care or patient's home 11. <input type="radio"/> Hospital (Acute Care) 12. <input type="radio"/> Sub-acute Rehabilitation Hospital 13. <input type="radio"/> Outpatient facility or clinic (health System or hospital based) 14. <input type="radio"/> Outpatient facility or clinic (free standing independent clinic) 15. <input type="radio"/> Outpatient facility or clinic (corporate clinic) 16. <input type="radio"/> Extended Care (SNF/ECF/ICF) 17. <input type="radio"/> Health, Fitness or Wellness Center 18. <input type="radio"/> Physician's Office 19. <input type="radio"/> Developmental Evaluation Center 20. <input type="radio"/> School System (preschool / primary / secondary) 21. <input type="radio"/> Academic Institution (post-secondary) 22. <input type="radio"/> Research Center 23. <input type="radio"/> Industry 24. <input type="radio"/> Other _____ Federal Facility 30. <input type="radio"/> Health facility on a military installation 31. <input type="radio"/> V.A., Public Health or Indian Health Facility 32. <input type="radio"/> Other federal health facility _____ H. Race/Ethnicity* (OPTIONAL) 1. <input type="radio"/> American Indian/Alaskan Native 2. <input type="radio"/> Asian-American/Pacific Islander 3. <input type="radio"/> Black/Non-Hispanic 4. <input type="radio"/> Hispanic 5. <input type="radio"/> Multiracial 6. <input type="radio"/> White/Non-Hispanic 7. <input type="radio"/> Other (Specify: _____)	

<p>For Office Use Only:</p> <p>Reviewed by Deputy Director: _____ Date: _____</p> <p>New Reporting period: _____</p>
