

WARNING

Making a false statement on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. 6-5-303.)

AGREEMENT, AFFIDAVIT AND NOTARIZATION

In signing this statement, I do hereby state that I am the person making the foregoing statements and they are made in good faith and are true in every respect. I have read, understand, and agree to abide by the rules and regulations promulgated by the Wyoming State Board of Physical Therapy, and W.S. 33-25-101 through 116.

Signature of Applicant

Date

STATE OF: _____

COUNTY OF: _____

Signed and sworn to or affirmed before me on _____, 20____, by

Notary Public

SEAL

My Commission Expires: _____