



MARYLAND

Department of Health

MARYLAND BOARD OF PHYSICAL THERAPY EXAMINERS

4201 PATTERSON AVE.

BALTIMORE, MARYLAND 21215-2299

Office: 410-764-4752 Fax: 410-358-1183

www.dhmh/maryland.gov/bphte

OFFICE USE	
Date Received _____	Date Reviewed _____
Reviewed By _____	Date Entered _____
Meets Requirements ____ Yes ____ No	

DRY NEEDLING REGISTRATION APPLICATION

Under COMAR 10.38.12 a physical therapist who wishes to practice dry needling in The State of Maryland must meet certain education and training requirements and be registered prior to practicing. It is the responsibility of the physical therapist to read and understand the regulations prior to applying for registration.

To register with the Board please complete this application either on-line or by hand with **BLACK** ink. The physical therapist who oversaw your hands-on training **MUST** complete the certification section stating you met the hands-on requirements. Once you have completed the application send it along with copies of the certificates of completion for each course. You may mail the completed application to the address above or email to **MDH.DryNeedling@Maryland.Gov**

If you do not have a certificate of completion for an educational course you **MUST** complete the course description section of the application.

Once the Board reviews the completed registration application and attached documents you will be notified if the minimum education and training requirements have been met. You may not practice until you have received written approval from the Board. If your application is denied you will be receive a written notice stating why. Notices will be send by either email or a formal letter. The Board will not review incomplete registration applications.

PHYSICAL THERAPIST			
Please print or type all information			
Name:	_____	_____	_____
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
Date of Birth:	_____	MD License #:	_____
		E-Mail:	_____
Home Address:	_____		
	<i>(Street)</i>	<i>(City)</i>	<i>(State)</i> <i>(Zip)</i>
Home Phone:	_____	Cell Phone:	_____
		Work Phone:	_____
Are you an active duty member of the U.S. Military?	_____	Yes	_____ No
Are you the spouse of an active duty military member?	_____	Yes	_____ No
Branch:	_____		
Duty Station:	_____		

CLASSROOM INSTRUCTION

Please print or type all information. If you have more than one course please make copies of this page and include them with the application. You must provide a detailed description of the course to be reviewed by the Board. The description **MUST** include all information pertinent to **COMAR 10.38.12.03 A** – Minimal Education and Training Required. This section is not necessary if you have a certificate of completion for a course.

Course : _____ **Hrs. or CEU's** _____

Date: _____ **Location:** _____
(City/State)

Sponsor: _____

Description: (Detailed)

HANDS ON TRAINING SELF-CERTIFICATION

All applicants for dry needling registration must self-certify they have the required 40 hours of hands on instruction.

Applicant: _____ **License #:** _____
(Name as appears on License)

I do hereby attest and certify that I have 40 hours experience performing dry needling under the supervision of a licensed health care practitioner competent in the performance of dry needling required under the dry needling regulations.

Signature: _____ **Date:** _____
(Applicant)

ATTESTMENT

I hereby submit the Dry Needling Registration Application to the Maryland Board of Physical Therapy Examiners and, **I HEREBY DECLARE AND AFFIRM** under the penalties of perjury that the matters and information contain in this application are true and correct to the best of my knowledge, information and belief.

Date

Signature

AFFIDAVIT

State of: _____

City/County of: _____

Before the undersigned, a Notary Public in and for the city/County and state aforesaid, on the

_____ day of _____ 20 ____, Personally appeared _____

Who, being first duly sworn, says he/she is the person referred to herein, and is the person who signed the foregoing application; that the facts and statements contained are true, to the best of his/her knowledge and belief.

Notary Public *(signature)*

Notary Stamp Here

My Commission expires: _____

MM/DD/YYYY