



Washington State Department of
Health
 Board of Physical Therapy Credentialing
 P.O. Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Board of Physical Therapy Verification of Mentored Sharp Debridement Education and Training

Complete section one and forward the verification form to the qualified provider for completion.

1. Applicant (print or type clearly)

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip Code _____

I, _____, declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate my application.

2. Approved Mentor

The above individual seeks verification of mentored education and training to place a sharp debridement endorsement on his/her physical therapy license. Please complete the following:

Mentor's Name _____ Current Phone _____

Current Street Address _____

City _____ State _____ Zip Code _____

Mentor's License Type and License Number _____

Dates Licensed _____

3. Mentored Education and Training Specific to Sharp Debridement

A minimum of twenty hours of mentored sharp debridement and training is required. Mentored training includes observation, co-treatment and supervised treatment. Twenty hours mentored training in a clinical setting must include a case mix similar to the physical therapists' expected practice.

Hours mentored _____ Describe the activities mentored _____

Mentor

I, _____, declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the Department may request additional information, if it is needed, to evaluate my application.

Signature _____ Date _____

Return this form to the above address. This form may be duplicated.