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EXCELLENCE IN PT CREDENTIALING

สภากายภาพบำบัด เลขที่รับ 98

SECOND REQUEST

10/24/2017

Physical Therapy Council
The Government Complex Commemorating His Majesty the King's 80th Birthday Anniversary
Building B, 2nd Floor, 120 Moo 3 Chaengwattana Road
Lak Si District, Bangkok 10210
Thailand

NYS Credential Verification PT

Dear Sir or Madam:

Ms. Manthana Phothisatean has applied to the New York State Education Department for licensure in the profession identified above. FCCPT has been requested to obtain her *license/registration* to practice directly from the issuing institution(s).

Enclosed you will find a request from Ms. Manthana Phothisatean to provide verification of her license to practice in Thailand. Please complete the attached "New York State Verification of License" form and send it to:

FCCPT 124 West Street South 3rd Floor Alexandria, VA 22314-2825 USA

Thank you for your prompt attention to this request. Should you have any questions,

please contact us.

Sincerely.

Susan K. Lindeblad, PT, PhD. Managing Director of FCCPT



New York State Credentials Verification LICENSE/REGISTRATION VERIFICATION FORM

FOR LICENSING, REGISTERING, OR OTHER AUTHORITY TO COMPLETE AND SUBMIT TO FCCPT. Directions to Licensing/Registration Official: Please complete and send this form to: FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314-2825 Should you have any questions please contact us at: Telephone, 703-684-8406; Fax, 703-684-8715; or E-mail, help@fccpt.org. Name of Licensing/Registration Authority: Name/Title of Official Completing this form: Institution Address: State/Province Telephone: Applicant's Name: (as licensed / registered) The individual named above held/holds a license, is registered, or is otherwise authorized to practice physical therapy by the regulatory authority named above from: (MM/DD/1777) (MM/DD/YYYY) Status of License/Registration: Active/Current Expired Restricted* Inactive (Check One) * If the applicant's license to practice physical therapy has ever been revoked, suspended, limited, or placed on probation, please describe the reason below and/or attach documentation describing the reason for such action. Signature and Seal are required for completion of this form I hereby attest that my responses are complete and accurate to the best of my knowledge. In witness whereof, I hereby set my hand and seal of this institution this ! Name of Official completing this form: Signature of Official completing this form:

October 24, 2017



New York State Credentials Verification REQUEST FOR LICENSE/REGISTRATION VERIFICATION

Phothispiene Manthana Middle Name Date of Breit: Month OF Day 16 Year 1991 File Number: 43632 Name/This of Breighten: P.T. So m jai Lue wiset pai boon Name of Liouncing Board or Registering Authority: Physical Therapy Council Licensing Board Address 120 Moo 3 Charagetathana Road Lisk Si District Banakak 10210 Thailand Sanakak 10210 Thailand Sanakak 10210 Thailand Sanakak 10210 Therapy Department of Council and Sanakak 10210 Thailand Sanakak 10210 Therapy Physical Therapy The Poolige Crafestialing Commission on Physical Therapy (PCCT) has been subscited by the New York State Education Department to obtain and verify my licenseur, registration, or other necessity my significant reached above. Phose sprovide welfication of my Rosses/registration to pacadar within your seeds, country, or other judgeliction, to PCCTT by COMPLITING THE BENCLOSED NEW YORK STATE LICENSE Visiting Commission on Flywical Therapy 124 West Enter South, and submitting the completed form to: Proving Confession of the provide welfication of my Rosses/registration to pacadar within your seeds, country, or other judgeliction, to PCCTT by COMPLITING THE BENCLOSED NEW YORK STATE LICENSE Visiting Cattorin Rossed and submitting the completed form to: Proving Confession of the proving Confession on Physical Therapy 124 West Enter South, and State			7(07) A# "L)	galla Buki alam et	TAMO KURIN	ு மன்றித்	選問答		
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