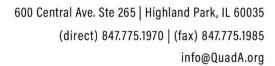




Current OPT Staff Identification Form

Please list all practitioners in the Clinic (Full Time/Part Time/PRN)

Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
State Medical License #	Hrs/Week
State Medical Electise #	III S/ WCCK
Name of Clinician (Please Indicate Credentials – PT, PTA, OT, OTA, SLP, SLP-A)	
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