



**PHYSICAL THERAPIST RECRUITMENT:**

Thank you for showing interest in participating in *PT access* to provide pro bono physical therapy services to the uninsured. Please complete the following information and submit to [IPTFPROBONO@gmail.com](mailto:IPTFPROBONO@gmail.com) Please speak with your clinic manager about being able to participate in our program. A member of our Pro Bono committee will contact you with more information. We hope to begin referring patients in early 2021.

Name:

Name of Clinic:

Address:

Phone number:

Email:

Clinic Website:

Availability (ex. Once a month, more frequently, occasional)

Estimated number of patients clinic can accommodate per month/per year: (ex. 1 or more/per month)

Other languages spoken by you or staff:

Any specialty services provided by you or at this clinic:

Proof of Liability Insurance will be required.

For more information about PT access, please visit our webpages at <https://iptfgives.org/pt-access/>