



**Physical Therapy Board of California**  
 2005 Evergreen Street, Suite 1350, Sacramento, California 95815  
 Phone: (916) 561-8200 FAX : (916)263-2560 Internet: www.ptb.ca.gov

**APPLICATION FEE SCHEDULE**  
**Kinesiological Electromyography and Electroneuromyography Examination**  
 (FEES SUBJECT TO CHANGE)

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 STREET CITY STATE ZIP

PT License #: \_\_\_\_\_

**FEE CALCULATION:**

1. Application Processing Fee  
 (Check either box A or B)

- A.  Kinesiological Electromyography \$100.00
- B.  Electroneuromyography \$100.00

2. Written Examination Fee  
 (Check either box A or B)

- A.  Kinesiological Electromyography \$500.00
- B.  Electroneuromyography \$500.00

Total: \$ \_\_\_\_\_

**PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO THE PTBC  
 AND PAPER CLIP YOUR CHECK TO THE FEE SCHEDULE**

**FOR BOARD USE ONLY**

CASHIERING USE ONLY	RECEIPT NO.	KEMG Application f125700 4T	KEMG Exam Fee 125700 4R	ENMG Application 125700 4S	ENMG Exam Fee 125700 4H
		\$100	\$500	\$100	\$500

ATS # \_\_\_\_\_