



MedStar Health

WebPT digital signature form for students

Date _____

I, (print name) _____, hereby authorize the use of the signature below as my legal digital signature for physical/occupational/SLP therapy documents I create on WebPT.com.

Please *print* clearly

First name: _____ Middle initial: _____

Last name: _____

Credentials: PT/s OT/s PTA/s OTA/s SLP/s

Individual NPI #: _____

Clinic location: _____

Please sign with a legible signature and include your credentials inside the box below without touching the lines. Only use a black pen.

NOTE: This form provides you access to the electronic medical records system and must be signed and returned to Romina Astifidis, Student Coordinator, *48 hours prior of start date*.
Email: romina.astifidis@medstar.net