

9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 www.dhp.virginia.gov/PhysicalTherapy (804) 367-4674 (Tel) (804) 939-5973 (Fax) Email:

ptboard@dhp.virginia.gov

REQUEST FOR VERIFICATION OF A VIRGINIA PHYSICAL THERAPY LICENSE

Important Notice:

Effective November 01, 2019, the Virginia Board of Physical Therapy implemented an electronic process for Verification of Licensure. The Virginia Board of Physical Therapy electronically sends the Verification of Licensure with available public information to the jurisdiction that you designate on this form.

There is a \$10.00 processing fee for this request. Please allow 5-7 business days for processing. The Board verifies the profession, license number, issue date, expiration date, how the licensee obtained Virginia licensure, and if there have been any disciplinary actions taken by the Board. Verifications received without the required fee will not be processed. You may also verify licensure information online by using <u>License Lookup</u>.

Please mail this form with your payment to:
Department of Health Professions
Board of Physical Therapy
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

PLEASE PRINT IN BLUE OR BLAC		<u> </u>	1
FIRST NAME	MIDDLE NAME	LAST NAME	Suffix
STREET ADDRESS			
CITY	STATE	ZIP CODE	
DATE OF BIRTH (MM/DD/YY)	LAST 4 DIGITS OF SOCIAL		
	SECURITY NO XXX-XX		
LICENSE NUMBER			
EMAIL ADDRESS WHERE VERIFIC	CATION SHOULD BE SENT (MA	ILING ADDRESSES ARE NOT	ACCEPTED)
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SIGNATURE OF LICENSEE	DATE		