



**STATE OF ALABAMA**  
**BOARD OF PHYSICAL THERAPY**  
 100 NORTH UNION STREET, SUITE 724  
 P.O. BOX 305040  
 MONTGOMERY, AL 36130-5040  
 Phone: (888) 726-9743 Fax: (334) 242-3288  
 e-mail: [info@pt.alabama.gov](mailto:info@pt.alabama.gov)



**CERTIFICATION OF CURRENT LICENSE IN ANOTHER STATE**

I, \_\_\_\_\_, am requesting registration/licensure with the  
 (To be completed by Applicant)  
 State of Alabama Board of Physical Therapy. I hereby grant permission and request that you provide the information identified on this form directly to said board as verification of current registration/licensure and fitness to practice as a requirement for endorsement in Alabama.

My current license number is: \_\_\_\_\_ Date issued: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**(To be completed by an official of state licensing board, and returned directly to above address)**

\_\_\_\_\_ is currently licensed in the  
 (Please print name)

State of \_\_\_\_\_ License Number \_\_\_\_\_, which remains in effect through \_\_\_\_\_.

The basis of issuance: \_\_\_\_\_ Examination \_\_\_\_\_ Endorsement \_\_\_\_\_ Other

Has there ever been any question or disciplinary action relative to the applicant's practice or license by your board? \_\_\_\_\_NO \_\_\_\_\_YES. Are there any pending disciplinary actions relative to the applicant's practice or license by your board? \_\_\_\_\_NO \_\_\_\_\_YES. If yes, please identify and explain action(s) taken:

\_\_\_\_\_  
 \_\_\_\_\_

Signature & Title: \_\_\_\_\_  
 Board: \_\_\_\_\_

SEAL

Address: \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_