



STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
 100 NORTH UNION STREET, SUITE 724
 MONTGOMERY, AL 36130-5040
 Phone: (888) 726-9743 Fax: (334) 242-3288
 e-mail: 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 to practice as a requirement for endorsement in Alabama.

My current license number is: _____ Date issued: _____

Signature: _____ Date: _____

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

_____ is currently licensed as follows:
 (Please print name)

State: _____

License Number: _____

Status: _____

Licensed by: Exam _____ Endorsement _____ Other _____

Date Licensed: _____

Expiration Date: _____

Disciplinary Actions: Yes _____ No _____ if yes, please explain: _____

 (Signature and Title)

SEAL

 (Board)

Date: _____