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BOARD OF PHYSICAL THERAPY
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Kathy Miller
Executive Director

LICENSE VERIFICATION REQUEST

Licensee Name:_____

License Number:_____

Requestor Name:_____

Requestor Email:_____

State/Recipient (where the verification is to be sent):

_____

Email of Recipient:_____

Mailing Address of Recipient:_____

_____

_____

Please complete this form and email it to info@pt.alabama.gov