



WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 WVBOPT@wv.gov

VERIFICATION OF LICENSURE/REGISTRATION/CERTIFICATION REQUEST FOR WV ENDORSEMENT APPLICANTS

To fulfill the verification requirement for endorsement applicants, you may complete this form and forward to all jurisdictions where you are or have ever been licensed, registered, or certified (active or not) in the profession you are applying for in West Virginia. Please contact each board directly to determine their verification process and fees.

APPLICANT: DO NOT SUBMIT THIS FORM TO THE WVBOPT OFFICE.

Applicant Information:

Full Name: _____

Former Name(s): _____

Jurisdiction Verification is Requested from: _____

PT License # _____ PTA License # _____ AT Registration # _____

Information for the regulatory agency:

The West Virginia Board of Physical Therapy requires that I request verification of my license, registration, or certification in your jurisdiction to be sent directly from your office to the contact information listed above. Please include my name, profession, license number, status, original issue date, expiration date, and if any disciplinary actions are associated with my license, registration, or certification.

This is an authorization to release all pertinent information regarding my license, registration, or certification directly to the West Virginia Board of Physical Therapy.

Applicant Signature

Date