



**WEST VIRGINIA BOARD OF PHYSICAL THERAPY**  
**101 DEE DRIVE**  
**Charleston, West Virginia 25311**  
**Telephone: (304) 558-0367 Fax: (304) 558-0369**

**VERIFICATION OF LICENSURE/REGISTRANT**  
**FOR WV ENDORSEMENT APPLICANTS**

Please complete this form and forward to all jurisdictions that you currently have or have ever held a license or registration.

**LICENSEE/REGISTRANT INFORMATION:**

PT License # \_\_\_\_\_ PTA License # \_\_\_\_\_ AT Registration # \_\_\_\_\_

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**JURISDICTION FOR VERIFICATION TO BE SENT:**

WV Board of Physical Therapy required that a "Verification of Licensure/Registrant" be sent directly from the Board.

Please mail to:  
WV Board of Physical Therapy  
101 Dee Drive  
Charleston, WV 25311

This is an authorization from the named licensee/registrant to release all pertinent information to above jurisdiction.

\_\_\_\_\_  
Licensee/Registrant Signature

\_\_\_\_\_  
Date