



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

WV VERIFICATION REQUEST FORM
\$25.00 FEE (NO CASH)

Please complete this form for licensure/registant verification to be sent to another jurisdiction.
We do not accept verification requests prior to having a WV license.

JURISDICTION FOR VERIFICATION TO BE SENT:

Jurisdiction of _____

Street Address: _____

City: _____ State: _____ Zip: _____

LICENSEE/REGISTRANT INFORMATION:

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

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

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

Licensee/Registant Signature

Date