



WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369

WV VERIFICATION REQUEST FORM

\$25.00 FEE (NO CASH OR CARD)

- Mail this completed form with required fee to the above address for verification of your WV license/registration to be sent to another jurisdiction. Faxed/emailed requests are not accepted.
- Please allow approximately two business days upon receipt for processing. Official verifications are exclusively mailed via standard shipping, and delivery time frames cannot be guaranteed.
- Multiple requests may NOT be combined. A separate form AND payment are needed for each.
- If your form and/or fee must be returned to you for completion/correction, this will delay the process.

JURISDICTION FOR VERIFICATION TO BE SENT:

State/Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Check here if the requesting state requires verification directly from applicant:

*If checked, the official verification will be mailed to your address listed below.

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/Registrant Signature

Date