



VERIFICATION OF PHYSICAL THERAPY LICENSURE

This form is provided as a courtesy, the SC Board of Physical Therapy Examiners (SC Board) will accept a state issued official license verification. The license verification must be sent by the issuing agency directly to the SC Board via mail or email to the address above.

TO BE COMPLETED BY APPLICANT:

Name: _____
 Address: _____
 Certificate or License Number: _____

TO BE COMPLETED BY STATE BOARD WHERE APPLICANT IS CURRENTLY LICENSED:

The above applicant has requested license with the SC Board by endorsement from your state. An official license verification is required in order to meet the requirements of the SC Board of Physical Therapy Examiners Law.

NAME OF LICENSEE: _____

LICENSE ISSUED: PT: _____ License No. _____ Date: _____

PTA: _____ License No. _____ Date: _____

LICENSED BY: Endorsement: _____ Name of State: _____

ASI Exam: _____ PES Exam: _____

State Board Exam: _____ Other: _____

LICENSE IS: Current: _____ Lapsed: _____

Expiration Date: _____

Has licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? If yes, please provide documentation/Order.

Yes No

Signed: _____

Title: _____

State Board: _____

Address: _____

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