



Virginia Department of
Health Professions
 Board of Physical Therapy

9960 Mayland Drive, Suite 300
 Henrico, Virginia 23233
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REQUEST FOR VERIFICATION OF VIRGINIA *PHYSICAL THERAPY* LICENSE

There is a **\$10.00 fee** for out-of-state licensure verifications. The request for License Verification will need to accompany any verification request or form from another state. **Please include a \$10.00 check or money order made payable to the "Treasurer of Virginia."** We are unable to accept credit cards at this time.

License Verifications provide the following information:

- Type of license
- License status
- Licensure method
- License Number
- Disciplinary History
- Expiration Date
- Issue Date

Please allow approximately 5-7 business days after receipt for processing. Please mail your request to:

Department of Health Professions
 Board of Physical Therapy
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463

Licensee's Full Name (Last, First)

Maiden Name (if any)

Licensee's Current Address (Street and/or Box Number, City, State, Zip)

Licensee's Telephone Number

Licensee's Email Address

License Number (if known)

Last four digits of your Social Security Number

Name and address where verification should be mailed (Street and/or Box Number, City, State, Zip)

SIGNATURE OF LICENSEE _____ DATE _____