



## KENTUCKY BOARD OF PHYSICAL THERAPY

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Louisville, KY 40222  
Phone (502) 429-7140  
Fax (502) 429-7142  
<http://pt.ky.gov>

TO: Krista Barton, Executive Secretary

FROM:

DATE:

SUBJECT: Verification of KY Credential to Another State or Agency

Please send a verification of my Kentucky credential to the State of \_\_\_\_\_ . I have enclosed a check payable to KY Board of Physical Therapy in the amount of \$20.00 for each verification requested to cover the Administrative Cost. My credential (license or certificate) number is \_\_\_\_\_ .

\_\_\_\_\_  
Signature of credential holder

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email