



KENTUCKY BOARD OF PHYSICAL THERAPY

312 Whittington Pkwy, Suite 102
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 \$40.00 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