



KENTUCKY BOARD OF PHYSICAL THERAPY

Matthew G. Bevin
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LICENSURE VERIFICATION FORM

Applicant is to complete the portion of this form between the starred lines, and together with any fee required for processing, send the form to each physical therapy licensure agency/jurisdiction which has ever granted the applicant a license, temporary permit, or certificate to practice as a physical therapist or physical therapist assistant.

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To be completed by applicant:

AUTHORIZATON: I am applying for licensure in Kentucky as a physical therapist /physical therapist assistant (circle one). I was granted license number: \_\_\_\_\_ on \_\_\_\_\_ in \_\_\_\_\_ (state) and am required to obtain verification of that license for Kentucky as a condition of my application process. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Kentucky State Board of Physical Therapy.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_
Complete Name

Home Address: \_\_\_\_\_ Date: \_\_\_\_\_

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TO BE COMPLETED BY LICENSURE AGENCY:

Name: \_\_\_\_\_ License #: \_\_\_\_\_ PT  PTA

Original Date of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Physical Therapy School \_\_\_\_\_ Graduation Year \_\_\_\_\_

Has the license of this individual ever been denied, suspended, probated, or revoked; or is it now on disciplinary review in your state? Yes \_ No \_ If yes, please explain and attach a copy of the Charges and Final Order in the case. \_\_\_\_\_

\_\_\_\_\_

STATE SEAL

Signature/Title: \_\_\_\_\_

State: \_\_\_\_\_ Date: \_\_\_\_\_

