

**STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY
100 No. Union Street, Suite 724
Montgomery, Alabama 36130-5040**

Telephone: (334) 242-4064 or (888) 726-9743

Fax: (334) 242-3288

**CERTIFICATION OF CURRENT LICENSE
IN ANOTHER STATE**

I, _____, am requesting registration/licensure with the

(To be completed by Applicant)

State of Alabama Board of Physical Therapy. I hereby grant permission and request that you provide the information identified on this form directly to said board as verification of current registration/licensure and fitness to practice as a requirement for endorsement in Alabama. My current license number is _____ Date Issued _____

Signature _____ Date _____

(To be completed by an official of state licensing board, and returned directly to above address.)

_____ is currently licensed in the

State of _____. License Number _____, which remains in effect through _____.

The basis of issuance: ____ Examination ____ Endorsement ____ Other

Has there ever been any question or disciplinary action relative to the applicant's practice or license by your board? ____ No ____ Yes. If yes, please identify and explain action(s) taken: _____

Signature & Title _____

SEAL

Board _____

Address _____

Date _____
