

Mississippi State Board of Physical Therapy
PO Box 55707
Jackson, MS 39296-5707
Telephone: (601) 352-2918 Fax: (601) 352-2920

License Verification Request

A verification of licensure will be issued only upon the request of the Mississippi licensee for the purpose of submission to another licensing authority. Such a request must be requested in writing and submitted along with a fee of \$35.00 made payable to MSBPT. There is a \$35.00 fee for each request.

I, _____, am requesting verification of license with the Mississippi State Board of Physical Therapy to be sent to the state licensing board indicated below. By signing below and submitting this request, I hereby grant permission for you to provide my licensure information directly to the state licensing board indicated as apart of this request.

Licensee's Name:

License Number:

Social Security Number:

Status of License: (active or closed)

Name & Address of Licensing Board:

Signature:

Date:

If you have any questions concerning this process, you may contact the MSBPT at the phone number listed at the top of this page.