

Licensure Lists Request

Requests and Payments:

Licensure lists are available for a fee by following the procedures below. Please fill out this form specifying the desired information and send along with a check or money order in the appropriate amount made payable to the Mississippi State Board of Physical Therapy (MSBPT). Both the form and fee are needed to fulfill the request. Assistants are included **only** if they are specified in your original request. You should allow approximately one business week for our office to process your request.

Format:

Licensee information is available through this office in the following format. Please indicate which format is desired by placing a check mark next to the format requested. The data is in comma delimited format, excel spreadsheet or columnar text.

1. Comma-delimited format _____
2. Excel spreadsheet format _____
3. Columnar text format _____

4. Self-Adhesive Labels - \$50.00 _____
5. CD-R - \$50.00 _____
6. Email - \$50.00 _____

Email Address: _____

Please check the desired profession(s) requested:

- Physical Therapist only _____
- Physical Therapist Assistants only _____
- Physical Therapist & Physical Therapist Assistants _____

The licensure lists are placed in **alphabetical order** unless otherwise specified. The only information available is license #, name, complete home or work address, email address (depending on signed waiver to release home address and email address), issue date and expiration date.

Indicate in what order the information is desired.

Zip Code Order _____ Alphabetical Order _____

Mail your request and fee to:

Mississippi State Board of Physical Therapy (MSBPT)
P.O. Box 55707
Jackson, MS 39296-5707

Return Address: _____
(Include name of contact person)

If you have any questions regarding this form, you may call (601) 352-2918.