

Physical Therapist and Physical Therapist Assistant
Verification of License in Another State

To be Completed by Applicant *(Please print or type)*

Social Security No.: _____ - _____ - _____

Name: _____

Licensing Authority: _____ Number: _____ Date Issued: _____
(State, Territory, or Country)

(Applicant Signature)

To be Completed by Secretary of Licensing Board

Licensee's Name: _____

License Type (PT/PTA): _____

License Number: _____

Date Issued: _____

Expiration Date: _____

Licensed By: NPTE: _____

Reciprocity with: _____

Other: _____

Has license ever been disciplined? No Yes *(if yes, please attach findings and disposition.)*

Remarks: _____

(Authorized Signature)

This document must show Seal of licensing agency.

Seal

Licensing Board must return to:
Mississippi State Board of Physical Therapy
P.O. Box 55707
Jackson, Mississippi 39296-5707