

**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 \_\_\_\_\_

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(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. Are there any pending disciplinary actions  
relative to the applicant's practice or license by your board? \_\_\_\_\_ No    \_\_\_\_\_ Yes. If yes,  
please identify and explain action(s) taken: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEAL

Signature & Title \_\_\_\_\_

Board \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_