



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Board Of Physical Therapy Examiners

VERIFICATION OF CURRENT LICENSURE

TO BE COMPLETED BY APPLICANT AND FORWARDED TO BOARD THAT ISSUED LICENSE.

State Board/Agency to be forwarded to: _____

Name: _____

Address: _____

License Number: _____ Date of Issuance: _____

Applicant Signature

TO BE COMPLETED BY LICENSING BOARD and returned directly to Maryland:

Physical Therapist _____ Physical Therapist Assistant _____

Name: _____

License Number: _____ Date of Original License: _____

Licensed through (check one)

_____ PES Examination _____ Endorsement from _____

_____ Board Examination _____ Other _____

Is the applicant currently licensed: Yes ___ No ___ Date of expiration: _____

Is the applicant considered a physical therapist/physical therapist assistant in good standing in your state? _____

If the answer is no, please explain and provide copies of any Final Orders.

Signature (Seal of licensing Board must be imprinted over signature)

Title

Date

State Board