

**S. C. BOARD OF PHYSICAL THERAPY EXAMINERS
P.O. BOX 11329
COLUMBIA, SC 29211-1329**

VERIFICATION OF PHYSICAL THERAPY LICENSURE

TO BE COMPLETED BY APPLICANT:

Name _____

Address _____

Certificate or License Number _____

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TO BE COMPLETED BY STATE BOARD WHERE APPLICANT IS CURRENTLY LICENSED:

The above applicant has requested license with the South Carolina Board by endorsement from your state. In order to meet the requirements of our State Physical Therapy Law, please complete this form and return it to the Board at the above address as soon as possible.

NAME OF LICENSEE _____

LICENSE ISSUED: PT _____ License No. _____ Date _____

PTA _____ License No. _____ Date _____

LICENSED BY: Endorsement _____ Name of State _____

ASI Exam _____ PES Exam _____

State Board Exam _____ Other _____

LICENSE IS: Current _____ Lapsed _____

Expiration Date _____

Has licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? If yes, please give full details on reverse side. Yes _____ No _____

Signed _____

Title _____

SEAL

State Board _____

Address _____

Date _____