



Virginia Department of
Health Professions
Board of Physical Therapy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/PhysicalTherapy

(804) 367-4674 (Tel)
(804) 939-5973 (Fax)
Email:
ptboard@dhp.virginia.gov

REQUEST FOR VERIFICATION OF A VIRGINIA PHYSICAL THERAPY LICENSE

There is a **\$10.00 fee** for out-of-state licensure verifications. **Please include a \$10.00 check or money order made payable to the “Treasurer of Virginia.”** We are unable to accept credit cards at this time.

License Verifications provide the following information:

- Type of license
- License status
- Licensure method
- License Number
- Disciplinary History
- Expiration Date
- Issue Date

Please allow approximately 5-7 business days after receipt for processing. Please mail your request to:

Department of Health Professions
Board of Physical Therapy
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

Licensee's Full Name (Last, First)

Maiden Name (if any)

Licensee's Current Address (Street and/or Box Number, City, State, Zip)

Licensee's Telephone Number

Licensee's Email Address

License Number (if known)

Last four digits of your Social Security Number

XXX-XX- ____ ____ ____ ____

Email Address where verification should be sent. Note: All license verifications are sent electronically. Mailing addresses will not be accepted.

SIGNATURE OF LICENSEE _____ DATE _____