

LICENSURE VERIFICATION FORM

TO THE APPLICANT: Please complete the lines marked with an asterisk and send this form to all state(s)/province(s) in which you have been licensed to practice as a physical therapist. You will not be eligible for a permanent license until all license verifications have been received.

STATE/PROVINCE: _____

The following physical therapist has made application for licensure with North Dakota. Please complete this form and return it to our office at your earliest convenience.

NAME: _____

DATE OF BIRTH: _____ **LICENSE #:** _____

DATE LICENSE WAS ISSUED: _____

BASIS ON WHICH LICENSE WAS ISSUED:

PES: _____ **ASI:** _____ **NPTE:** _____

ENDORSEMENT: _____ **STATE/PROVINCE:** _____

OTHER: _____

STATUS OF LICENSE: CURRENT: _____ **EXPIRATION DATE:** _____
LAPSED: _____ **DATE:** _____

Has the license ever been revoked or suspended? _____

Is there any derogatory information on record? _____ If so, please attach an explanation.

SIGNED: _____

SEAL

NAME: _____

DATE: _____

TITLE: _____

Tami A. Egeland
Administrative Assistant
ND Board of PT
Box 69
Grafton ND 58237
701-352-0125
701-352-3093 (fax)
Email: ndptboard@gra.midco.net
Website:
www.medicine.nodak.edu/pt