



Board of Physical Therapy Examiners

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

PURCHASE REQUEST FOR ALPHABETICAL LICENSEE NAMES AND ADDRESS LISTS

Instructions:

1. Specify request by checking relevant box and complete the remaining information
2. We only accept electronic payment through the payment center. Please visit the payment center at <https://health.maryland.gov/bphte/Pages/Payment.aspx>, select the list you will purchase and print payment receipt.
3. After payment, download and complete this form and email it along with the payment receipt to mdh.bphte@maryland.gov

<input type="checkbox"/>	All Physical Therapists (in & out of state)	\$95.00
<input type="checkbox"/>	All Physical Therapists (in-state only)	\$85.00
<input type="checkbox"/>	All Physical Therapist Assistants	\$55.00
	TOTAL ENCLOSED	\$

Full Name: _____

Organization/Company: _____

Email Address: _____

Phone: _____

*Lists are available in excel format and are sent electronically.
Lists **do not** contain email addresses.*