



Board of Physical Therapy Examiners

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

VERIFICATION OF STATE LICENSE REQUEST FORM

- If you are licensed in Maryland and seeking licensure in another state which requires verification from the Maryland Board of Physical Therapy Examiners complete this request form
- Pay a **nonrefundable fee of \$25.00** using this credit card link and attach receipt:
https://mdbnc.health.maryland.gov/BPT_pay/Pay_fee_3.aspx
- Request cannot be processed without payment & completion of all fields

Date of Request: _____ Maryland License #: _____

FIRST & LAST NAME AS IT APPEARS ON YOUR LICENSE:

COMPLETE ADDRESS AS IT APPEARS ON YOUR LICENSE:

Current Email: _____ Primary Telephone #: _____

I hereby authorize the Maryland Board of Physical Therapy Examiners to release information, favorable or otherwise to the state licensing board/entity/person listed below.

Signature: _____ Date: _____

NAME AND ADDRESS OF WHERE YOU WANT THE LICENSE VERIFICATION SENT:

State Licensing Board/Entity/Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email and/or Fax (if verification can be sent electronically): _____

ATTACH:

- **State Licensing Board/entity form if needed in addition to information above**
- **\$25.00 nonrefundable fee payable by credit card (attach receipt)**
https://mdbnc.health.maryland.gov/BPT_pay/Pay_fee_3.aspx

4201 Patterson Avenue – Baltimore, Maryland 21215-2299
410-764-4718 • Fax 410-358-1183 • TTY 800-542-4964
Maryland Relay Service 1-800-735-2258 • Web Site: www.health.maryland.gov/bphte
Email: mdh.bphte@maryland.gov

OFFICE USE ONLY

Payment #:
Amount: \$
Date Stamp / Staff Initial: