

OREGON PHYSICAL THERAPIST LICENSING BOARD

REQUEST FOR WRITTEN VERIFICATION

LICENSEE NAME:

(Last)

(First)

(Middle)

(Maiden)

LICENSE NUMBER:

Please provide written verification of my Oregon license to:

RECIPIENT'S NAME:

RECIPIENT'S ADDRESS:

(Street or PO Box 1)

(Street Address 2)

(City, State and Zip Code)

In accordance with OAR 848-005-0020(j), I have enclosed a check for \$25.00 payable to the Oregon Physical Therapist Licensing Board (OPTLB) to cover the cost for issuance of my license verification.

LICENSEE SIGNATURE

DATE

Mail this form with your check to:

**Oregon Physical Therapist Licensing Board
800 NE Oregon Street, Suite 407
Portland, Oregon 97232-2187
Phone (971) 673-0200**