

# OREGON PHYSICAL THERAPIST LICENSING BOARD

## REQUEST FOR WRITTEN VERIFICATION

**LICENSEE NAME:** \_\_\_\_\_  
(Last) (First) (Middle)

**LICENSE NUMBER:** \_\_\_\_\_ **CONTACT PHONE#:** \_\_\_\_\_

**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)

**I HAVE ENCLOSED ANOTHER JURISDICTIONS FORM TO BE COMPLETED** \_\_\_\_\_

In accordance with OAR 848-005-0020(i), ***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

