

Nevada State Board of Physical Therapy Examiners



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REQUEST FOR LICENSE VERIFICATION

In order to provide an official written license verification, the Board requires a formal request signed by the licensee. In that regard, please use this form to request a license verification to another licensing jurisdiction, insurance company, employer, etc.

PLEASE PRINT LEGIBLY and provide complete information

NAME _____

LICENSE # _____

Please mail an official verification of my license to the following:
(be sure to provide a complete address)

SIGNATURE _____

DATE _____

BOARD OFFICE USE ONLY

_____ processed

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