



KENTUCKY BOARD OF PHYSICAL THERAPY

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Rebecca E. Klusch
Executive Director

TO: Donna Sims, Licensure Coordinator

FROM:

DATE:

SUBJECT: Verification to Another State or Agency

Please send a verification of my Kentucky credential to the State of _____ . I have enclosed a check in the amount of \$20.00 for each verification to cover the Administrative Cost. My credential (license or certificate) number is _____ .

Signature of credential holder

(Printed Name and Address)

Name: _____

Address: _____

Telephone: _____

Email: _____