



## ARIZONA STATE BOARD OF PHYSICAL THERAPY

1740 W. Adams Street, Suite 2450 ♦ Phoenix, AZ 85007 ♦ (602) 274 – 0236

[ptboard.az.gov](http://ptboard.az.gov)

### THIRD PARTY VERIFICATION REQUEST FORM

To be used by 3<sup>rd</sup> parties ONLY (i.e. recruiters, employers, insurers, etc)  
DO NOT use this form to request a verification of your own license/certificate.

#### Requestor Information:

Name \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Reason for Request \_\_\_\_\_

#### Requested Information:

Physical Therapist

Physical Therapist Assistant

Licensee/Certificate Holder Name \_\_\_\_\_

Alias Name(s) (if applicable) \_\_\_\_\_

License/Certificate Number \_\_\_\_\_

Email Address \_\_\_\_\_

#### Verification Delivery Details: (verifications are sent electronically whenever possible)

Delivery Name \_\_\_\_\_

Delivery Email \_\_\_\_\_

A fee of \$15 must accompany this form. Payable by check (personal or business), cashier's check, or money order.  
Electronic payments are not accepted for 3<sup>rd</sup> party verifications.

#### MAIL REQUEST AND PAYMENT TO

Arizona State Board of Physical Therapy  
1740 W. Adams Street, Suite 2450  
Phoenix, AZ 85007