



# Physical Therapy Board of California

2005 Evergreen Street, Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

www.ptbc.ca.gov



## Request for Endorsement

Endorsement Letter (\$60.00 per verification) – provide a **Prepaid Overnight Envelope** if you would like the Board to expedite your request.

*Failure to provide any requested data may prevent or significantly delay the processing of your request. Submit completed forms by mail. You will receive an email or postcard informing you that the verification letter has been processed and mailed. Please allow the Board three 3 weeks to process your request.*

SECTION A: Personal Information			
License Type:		<input type="checkbox"/> PT	<input type="checkbox"/> PTA
		License Number	
First Name		Middle Name	Last Name
Last Four Digits of SSN		Date of Birth	
Work Phone	Daytime Phone	Email Address	

SECTION B: Endorsement Recipient Information (To whom endorsement letter will be sent)				
Recipient:	Name of Agency/State Board			
Street Address	City	State	Zip	Country

SECTION C: Declaration	
I declare under penalty of perjury under the laws of the State of California that the information given above is true, correct and that I am the person who was issued a license by the Physical Therapy Board of California.	
Signature: _____	Date: _____

For Board and Cashier Use Only:		
Receipt #:	Amount: \$	Check #:
File #:	Date:	Initials: