



# 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 endorsement/recipient)

*Failure to provide the requested data may prevent or significantly delay the processing of your request. Submit completed forms by mail to the above address. You will receive an email or postcard informing you that the verification letter has been processed and mailed. Please allow the Board five (5) 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 #1:	Name of Agency/State Board				
Street Address	City	State	Zip	Country	
Recipient #2:	Name of Agency/State Board				
Street Address	City	State	Zip	Country	
Recipient #3:	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 Use Only:		
Receipt #:	Total Amount Enclosed: \$	Check #:
Entity #:	Date:	Initials: