Washington State Department of Health
Physical Therapy Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360.236.4700

Out-of-State Credential Verification

The individual below is applying for a license as a Physical Therapist or Physical Therapist Assistant in Washington State. To assist the Physical Therapy Program in their review, please complete the following information and return directly to the address above.

Thank you for your cooperation.

Name of licensee _____

License number _____ Date of issue _____

Expiration date _____

Issued on the basis of:
- ☐ State examination
- ☐ Reciprocity/ Endorsement
- ☐ NPTE
- ☐ Other _____

Has licensee's license ever been suspended, revoked or subject to other disciplinary action?

☐ Yes ☐ No

If yes, please explain _____

_____

Seal

Signature of verifier _____

Title _____

State board _____

Date _____