



NC Board of PT Examiners

Request for License Verification to another State

Fee \$30.00 per State

Make check payable to: NCBPTE

Mail to: NCBPTE, 18 West Colony Place, Suite 140, Durham, NC 27705

Name: _____

License Number: P _____ or A _____

License Verification to be forwarded to the following State: _____

If you have questions, about this form, please contact our office,

800-800-8982 or 919-490-6393