

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH
Physical Therapy Assistant Licensure

VERIFICATION OF LICENSURE/REGISTRATION

Applicant – Complete the top portion of this form and forward it to each state where you have been licensed as a physical therapist assistant (make copies as necessary).

Name: _____
Last First Middle Maiden

Address: _____
No. & Street City State Zip Code

Original License/Registration number: _____
(in the state to which the form is being forwarded)

Date Issued _____ Social Security Number: _____

I hereby authorize the _____ to furnish the Connecticut Department of Public Health the information requested below.

Signature _____ Date _____

Licensing agency: Please complete the portion below and forward to the address indicated.

This is to certify that the above named individual was issued license/registration number _____
to practice as physical therapist assistant effective _____.

Basis for licensure in your state: Endorsement Examination

Current Status: Active Inactive Lapsed Expiration Date: _____

IMPORTANT

Has the individual ever been subjected to the disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? YES NO . If yes, please forward all publicly discloseable information regarding the individual's status and the basis for same.

Signed: _____ Title: _____

State: _____ Date: _____

Day Time Telephone Number: _____

Email: _____

Please complete and return directly to: Department of Public Health

Physical Therapy Assistant Licensure
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