



State of Louisiana

DEPARTMENT OF HEALTH AND HOSPITALS

Louisiana Physical Therapy Board

104 FAIRLANE DRIVE | LAFAYETTE, LOUISIANA 70507

PHONE 337-262-1043 | FAX 337-262-1054

WWW.LAPTBOARD.ORG | INFO@LAPTBOARD.ORG

VERIFICATION OF LICENSURE

Verification of licensure is available on the Board’s website (Laptboard.org/LicenseSearch). You may search by licensee name, license number, or city. The information reported is the licensee’s name, work address and phone number, type of license, license status, record of other jurisdictions, license issue and expiration dates, and public disciplinary actions. This report may be printed for your records.

If you have ever been licensed in Louisiana and are applying for licensure in another state, you may be required to provide verification of licensure from the Louisiana Physical Therapy Board. Most Boards require that verification be sent directly to them, rather than to the applicant. Please check with the Board you are applying to before you contact us.

A fee of \$40 per state shall be paid to the Louisiana Physical Therapy Board for each written verification that is required (Louisiana Physical Therapy Board Rule §501.A.). The Board will send an official verification with the Louisiana state seal to the other state(s) as requested. You must submit a separate form for each requesting state Board. Verifications will not be processed until the completed request form and payment is received. Verifications are mailed within three business days of receipt of the request and payment.

Methods of PAYMENT:

- 1. Check or Money Order (payable to “Louisiana Physical Therapy Board”)
Mail payment with completed form to the Board office at 104 Fairlane Drive, Lafayette, LA 70507
2. Credit Card (Visa, MasterCard, Discover)
A \$3.00 processing fee will be applied for credit card payments.
Provide a phone number (with area code) for credit card payment over the phone: _____

Methods of SUBMISSION:

- 1. Complete the Online Form on the Board website. You can access the form through your dashboard or by going to www.Laptboard.org/Verification. Please be advised that credit card payments are required for online requests.
2. Mail this form to the Board office at 104 Fairlane Drive, Lafayette, LA 70507
3. Email this form to VerificationRequests@Laptboard.org
4. Fax this form to (337) 262-1054, Attn: Verification of Licensure Request

LICENSEE INFORMATION:
Requestor’s Name as it Appears on License Telephone Number
License Type (PT or PTA) License Number Social Security Number

VERIFICATION IS TO BE SENT TO THE FOLLOWING BOARD:
Name of Licensing Board
Mailing Address (number, street, and apt/suite/building no.) City State Zip Code