



State of Louisiana  
DEPARTMENT OF HEALTH AND HOSPITALS  
**Louisiana Physical Therapy Board**

2110 W. PINHOOK ROAD, SUITE 202 | LAFAYETTE, LOUISIANA 70508  
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 and is considered primary source.

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.

The Board will send an official electronic verification via email 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 is received. Verifications are emailed within three business days of receipt of the request. As of July 2021, hardcopies of verifications are no longer sent.

**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](http://www.Laptboard.org/Verification).
2. **Mail** this form to the Board office at 2110 W Pinhook Road, Suite 202, Lafayette, LA 70508
3. **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
Board Recipient’s Email Address