



ALABAMA STATE BOARD OF OCCUPATIONAL THERAPY



LICENSE VERIFICATION REQUEST FORM

TO REQUEST A LICENSE VERIFICATION TO ANOTHER STATE REGULATORY BOARD, RETURN THIS COMPLETED FORM BY EMAIL ATTACHMENT **(IN PDF FORMAT)** TO: INFO@OT.ALABAMA.GOV WITH THE SUBJECT LINE "LICENSE VERIFICATION"; OR BY FAX TO (334) 353-4465. **PLEASE DO NOT SEND BOTH A FAX AND AN EMAIL.** *LETTERS OF VERIFICATION ARE SENT ELECTRONICALLY OR MAILED DIRECTLY TO THE BOARD OF YOUR REQUEST.*

LICENSE INFORMATION

Last Name

First Name

Middle Name

License Number

Phone Number

Contact Email

BOARD INFORMATION

Name

Address

City / State / Zip Code

Board Contact Email Address (For Electronic Submission)

AUTHORIZATION

I authorize the Alabama State Board of Occupational Therapy to provide any and all information pertaining to my license or application for license to the Board listed above.

Signature

Date

P. O. BOX 304510
MONTGOMERY, AL 36130-4510

Email: info@ot.alabama.gov

Phone: (334) 353-4466
Fax: (334) 353-4465