



Physical Therapy Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Employment Verification For Physical Therapy Applicants

To be completed by your supervisor or personnel manager and returned to the above address.

I certify _____
Name of physical therapist or physical therapist assistant

satisfactorily provided services at this facility in the capacity of a _____

during the time period from _____ to _____

and was supervised by _____
Name of Supervising Licensed Physical Therapist

Facility Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Name and title of person completing this form

Signature _____ Date _____