



Washington State Department of

Health

Physical Therapy Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

## Employment Verification

Complete the first section and forward to your supervisor or personnel manager.

This form must be returned to the department by your supervisor or personnel manager.

### Applicant Demographics:

First Name	Middle	Last Name
Credential # (If available)	Date of Birth	

### To be completed by the supervisor or personnel manager:

I certify that the above named physical therapist or physical therapy assistant satisfactorily provided services at this facility.

Provided services in the following capacity:

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Supervised by (name of supervising licensed physical therapist)

Facility Name

Address

City

State

Zip Code

Phone

Name of supervisor or personnel manager

Title

Signature \_\_\_\_\_ Date \_\_\_\_\_