Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John Kasich
Interim Executive Director
Diane Moore

How to Obtain an Official License Verification

Please note that these instructions are only intended for the following professions:
Occupational Therapists, Occupational Therapy Assistants, Physical Therapist Assistants, and Athletic Trainers

Please note that Official License Verification for Physical Therapist must be submitted through the new eLicense portal (**https://elicense.ohio.gov**). Login to the eLicense portal, then select service request, and select the link to "Submit Verification to Another Entity".

To officially verify your Ohio license to another entity, you must submit a written request that includes the following information:

1. Your name;
2. Your current mailing address;
3. Your daytime phone number;
4. Your Ohio license number and/or your Social Security Number;
5. The mailing address of the entity requiring the verification; and
6. The verification fee.

You may also send the Board a copy of the other entity's verification request form provided that it includes your name and Ohio license number, and you include the verification fee and a daytime phone number.

The fee to officially verify your license to another entity is $15 per request. Please submit a money order, cashier's check, or business check payable to "Ohio Treasurer of State" along with your request. You can also submit a completed "Credit Card Payment Authorization Form" along with your request. Personal check, and/or cash will not be accepted.

Please send the request and verification fee to:

License Verification Request
Ohio OTPTAT Board
77 S. High Street, 16th Floor
Columbus, OH 43215-6108

Verification processing takes approximately 3 business days.

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Credit Card Payment Authorization Form

Credit card payments may be mailed, faxed, emailed, or phoned in to the Board office. **This document will be shredded after your payment is processed.**

Section I: Provide Credit Card Information		
Card Holder Name: (Print First and Last Name)		
Mailing Address, including City, State, and Zip Code:		
Phone Number w/ Area Code:	**Email Address** *(for receipt)*:	
Credit Card Type: ◯ **Master Card** ◯ **Visa** ◯ **Discover**	**Credit Card Number**	
Credit Card Expiration Date	**CVV2/CID#** *(The three digit number on back of card)*:	**Payment Amount ($0.00):**
Section II: Provide Payment Information		
Name of Applicant, if different than card holder name (Print First and Last Name):		
Specify License Type: ◯ OT ◯ OTA ◯ PT ◯ PTA ◯ AT License Number (i.e. AT.000000) if applicable: _____		
Payment for: ◯ Examination Application ◯ Endorsement Application ◯ Reinstatement Application ◯ Restoration Application ◯ Renewal ◯ CE Application ◯ Duplicate Wall Certificate ◯ License Verification ◯ Fine		

_____ Signature

_____ Date

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Phone (614) 466-3774
Fax (614) 995-0816
Email board@otptat.ohio.gov