

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PHYSICAL THERAPY
(717) 783-7134

REACTIVATION APPLICATION - Certificate of Authorization

Print Full Name _____

RETURN TO:

Street Address _____

**State Board of Physical Therapy
PO Box 2649
Harrisburg, PA 17105-2649**

City _____ State _____ Zip Code _____

To renew through **December 31, 2020**, submit completed form and proper fee. Your PT license must be ACTIVE to reactivate your direct access certificate.

DIRECT ACCESS CERTIFICATE NUMBER _____

Name Change	Address Change - show new address below
Indicate new name below. Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.) New Name: _____	

CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING QUESTIONS:

YES	NO	If "YES" to 2, 3, 4 or 5, provide details AND attach certified copies of all related legal documents.
		1. Do you hold a license, certificate, permit, registration, or other authorization to practice a profession or occupation in any state or jurisdiction? If "yes", LIST EACH HERE ➔
		2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration, or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, or registration in any state or jurisdiction?
		4. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit, or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit, or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted, (found guilty or pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: you are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or last renewal, whichever is later, have you had provider privileges denied, revoked, suspended, or restricted by a Medical Assistance agency, Medicare, third party payor, or another authority? terminated by any medical assistance agency for cause?
		8. Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?
		9. Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics, or other drugs or substances that may impair judgment or coordination?
		10. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my certificate being disciplined. **I also verify that I have read and am familiar with the content of the Pennsylvania Physical Therapy Practice Act and regulations of the State Board of Physical Therapy (see www.dos.pa.gov/physther).**

Signature of Certificate Holder: _____ Date: _____ DOB: _____

Physical Therapist license number: PT _____ SSN: _____

SUBMIT PROPER FEE; INCLUDE LATE FEE AS APPLICABLE	Submission of incorrect fee will delay the renewal of your certificate.
RENEWAL FEE of \$45.00 + REACTIVATION FEE of \$30.00 = \$75.00(non-refundable) PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA"	Certificate No: _____ Write this number on payment A \$20.00 fee will be charged for a check returned unpaid by your bank.
LATE FEE: For a PT practicing by direct access in PA on an expired certificate, a late fee of \$5.00 for each month (or part of a month) following the expiration date is due in addition to the renewal and reactivation fees.	PRACTICING ON AN EXPIRED CERTIFICATE MAY RESULT IN DISCIPLINARY ACTION & ADDITIONAL MONETARY PENALTY.

VERIFICATION OF PRACTICE / NON-PRACTICE

*** Your renewal cannot be processed unless this page is completed ***

Name _____

Address _____

License Number _____

Name of Profession _____

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license and/or certification.

(Signature of Licensee)

(Date)

STATE BOARD OF PHYSICAL THERAPY

Requirements for Reactivation of your Pennsylvania Certificate

To reactivate your Direct Access Certificate from inactive/expired status, the current requirements are as follows:

- Complete the reactivation application form.
- Complete the Verification of Practice/Non-Practice form.
- Submit the current renewal fee + reactivation fee. Note: If you have been practicing in Pennsylvania since your license has been expired/inactive, you must also include a \$5.00 per month late penalty fee.
- Submit copies of the certificates of completion for the required continuing education credits. Continuing education regulations can be found at www.dos.pa.gov/physther.