

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

KEEP A COPY OF THIS APPLICATION
 FOR YOUR RECORDS

REACTIVATION APPLICATION - Physical Therapist / PT Assistant

RETURN TO:

Print Full Name _____

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

Street Address _____

City _____ State _____ Zip Code _____

License Number: _____

To renew through **December 31, 2020**, comply with all following instructions.

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 through 9, 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 Since your initial application or last renewal, whichever is later , have you withdrawn an application for a professional or occupational license, certificate, permit, or registration, had an application denied or refused, or for disciplinary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 license 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 Licensee: _____ Date: _____

Social Security Number (required by state law): _____ Date of Birth: _____

SUBMIT PROPER FEE; INCLUDE LATE FEE AS APPLICABLE	Submission of an incorrect fee will delay the renewal of your license.
PHYSICAL THERAPIST: RENEWAL FEE OF \$90.00 + REACTIVATION FEE OF \$30.00 = \$120.00(non-refundable) PHYSICAL THERAPIST ASSISTANT: RENEWAL FEE OF \$45.00 + REACTIVATION FEE OF \$30.00 = \$75.00(non-refundable) MAKE CHECK OR MONEY ORDER PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA"	License No: _____ ← Write this number on your payment A \$20.00 fee will be charged for a check returned unpaid by your bank.
LATE FEE: For a PT / PTA who practiced / is practicing in PA on an expired license, 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 LICENSE MAY RESULT IN DISCIPLINARY ACTION & ADDITIONAL MONETARY PENALTY.

FEES ARE NOT REFUNDABLE. Check or money order must be in "US funds." **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

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 license

If your license has been inactive/expired for less than 5 years, 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. Credits must be obtained within two years prior to reactivation. Course completed over two (2) years ago will be rejected. Continuing education regulations can be found at www.dos.pa.gov/physther .
- The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or DHS approved training in child abuse recognition and reporting requirements as a condition of renewal/reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. For information on approved courses, visit www.dos.pa.gov.

If you have been inactive/expired for over 5 years and you have been licensed and practicing in another state, the following additional documentation is required:

- Completed Reactivation Application
- Completed Verification of Practice/Non-Practice form
- Current renewal fee + reactivation fee
- Curriculum vitae
- Letter(s) of good standing received directly from each state where you hold/held a license to practice as a physical therapist/physical therapist assistant
- Copy of current liability insurance coverage (PTs)
- **If you have been inactive/expired for over 5 years and you have NOT been licensed and practicing in another state, you must retake the national exam. Please see next page.**

STATE BOARD OF PHYSICAL THERAPY
P.O. BOX 2649
HARRISBURG, PA 17105-2649
Phone: 717-783-7134
Fax: 717-787-7769
Email: st-physical@pa.gov
Website: www.dos.pa.gov/physther

REQUEST TO RE-EXAMINE

**TO BE COMPLETED IF YOU HAVE BEEN INACTIVE/EXPIRED FOR
OVER 5 YEARS AND YOU HAVE NOT BEEN LICENSED AND
PRACTICING AS A PHYSICAL THERAPIST/PHYSICAL THERAPIST
ASSISTANT IN ANOTHER STATE**

**Eligibility Application for NPTE Examination For
State Regulation/Licensure-Only Purposes**

Name: _____

Prior Name (if any): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____

Check one of the following:

_____ Physical Therapist

_____ Physical Therapist Assistant

PT school that issued your first professional degree _____

Pennsylvania License Number: _____

***If you do not have your Pennsylvania license number, please go to
www.licensepa.state.pa.us to obtain this information.
You must also register and pay for the NPTE at www.fsbpt.org.**

****PLEASE RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD OFFICE BY
FAX (717-787-7769)
OR
BY MAIL (STATE BOARD OF PHYSICAL THERAPY,
P.O. BOX 2649, HARRISBURG, PA 17105-2649)****