Virginia Department of Health Professions
Board of Physical Therapy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/PhysicalTherapy

(804) 367-4674 (Tel)
(804) 939-5973 (Fax)
Email:
ptboard@dhp.virginia.gov

APPLICATION FOR LICENSURE BY ENDORSEMENT TO PRACTICE PHYSICAL THERAPY

MARK ONLY ONE BOX:

☐ Physical Therapist - $140.00 FEE
☐ Physical Therapist Assistant - $100.00 FEE

All fees must be paid by check or money order made payable to the Treasurer of Virginia. All fees are non-refundable.

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME AND SUFFIX
DATE OF BIRTH _____ _____ _____ MM DD YY	SOCIAL SECURITY NO. OR VA CONTROL NO.*	

ADDRESS OF RECORD**: STREET	CITY	STATE	ZIP CODE
ALTERNATE PUBLIC ADDRESS***: STREET	CITY	STATE	ZIP CODE

HOME PHONE:	WORK PHONE:	MOBILE PHONE:

PRIVATE E-MAIL ADDRESS	PUBLIC E-MAIL ADDRESS

GRADUATION DATE ____ ____ _____ MM DD YY	DEGREE	COLLEGE/UNIVERSITY AND CITY, STATE

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY _____

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER

ACTIVE CLINICAL PRACTICE: Evidence of clinical practice with a current, unrestricted license issued by another U.S. jurisdiction or Canada for at least 320 hours within the past four years (48 months) immediately preceding the application for

licensure. Your employer may email, fax or mail a written letter on company letterhead of your clinical practice verifying dates of employment and the number of hours worked with their original signature.

List in chronological order all professional physical therapy active clinical practice for the past five (5) years immediately preceding application for licensure in Virginia. Practice must be with a current, unrestricted license issued in U.S. providing patient care. (You may use additional paper if needed).

DATES OF PRACTICE		BUSINESS NAME, ADDRESS, AND TELEPHONE NUMBER OF ACTIVE CLINICAL PRACTICE
From (MM/YY)	To (MM/YY)	

OUT OF STATE LICENSURE: List all jurisdictions in which you have been issued a license to practice as a physical therapist or physical therapist assistant: ***active, inactive, or expired***. Indicate license number and date issued. You will need to provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees. (You may use additional paper if needed).

STATE/JURISDICTION	LICENSE NUMBER	ISSUE DATE / STATUS

LICENSURE QUESTIONS

Any supporting documentation related to the questions below should be submitted to:
Virginia Board of Physical Therapy
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

	YES	NO
1. Have you ever been denied to sit for a physical therapy or physical therapy assistant licensure exam? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	☐	☐
2. Have you ever taken the NPTE examination?	☐	☐
3. Have you ever been denied a physical therapy or physical therapy assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	☐	☐
4. Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction?	☐	☐

	YES	NO
5. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).	☐	☐
6. Have you ever had any of the following disciplinary actions taken against your license to practice PT or PTA or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	☐	☐
7. Have you had any malpractice suits brought against you in the last ten years? Provide details. Letters must be submitted by your attorney regarding malpractice suits.	☐	☐
8. Have you requested a current report (Self Query) from NPDB?	☐	☐

CRIMINAL BACKGROUND CHECK (CBC)

	Initials:
1. By entering your initials, you certify that you understand that a Criminal Background Check (CBC) is required by law for all initial applicants. The CBC requirements and process details are available at www.dhp.virginia.gov/PhysicalTherapy	

2. Please list all previous names used (enter N/A if not applicable)

_____

_____

MILITARY SERVICE	YES	NO
9. Are you active-duty military?	☐	☐
10. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, or 2) a veteran who has left active duty service within one year of submission of this application?	☐	☐

ADDITIONAL LICENSURE QUESTIONS	YES	NO
A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation on a separate page.	☐	☐
(A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	☐	☐
B. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity.	☐	☐
(B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	☐	☐

	YES	NO
C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Physical Therapist or Physical Therapist Assistant. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	☐	☐
D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Physical Therapist or Physical Therapist Assistant. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	☐	☐
E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Physical Therapist or Physical Therapist Assistant. If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)	☐	☐
F. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)	☐	☐

AFFIDAVIT OF APPLICANT

I certify that I have carefully read the laws and regulations related to the practice of Physical Therapy, which are available at http://www.dhp.virginia.gov/PhysicalTherapy and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understanding that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

_____ _____

Signature of Applicant Date