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

CHECKLIST AND INSTRUCTIONS FOR APPLICATION FOR REINSTATEMENT AFTER DISCIPLINARY ACTION TO PRACTICE PHYSICAL THERAPY

SUBMIT THE FOLLOWING:

☐ APPLICATION – This application will not be considered until all sections have been completed; must be 18 years of age to apply. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.

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

The fee for reinstatement after suspension is $500.00.

The fee for reinstatement after revocation is $1,000.00.

☐ CONTINUING EDUCATION – Submit evidence of completion of 15 hours of continuing education for the period in which your license has been lapsed, not to exceed four years, by providing copies of the certificates of completion via email, fax, or mail.

☐ VERIFICATION OF ACTIVE 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.

If you don't meet the requirement for active practice, you may be reinstated by completing 320 hours in a traineeship that meets the requirements in 18VAC112-20-140.

☐ VERIFICATION OF LICENSURE – Provide written verification directly from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Please contact each jurisdiction regarding the process of making this request.

☐ NATIONAL PRACTITIONER DATA BANK (NPDB) – You will need to request a current self-query report from the NPDB. There are processing fees for each entity for this service. You may request the report through their website at www.npdb.hrsa.gov. Once the applicant is in receipt of the result, please forward your NPDB self-query via email, fax, or mail to the Board office.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice as a PT/PTA in Virginia until you have been issued a Virginia license or until you have been issued written authorization from the board office to serve a traineeship under the direct supervision of a licensed physical therapist in Virginia.
2. Applications received without the required processing fee will be returned to the sender.
3. Once all documentation has been received, the licensing process takes approximately 10 **business** days. Board staff will contact you at the email address provided on your application with a status update.
4. Applications will remain on file with the board for one year from the date of receipt. If, at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.

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APPLICATION FOR REINSTATEMENT AFTER DISCIPLINARY ACTION TO PRACTICE PHYSICAL THERAPY

MARK ONLY ONE BOX:	**MARK ONLY ONE BOX:**
☐ Reinstatement after suspension	☐ Physical Therapist
☐ Reinstatement after revocation	☐ Physical Therapist Assistant

(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

VERIFICATION OF ACTIVE PRACTICE: List in chronological order all professional physical therapy active clinical practice for the past four (4) years immediately preceding application for reinstatement. (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.

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 a physical therapy or physical therapy assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	☐	☐
2. Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction?	☐	☐
3. 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.).	☐	☐

	YES	NO
4. 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.	☐	☐
5. 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.	☐	☐

ADDITIONAL LICENSURE QUESTIONS	**YES**	**NO**
A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If yes, please provide a full explanation. Note: The Board may ask for additional documentation.	☐	☐
B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If no, please provide a full explanation. Note: The Board may ask for additional documentation.	☐	☐
C. 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.	☐	☐
D. 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.	☐	☐
E. 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