



## WEST VIRGINIA BOARD OF PHYSICAL THERAPY

101 Dee Drive

Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369

### REACTIVATION OF INACTIVE LICENSE

#### INSTRUCTIONS

EFFECTIVE JUNE 1, 2015

**To reactivate your inactive license, please submit the following:**

- Renewal Application – completed and signed
  - Include a list of states where you are or have ever been licensed (active or not) as a PT/PTA.
  - If your name has changed, send a notarized copy of the legal document changing your name with your application request.
- Renewal Fee (\$100 .00 PT/\$60.00 PTA) plus \$25.00 application fee via cashier's check, business check or money order (no cash or personal checks). Fees may be combined into one payment.
- Proof of Continuing Education Compliance – If you mark the box "I have fulfilled the CE requirements" on the application, you may skip the proof of CE instructions below.
  - Refer to "CE Requirements for Reactivation".
- Request verification from any state you are or have ever been licensed (active or not) as a PT/PTA to be sent directly from each state board to our office.

Once all the above requirements are met and satisfied, your license shall be reactivated. If requested, a copy of your license can be faxed to your WV employer (only on the issue date).

#### **BREAKDOWN OF TOTAL FEES:**

PT Renewal & Application Fees - Total \$125.00

PTA Renewal & Application Fees - Total \$85.00

Mail your application and fees (No Cash or Personal Checks) to:

WEST VIRGINIA BOARD OF PHYSICAL THERAPY

101 Dee Drive Charleston, WV 25311

Phone (304) 558-0367 Fax (304)-558-0369

BIENNIAL RENEWAL/INACTIVE STATUS APPLICATION FOR PHYSICAL THERAPIST

Type or print in ink. (You are required by law to report in writing any changes as they occur.)

LICENSE#	<input type="checkbox"/> RENEWAL - \$100.00	<input type="checkbox"/> VOLUNTEER RENEWAL	<input type="checkbox"/> INACTIVE - \$25.00	
<input type="checkbox"/> I have fulfilled the CE requirements as stated in the "CE Requirements for Reactivation".				
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST	MAIDEN/FORMER
HOME STREET ADDRESS	CITY	STATE OR PROVINCE:		ZIP CODE
COUNTY	COUNTRY	US Citizen (Yes/No)	HOME PHONE	CELL PHONE
EMAIL ADDRESS				

<b>EMPLOYER INFORMATION</b>					
COMPANY					
STREET ADDRESS		CITY	STATE OR PROVINCE:	ZIP CODE	COUNTY
PHONE		FAX	EMAIL		

<b>PREFERRED ADDRESS – The records of this Board are considered public record. If you do not wish to disclose your home address, phone, or email, please provide your preferred information where you can reliably receive mail pertaining to your license.</b>					
IT IS OK TO USE MY HOME ADDRESS? <input type="checkbox"/> YES IT IS OK TO USE MY HOME ADDRESS <input type="checkbox"/> NO, USE MY EMPLOYER ADDRESS <input type="checkbox"/> NO, USE THE ADDRESS LISTED BELOW					
COMPANY NAME (IF APPLICABLE)		PREFERRED PHONE	PREFERRED EMAIL ADDRESS		
PREFERRED STREET ADDRESS	CITY	STATE OR PROVINCE:	ZIP CODE	COUNTY	

**QUESTIONS –** If the answer to any of the questions below is "Yes", send a typed letter of full explanation and official notarized copies of the charge(s) and convictions(s), including penalty. Answering "Yes" to any of these questions is not necessarily a reason for the Board to deny licensure, but may lead to further inquiry or investigation. Applications with "Yes" answers will be placed on hold until the next Board meeting for Board review and consideration.

1. Do you currently have any physical or mental condition which may impair your ability to practice physical therapy as a physical therapist?  
If so, Please explain. Yes \_\_\_ No \_\_\_
2. Does your current use of alcohol or chemical substance(s), including, but not limited to, prescriptions medication(s), in any way impair or limit your ability to practice physical therapy as a physical therapist with reasonable skill and safety? If so, Please explain. Yes \_\_\_ No \_\_\_
3. Have you ever been denied the right to take an examination for licensure as a physical therapist in any state and/or jurisdiction that has not previously been reported to this Board? If so, Please explain. Yes \_\_\_ No \_\_\_
4. Have you ever held, or do you currently hold a restricted license to practice physical therapy as a physical therapist in any other state and/or jurisdiction that has not previously been reported to this Board? If so, Please explain. Yes \_\_\_ No \_\_\_
5. Are you currently under investigation by any state licensing board? If so, Please explain. Yes \_\_\_ No \_\_\_
6. Have you ever had a complaint filed against you as a physical therapist in any other state and/or jurisdiction that has not previously been reported to this Board? If so, Please explain. Yes \_\_\_ No \_\_\_
7. Have you ever surrendered your license to practice physical therapy as a physical therapist as result of pending disciplinary action, or in settlement of disciplinary action in any state and/or jurisdiction that has not previously been reported to this Board? If so, Please explain. Yes \_\_\_ No \_\_\_
8. Have you ever been disciplined including, but not limited to, revocation, suspension, probation, or reprimand to practice physical therapy as a physical therapist by any state licensing board that has not previously been reported to this Board? If so, Please explain. Yes \_\_\_ No \_\_\_
9. Have you ever been convicted of a misdemeanor that has not previously been reported to this Board? If so, give particulars including the date of conduct, state and local jurisdiction in which the charges were filed. Yes \_\_\_ No \_\_\_
10. Have you ever been convicted of a felony that has not previously been reported to this Board? If so, give particulars including the date of conduct, state and local jurisdiction in which the charges were filed. Yes \_\_\_ No \_\_\_

**I certify the information reported on this form is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed