



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369

REACTIVATION OF INACTIVE LICENSE INSTRUCTIONS

Please contact our office to verify the status of your license before submitting a reactivation request.

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

2 Players Club Drive Suite 102, 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". If not checked, license will not be renewed.				
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST	MAIDEN/FORMER
HOME STREET ADDRESS		CITY	STATE/PROVINCE	ZIP CODE
COUNTY	US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL PHONE	EMAIL ADDRESS

EMPLOYER INFORMATION					
COMPANY NAME					
STREET ADDRESS		CITY	STATE/PROVINCE	ZIP CODE	COUNTY
PHONE		FAX	EMAIL		

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 correspondence pertaining to your license.					
IS IT OK TO USE YOUR 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/PROVINCE	ZIP CODE	COUNTY

QUESTIONS – If you answer yes to any of the questions below, you must include a typed letter of full explanation and notarized copies of the charge(s) and conviction(s), including penalty. Answering yes to any of these questions is not necessarily a reason for the board to deny renewal, but may lead to further inquiry or investigation. Applications with yes answers will be placed on hold until the next board meeting for review and consideration.

- Do you currently have any physical or mental condition which may impair your ability to practice as a physical therapist? If so, please explain. Yes ___ No ___
- Does your current use of alcohol or chemical substance(s), including, but not limited to, prescription medication(s), in any way impair or limit your ability to practice as a physical therapist with reasonable skill and safety? If so, please explain. Yes ___ No ___
- Have you ever been denied the right to take an examination for licensure as a physical therapist in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Have you ever held, or do you currently hold a restricted license to practice as a physical therapist in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Are you currently under investigation as a physical therapist in any other jurisdiction? If so, please explain. Yes ___ No ___
- Have you ever had a complaint filed against you as a physical therapist in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Have you ever surrendered your license to practice as a physical therapist as result of pending disciplinary action, or in settlement of disciplinary action in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- Have you ever been disciplined, including, but not limited to, revocation, suspension, probation, or reprimand, as a physical therapist in any other jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
- 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 and state and local jurisdiction in which the charges were filed. Yes ___ No ___
- 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 and 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