



INACTIVE STATUS APPLICATION FOR PT/PTA

\$25.00 FEE (NO CASH)

Mail your application and fee to:
WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive Suite 102, Charleston, WV 25311

Form with fields: LICENSE#, FIRST NAME, MIDDLE INITIAL, LAST, MAIDEN/FORMER, HOME STREET ADDRESS, CITY, STATE/PROVINCE, ZIP CODE, COUNTY, US Citizen (YES/NO), HOME PHONE, CELL PHONE, EMAIL ADDRESS

EMPLOYER INFORMATION form with fields: COMPANY, SUPERVISING PT (FOR PTA ONLY), STREET ADDRESS, CITY, STATE/PROVINCE, ZIP CODE, COUNTY, PHONE, FAX, EMAIL

PREFERRED ADDRESS form with fields: 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.

- 1. Do you currently have any physical or mental condition which may impair your ability to practice as a physical therapist?
2. 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?
3. 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?
4. 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?
5. Are you currently under investigation as a physical therapist in any other jurisdiction?
6. 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?
7. 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?
8. 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?
9. Have you ever been convicted of a misdemeanor that has not previously been reported to this board?
10. Have you ever been convicted of a felony that has not previously been reported to this board?

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

Signature

Date Signed