

BOARD USE ONLY	
Date Received	
Application Fee	
Licensure Fee	
Exam Fee	
Temp Fee	
Temp Dates	
License/Reactivation Date	
Delinquent	
Inactive	



**WEST VIRGINIA  
BOARD OF PHYSICAL THERAPY  
LICENSURE APPLICATION FOR PT/PTA**

PHOTO INSTRUCTIONS	
1	Must be approximately 2 ½ x 3” color photo of your head and shoulders only taken within the year you are applying for licensure.
2	No group photos. No photocopies.
3	Digital photos and scans must be on good quality photo paper.
4	Sign and print your name in ink on lower back of photo.
5	Attach photo here with paperclip. Do not use staples or tape.

**Application for licensure expires one year from the signature date. If you have not received a license within one year of this date, you must submit a new licensure application with the \$25.00 application processing fee.**

Type or print in ink. Do not omit any information. If not known or not applicable, mark N/A (not applicable).

**LICENSE TYPE (CHOOSE ONE)** PT PTA

**LICENSING VIA (CHOOSE ONE)** EXAMINATION ENDORSEMENT (LICENSED IN ANOTHER STATE) REACTIVATION

**If not licensed in another state**, have you previously taken the NPTE, or are you registered to take the NPTE through another state?

YES  NO If yes, list state(s) and date(s) tested.

State:\_\_\_\_\_ Date:\_\_\_\_\_ State:\_\_\_\_\_ Date:\_\_\_\_\_ State:\_\_\_\_\_ Date:\_\_\_\_\_ State:\_\_\_\_\_ Date:\_\_\_\_\_

**If licensed in another state**, list exam taken for licensure. FSBPT:\_\_\_\_\_ PES:\_\_\_\_\_ ASI:\_\_\_\_\_ OTHER:\_\_\_\_\_

Date of Exam:\_\_\_\_\_ State:\_\_\_\_\_

APPLICANT INFORMATION						
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST	MAIDEN/FORMER		
SOCIAL SECURITY #	DATE OF BIRTH (MM/DD/YR)	AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS		
HOME STREET ADDRESS	CITY	STATE OR PROVINCE	ZIP CODE			
COUNTY	COUNTRY	US Citizen (Yes/No)	HOME PHONE	CELL PHONE		

RECORD OF BIRTH			
BIRTHDATE (MM/DD/YR) / /	CITY OF BIRTH	STATE OF BIRTH	COUNTRY OF BIRTH

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

EDUCATION– Use additional paper if necessary.					
	SCHOOL NAME	CITY/STATE	DATES ATTENDED	MAJOR	DEGREE/CERTIFICATE
COLLEGE					
COLLEGE					
COLLEGE					
POSTGRAD					

JURISDICTIONS in which you are or have ever been credentialed (active or not) in any profession. Use additional paper if necessary.				
STATE	PROFESSION	LICENSE/REGISTRATION #	DATE ISSUED	EXPIRATION DATE

<b>CURRENT EMPLOYMENT</b> <input type="checkbox"/> Check here if none.				
EMPLOYER		STREET ADDRESS		
CITY	STATE OR PROVINCE	ZIP CODE	COUNTY	
PHONE NUMBER	FAX NUMBER	START DATE	CONTACT PERSON/TITLE	

EMPLOYMENT HISTORY – List in chronological order positions held as a PT or PTA. Use additional paper if necessary.			
EMPLOYER	ADDRESS	PHONE	DATES TO/FROM

**QUESTIONS - If you answer yes to any of the questions below, you must include a typed letter of full explanation and official notarized copies of the charge(s) and conviction(s), including penalty with your licensure application and fees. 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 are placed on hold for Board review and consideration at the next scheduled Board meeting.**

1. Do you currently have any physical or mental condition which may impair your ability to practice as a physical therapist or physical therapist assistant? If so, please explain. Yes\_\_\_ No\_\_\_
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 or physical therapist assistant 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 or physical therapist assistant in any 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 as a physical therapist or physical therapist assistant in any other 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 or physical therapist assistant in any other 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 as a physical therapist or physical therapist assistant as a result of pending disciplinary action or in settlement of disciplinary action in any 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, as a physical therapist or physical therapist assistant 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 and 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 and state and local jurisdiction in which the charges were filed. Yes\_\_\_ No\_\_\_

Pursuant to West Virginia Code §48-15-303, each applicant for licensure must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- 1. Do you have a child support obligation? Yes \_\_\_ No\_\_\_
- 2. If the answer to question 1, above, is yes, are you in arrearage? Yes \_\_\_ No\_\_\_
- 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payment for six (6) months? Yes \_\_\_ No\_\_\_
- 4. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No\_\_\_

If you make a false statement concerning any question on this application, you may be subject to disciplinary action, including, but not limited to, immediate revocation or suspension of your license.

**THIS APPLICATION MUST BE NOTARIZED.**

Read the following, then, in the presence of a notary, sign and date.

I, \_\_\_\_\_, affirm that this application contains no willful misrepresentation or falsifications, and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application for licensure via examination or endorsement by the West Virginia Board of Physical Therapy will be rejected. I am also aware that, should investigation at any time disclose any such misrepresentation or falsification after my application for licensure via examination or endorsement by the West Virginia Board of Physical Therapy has been approved, my West Virginia license may be subject to disciplinary action and/or revocation.

I certify that I have not, am not, and will not practice or hold myself out as being able to practice physical therapy in the state of West Virginia until authorization to do so has been granted by the West Virginia Board of Physical Therapy.

I hereby authorize any of my employers or associates to give to the West Virginia Board of Physical Therapy any information concerning statements herein.

\_\_\_\_\_  
Signature of Applicant Date

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

Printed Name: \_\_\_\_\_



My commission expires \_\_\_\_\_.

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Mail application and fees **(NO PERSONAL CHECKS OR CASH)** to:  
West Virginia Board of Physical Therapy  
2 Players Club Drive, Suite 102  
Charleston, WV 25311  
Phone: (304) 558-0367  
Fax: (304) 558-0369  
E-mail: [wvbopt@wv.gov](mailto:wvbopt@wv.gov) Web: [www.wvbopt.com](http://www.wvbopt.com)



## WEST VIRGINIA BOARD OF PHYSICAL THERAPY

2 Players Club Drive, Suite 102  
Charleston, West Virginia 25311

Telephone: (304) 558-0367 Fax: (304) 558-0369  
www.wvbopt.com

### PRIVACY NOTICE SUMMARY

#### WHAT INFORMATION WE COLLECT AND WHY WE COLLECT IT

- We collect your personal and non-personal information to obtain required data to issue a Physical Therapist license, Physical Therapist Assistant license, or Athletic Trainer registration.
- We collect your name, address, telephone numbers, email address, date of birth, social security number, signature, photo, employment, and criminal information.
  - Date of birth and social security numbers are only collected for board use and only shared with the Federation of State Boards (FSBPT).

#### HOW WE USE YOUR INFORMATION

We share your personal information with or for the following reasons:

- Federation of State Boards of Physical Therapy (FSBPT)
- Mailing List
- Verifications
- Office of the Inspector General (OIG)
- Freedom of Information Act (FOIA)
- Biennium Report that is required by the Legislature
- Healthcare Practitioner Data Bank (HPDB-HIPDB)
- Medicare/Medicaid
- Disciplinary actions are posted on our website.
- As a state agency, we may have to give your information to authorities after receiving a legal request or a court order or subpoena.
- Documents that contain your personal and non-personal information are scanned and stored in a computer server and manually filed in secured filing cabinets.
- We use an encrypted security program to protect your personal information.
- Any document, correspondence, or records submitted in connection with your application may be open to public inspection.

#### REVIEWING AND CORRECTING YOUR RECORD – INDIVIDUAL RIGHTS

- You have the right to review your information. If you find something is not accurate, contact us in writing to request a correction.
- To make a name change to your license or registration, you must complete the appropriate forms and provide evidence of change.
- To change your contact and company information, you must send a request in writing.

#### PREFERRED CONTACT INFORMATION

- If you do not wish to disclose your home address or phone number, you should provide an alternative address and phone number where you can reliably be contacted. You may enter the alternative address on our applications/renewals under "Preferred Address" or you may contact our Board in writing with your preferred address, phone number, and email address.

#### FOR MORE INFORMATION

- Visit our website at [www.wvbopt.com](http://www.wvbopt.com) or email our office at [wvbopt@wv.gov](mailto:wvbopt@wv.gov).