



## APPLICATION CHECKLIST AND INSTRUCTIONS FOR REACTIVATION (INACTIVE TO ACTIVE)

### SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed.
- FEE – All fees are non-refundable and must be paid by check or money order made payable to the “Treasurer of Virginia.”
  - The application fee for Physical Therapists is \$65.00.
  - The application fee for Physical Therapist Assistants is \$40.00.
- CONTINUING EDUCATION – You must submit copies of certificates for the completion of 15 hours of continuing education for each year in which the license has been inactive, not to exceed four years.
- VERIFICATION OF PRACTICE – You must provide originally signed documentation directly from your employer on company letterhead verifying the dates of employment and hours worked of active practice in physical therapy in another United States jurisdiction or Canada for at least 320 hours within the past four years (48 months) immediately preceding the application for reactivation.

An applicant who has not actively practiced physical therapy for at least 320 hours within the four (4) years immediately preceding their application for licensure shall successfully complete 320 hours in a traineeship in accordance with the requirements in [18VAC112-20-140](#).

- VERIFICATION OF LICENSURE – You must provide written verification directly from the issuing regulatory authority, in all United States, its territories, the District of Columbia, or Canadian jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses.

### GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice physical therapy 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. Virginia is unable to license a person trained as a Physical Therapist to become licensed as a Physical Therapist Assistant unless they have also graduated from a Physical Therapist Assistant education program [[§54.1-3478](#)].
3. Applications received without the required processing fee will be returned to the sender.
4. Documentation may be submitted electronically to [ptboard@dhp.virginia.gov](mailto:ptboard@dhp.virginia.gov). Documentation related to affirmative answers to the licensure questions must be submitted to the Board in their original format by mail if requested by the Board.
5. Once all documentation has been received, the licensing process can take up to 30 days. Board staff will contact you at the email address provided on your application with a status update.
6. 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.



## APPLICATION FOR REACTIVATION **(INACTIVE TO ACTIVE)** TO PRACTICE PHYSICAL THERAPY

**MARK ONLY ONE BOX:**

- Physical Therapist License Number: 2 3 0 5 - \_\_\_\_\_
- Physical Therapist Assistant License Number: 2 3 0 6 - \_\_\_\_\_

**(PLEASE PRINT IN BLUE OR BLACK INK)**

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER OR VIRGINIA DMV CONTROL NUMBER*		
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN/OTHER NAME(S), IF APPLICABLE	

\*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.**

**ADDRESS OF RECORD INFORMATION**

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.

ADDRESS STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	OTHER PHONE NUMBER		
E-MAIL ADDRESS			

**PUBLISHED INFORMATION**

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.

ADDRESS STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		

**VERIFICATION OF LICENSURE:** List all United States, its territories, the District of Columbia, or Canadian jurisdictions in which you have been issued a physical therapy, including active, inactive, or expired licenses. You may use additional paper if needed.

STATE/JURISDICTION	LICENSE NUMBER	ISSUE DATE / STATUS

**AFFIDAVIT OF LICENSEE**

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 reactivation process shall not be refunded.

I certify by my signature below: I am the person reactivating my licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify that 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 understand that providing false or misleading information, as well as omitting information, in response to information required in this reactivation or as part of the reactivation process is considered falsification of the reactivation 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 LICENSEE

\_\_\_\_\_  
DATE