



## APPLICATION CHECKLIST AND INSTRUCTIONS FOR **REINSTATEMENT** TO PRACTICE PHYSICAL THERAPY

### 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 \$180.00.
  - The application fee for Physical Therapist Assistants is \$120.00.
- ☐ NATIONAL PRACTITIONER DATA BANK (NPDB) – You must request a current self-query report from the [NPDB](http://NPDB) and forward your report results to the Virginia Board.
- ☐ CONTINUING EDUCATION – You must submit copies of certificates for the completion of 15 hours of continuing education for the period in which your license has been lapsed, not to exceed four years (a maximum of 60 hours).
- ☐ 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 licensure.

If you don't meet the requirement for active practice, you may be reinstated by completing 320 hours in a traineeship that meets the requirements in [18VAC112-20-140](http://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. Applications received without the required processing fee will be returned to the sender.
3. Documentation may be submitted electronically to [ptboard@dhp.virginia.gov](mailto:ptboard@dhp.virginia.gov); however, certain information must be submitted from the primary source for items such as official transcripts (through services such as Parchment or eScripts), verifications of licensure from other jurisdictions, and work experience from employers. 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.
4. Once all documentation has been received, the reinstatement process can take up to 30 days, except in cases involving reinstatement after suspension or revocation, which take longer to process. Board staff will contact you at the email address provided on your application with a status update.
5. 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.



Virginia Department of  
**Health Professions**  
Board of Physical Therapy

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
[www.dhp.virginia.gov/PhysicalTherapy](http://www.dhp.virginia.gov/PhysicalTherapy)

(804) 367-4674 (Tel)  
(804) 939-5973 (Fax)  
Email:  
[ptboard@dhp.virginia.gov](mailto:ptboard@dhp.virginia.gov)

## APPLICATION FOR **REINSTATEMENT** TO PRACTICE PHYSICAL THERAPY

### MARK ONLY ONE BOX:

- ☐ Physical Therapist  
☐ Physical Therapist Assistant

☐ **For PTs Only:** Check here if you previously held a Direct Access Certification  
Direct Access Certification Number: 2 3 0 7 -

### (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	
VIRGINIA LICENSE NO.		

\*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

**LICENSURE QUESTIONS**

Any supporting documentation related to the questions below should be submitted to:  
Virginia Board of Physical Therapy  
Perimeter Center  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233

	YES	NO
1. Have you ever been denied to sit for a physical therapy or physical therapy assistant licensure exam? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a physical therapist or physical therapist assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed.  Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had any of the following disciplinary actions taken against your license to practice PT or PTA or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
6. Have you had any malpractice suits brought against you (pending or closed) in the past ten (10) years? If yes, how many? _____ If yes, please provide the information below and submit a narrative of each case on separate paper.	<input type="checkbox"/>	<input type="checkbox"/>

DATE OF INCIDENT (mm/dd/yyyy)	VERDICT/SETTLEMENT AMOUNT (if any)

MILITARY SERVICE	YES	NO
7. Are you active-duty military?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, <u>or</u> 2) a veteran who has left active duty service within one year of submission of this application?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL LICENSURE QUESTIONS	YES	NO
A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If yes, please provide a full explanation. Note: The Board may ask for additional documentation.	<input type="checkbox"/>	<input type="checkbox"/>
B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If no, please provide a full explanation. Note: The Board may ask for additional documentation.	<input type="checkbox"/>	<input type="checkbox"/>
C. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation on a separate page.	<input type="checkbox"/>	<input type="checkbox"/>
D. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity.	<input type="checkbox"/>	<input type="checkbox"/>
E. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.	<input type="checkbox"/>	<input type="checkbox"/>

#### AFFIDAVIT OF APPLICANT

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 application process shall not be refunded.

I certify by my signature below: I am the person applying for 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 application or as part of the application process is considered falsification of the application 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 Applicant

\_\_\_\_\_  
Date