

**DUE BEGINNING 10/01/19 AND SHOULD BE RECEIVED NO LATER THAN 12/15/19**

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 requirement of 24 WV Board approved hours as stated in Legislative Rule §16-1-10. If not checked, license will not be renewed.		DID YOU UTILIZE THE EMERGENCY/TEMPORARY ABSENCE RULE? <input type="checkbox"/> NO <input type="checkbox"/> *YES *If you mark yes, you must include the emergency/temporary absence form.	
FULL LEGAL NAME FIRST	LAST	MI	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	

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

<b>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.</b>				
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 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 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 jurisdiction including this board? If so, please explain. Yes \_\_\_ No \_\_\_
- Have you ever had a complaint filed against you as a physical therapist in any 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 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 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