

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 ASSISTANT

Type or print in ink. (You are required by law to report in writing any changes as they occur.)

LICENSE#	<input type="checkbox"/> RENEWAL - \$60.00	<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.			
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			

EMPLOYER INFORMATION				
COMPANY NAME		Supervising PT		
STREET ADDRESS	CITY	STATE/PROVINCE	ZIP CODE	COUNTY
PHONE	FAX	EMAIL		

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.				
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 assistant? 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 assistant 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 assistant in any state and/or 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 assistant in any state and/or 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 assistant by any jurisdiction, including this board? If so, please explain. Yes ___ No ___
- Have you ever had a complaint filed against you as a physical therapist assistant 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 assistant 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 assistant 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