



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

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 ☐AT

Requirements to be submitted via email with application:

- Clear photo of your head and shoulders only taken within the year you are applying for licensure
- Proof of West Virginia Residency: Please check one: ___West Virginia Driver's License ___West Virginia issued ID ___West Virginia Voter Registration Card

Pursuant to W. Va. Code §30-1-27, a person shall be granted an occupational or professional license, registration, or certificate if the person has been licensed or certified in another state, the license, registration, or certificate is in the same discipline and at the same practice level as the license, registration, or certificate for which the person is applying in this state and the person meets other conditions prescribed by W. Va. Code §30-1-27.

APPLICANT INFORMATION					
FULL LEGAL NAME FIRST		MIDDLE INITIAL	LAST		MAIDEN/FORMER
SOCIAL SECURITY #	FSBPT ID #	AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS (REQUIRED)	
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 <i>or have ever been</i> credentialed (active or not) in any profession. Use additional paper if necessary.				
STATE	PROFESSION	LICENSE/REGISTRATION #	DATE ISSUED	EXPIRATION DATE

CURRENT EMPLOYMENT <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.

- Have you ever been convicted of, pled guilty or no contest to, or entered into diversion in lieu of prosecution for any criminal offense in and jurisdiction of the United States or foreign country? **If yes, you must submit an explanatory narrative, police reports, court documents, Board orders/agreements, fine/restitution receipts, etc.** Yes___ No___
- Have you ever had an application for a professional or occupational license, certificate, or registration, other than a driver’s license, denied, rejected, suspended, or revoked by any jurisdiction of the United States or foreign country? **If yes, please explain.** Yes___ No___
- Are you currently or have you been under investigation, suspension, or restriction by a professional licensing board in any jurisdiction of the United States or foreign country for any act that occurred in that jurisdiction that would be the subject of discipline under this Board? **If yes, please explain.** Yes___ No___
- Have you ever been the subject of disciplinary action by a professional association or post-secondary educational institution? **If yes, please explain.** Yes___ No___
- Have you ever held, or do you currently hold a restricted license to practice as a physical therapist, physical therapist assistant or athletic trainer in any other jurisdiction? **If yes, please explain.** Yes___ No___
- Are you currently under investigation by any state licensing board? **If yes, please explain.** Yes___ No___
- Have you ever had a complaint filed against you as a physical therapist, physical therapist assistant or athletic trainer in any other jurisdiction? **If yes, please explain.** Yes___ No___
- Have you ever surrendered your license to practice as a physical therapist, physical therapist assistant or athletic trainer as a result of pending disciplinary action or settlement of disciplinary action in any jurisdiction? **If yes, please explain.** Yes___ No___
- Have you ever had a malpractice judgement against you, have a lawsuit currently pending for malpractice, or entered into a settlement from a malpractice suit? **If yes, please explain.** Yes___ No___
- Have you been the subject of any criminal investigation by a federal, state, or local agency or had criminal charges filed against you? **If yes, you must upload an explanatory narrative, police reports, court documents, Board orders/agreements, fine/restitution receipts, etc. to attach to the question.** Yes___ No___

11. Do you have any impairment to your cognitive, communicative, or physical ability to engage in the practice of physical therapy with skill and safety? **If yes, please explain.** Yes___ No___
12. Within the past 10 years, have you used alcohol, any illegal chemical substance, or prescription medicine that in any way has impaired or limited your ability to practice physical therapy with skill and safety? **If yes, please explain.** Yes___ No___
13. Within the past 10 years, have you been diagnosed as having or are you being treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorders that in any way have impaired or limited your ability to practice physical therapy with skill and safety? **If yes, please explain.** Yes___ No___
14. Have you taken the NPTE? If yes, then enter the State where you took the NPTE. _____.
15. When you were licensed/certified, did the state require passage of an examination? Yes___ No___
16. When you were licensed/certified, if applicable, were there work experience and clinical supervision requirements in effect? Yes___ No___
17. Are you a United States citizen? **If no, please indicate country of citizenship.** Yes___ No___
18. Are you a West Virginia Resident? You must provide proof of residency by providing a West Virginia driver's license, WV state issued ID or West Virginia voters registration. Yes___ No___
19. Does any of your supplied or supporting documentation display a name that is different from the name you've provided on your application? **(If yes, please enter any other names.)** 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.

Read the following, then, 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

Email application to: E-mail: wvbopt@wv.gov