



## Physical Therapist and Physical Therapist Assistant Application for Examination and/or Licensure

All items in this application are mandatory. If not applicable, use N/A. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure pursuant to Section 2605 of the California Business and Professions Code which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Boards of Physical Therapy, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the Information Practices Act.

SECTION 1: PERSONAL INFORMATION				
<b>First Name</b>		<b>Middle Name</b>		<b>Last Name</b>
<b>Previous Names</b> (include maiden name)				
<b>Social Security Number or Individual Tax Identification Number</b>			<b>Date of Birth</b>	
<b>Work Phone</b> - -		<b>Daytime Phone</b> - -		<b>Email Address</b>

SECTION 2: ADDRESS INFORMATION					
The Address of Record is used for all official correspondence and is public information. The Address of Record may be a business address or P.O. Box. Your Residence Address is the address where you live and <b>CANNOT</b> be a P.O. Box. The Residence Address is confidential. If your Address of Record and Residence Address are the same, enter that address in both sections.					
<b>Address of Record:</b>					
Street or P.O. Box		City	State	Zip	Country
<b>Residence Address:</b>					
Street		City	State	Zip	Country

SECTION 3: MILITARY QUESTIONS	
1. Have you served, or are you currently serving, in the U.S. Armed Forces?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Are you requesting expediting of this application for honorable discharged members of the U.S. Armed Forces?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Must supply satisfactory evidence of being honorably discharged from being an active duty member of the U.S. Armed Forces.</i>	
3. Are you requesting expediting of this application for spouses or domestic partners of an active duty member of the U.S. Armed Forces?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>Must supply satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in California under official orders, and a current license in another U.S. licensing jurisdiction.</i>	

SECTION 4: APPLICATION TYPE
<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Physical Therapist Assistant

## SECTION 5: EDUCATION

**Graduate of an Accredited Program** (Complete section 5A.)

*Graduates of CAPTE or PEAC accredited PT or PTA programs only.*

*Transitional and post-professional programs are NOT accredited programs.*

**Graduate of a Non-Accredited Program Located Outside the U.S.** (Complete section 5B.)

*Refer to BPC 2653 and CCR 1398.26.1.*

*Certification of educational equivalency from an approved credential evaluation agency is required.*

**Equivalent Training or Experience** (Complete section 5C.)

*Refer to BPC 2639.1 and CCR 1398.47.*

### SECTION 5A. Graduate of an ACCREDITED PT or PTA program (Provide P1E form.)

Name of College or University:

Degree Obtained	Location (state, province, country)	Period of Attendance	
		From:	To:

### SECTION 5B. Graduate of a NON-ACCREDITED program located outside the U.S. (Provide P1F or P1G form.)

Name of College or University:

Degree Obtained	Location (state, province, country)	Period of Attendance	
		From:	To:

### SECTION 5C. Equivalent Training or Experience (As applicable, provide transcripts, PTA Equivalency Coursework Checklist and V1 form.)

Name of College, University or Military Program:

Degree Obtained	Location (state, province, country)	Period of Attendance	
		From:	To:

## SECTION 6. EXAMINATIONS

1. Have you previously taken the NPTE in California and/or another U.S. licensing jurisdiction?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> PT Exam <input type="checkbox"/> PTA Exam
2. Have you ever failed the NPTE in California and/or another U.S. licensing jurisdiction?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> PT Exam <input type="checkbox"/> PTA Exam
3. If you answered "Yes" to either of the above, identify the U.S. licensing jurisdiction in which you sat for the exam:		Date(s):
4. Do you have a disability/impairment which will require reasonable accommodations for the examination(s)? If yes, complete the D1 form.		<input type="checkbox"/> No <input type="checkbox"/> Yes

## SECTION 7. LICENSE INFORMATION

1. Have you previously applied for physical therapist or physical therapist assistant licensure in California?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date(s):		
2. Have you ever been issued a physical therapist or physical therapist assistant license in any state, district, or territory of the U.S.?		<input type="checkbox"/> No <input type="checkbox"/> Yes		
3. If you answered "Yes" to question 2, complete the section below listing ALL current and expired licenses. You are required to have a current license in another U.S. licensing jurisdiction in order to qualify for endorsement. Please use a separate sheet of paper if necessary.				
License Type	Licensing Jurisdiction	License No.	Issue Date	Exp. Date
<input type="checkbox"/> PT <input type="checkbox"/> PTA				
<input type="checkbox"/> PT <input type="checkbox"/> PTA				
4. If you answered "Yes" to question 2, do you have work experience as a licensed physical therapist or physical therapist assistant in any jurisdiction you listed above?				<input type="checkbox"/> No <input type="checkbox"/> Yes

*If you answered "Yes" and you are a graduate of a NON-ACCREDITED program located outside the U.S., include a resume and the Work Verification form.*

**SECTION 8. BACKGROUND INFORMATION**

<b>1.</b> Has any disciplinary action ever been filed or taken against any healing arts license (including a certificate, approval, authorization, etc.) which you now hold or have ever held, including California? Include any disciplinary actions by the U.S. military, U.S. Public Health Service, other federal government entity and any state or country.				<input type="checkbox"/> No <input type="checkbox"/> Yes
State or Country	Date	Charge	Disposition	
<i>If you answered "Yes" to question 1, provide an explanation of the details, certified copies of the disciplinary order and any documentation of rehabilitation.</i>				
<b>2.</b> Have you ever voluntarily surrendered or been denied a license to practice any healing art, or denied permission to take an examination in any state (including California), territory, or any country?				<input type="checkbox"/> No <input type="checkbox"/> Yes
State or Country	Date	Charge	Disposition	
<i>If you answered "Yes" to question 2, provide an explanation of the details, copies of any order and any documentation of rehabilitation.</i>				
<b>3.</b> Are you required to register as a sex offender pursuant to Section 290 of the Penal Code?				<input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you are required to register as a sex offender for any reason other than a misdemeanor conviction under Section 314 of the Penal Code, pursuant to Section 2660.5 of the Business and Professions Code, the PTBC must deny your physical therapist or physical therapist assistant application.</i>				
<b>4.</b> If you answered "Yes" to question 3, is the sole reason you are required to register because you were convicted of a misdemeanor under Section 314 of the Penal Code?				<input type="checkbox"/> No <input type="checkbox"/> Yes

**SECTION 9. IDENTIFICATION**

**PHOTOGRAPH INSTRUCTIONS:** Attach one (1) current (no older than 60 days) color 2x2 passport style photo. Group or cropped photos will not be accepted.

Photograph was taken on or about \_\_\_\_\_.

Age	Hair Color	Eye Color	Height	Weight	Identifying Marks



**SECTION 10: DECLARATION**

**Applicant signature in blue ink required.**

I understand that falsification or misrepresentation of any item or response on the application or any attachment hereto is a sufficient basis for denying or revoking a license.

I declare under penalty of perjury under the laws of the State of California that the information given above is true, correct and that I have read the attached Mandatory Reporting Obligations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALERT:** Effective July 1, 2012, the PTBC is required to suspend a license if a licensee has outstanding tax obligations due to the Franchise Tax Board (FTB) or the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100,000. (*AB 1424, Perea, Chapter 455, Statutes of 2011*)

Once it has been determined a licensee is on a certified list, the licensee has 90 days from the issuance of a "Preliminary Notice of the Intent to Suspend" to either satisfy all outstanding tax obligations or enter into a payment installment program with the FTB or BOE. If the licensee fails to come into compliance they will have their license suspended until the PTBC receives a release from the FTB or BOE.

The FTB and BOE are currently expanding the certified lists from 250 to 500, but you can check if you are currently on the FTB's certified list at: [www.ftb.ca.gov/individuals/txdlnqnt.shtml](http://www.ftb.ca.gov/individuals/txdlnqnt.shtml) or the BOE's certified list at: [www.boe.ca.gov/cgi-bin/delq.cgi](http://www.boe.ca.gov/cgi-bin/delq.cgi). If you believe you are on either list in error, please call the FTB at (866) 418-3702 or the BOE at (916) 445-5167.

## **MANDATORY REPORTING OBLIGATIONS**

### **REPORTS OF INJURIES**

Penal Code section 11160, requires a health practitioner (including physical therapists and physical therapist assistants), who in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person suffering from a wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm or any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct, to immediately make a report to a local law enforcement agency. Assaultive or abusive conduct includes murder (violation of Penal Code section 187), manslaughter (violation of Section 192 or 192.5) and mayhem (violation of Section 203), aggravated mayhem (violation of Section 205), torture (violation of Section 206), assault with intent to commit mayhem, rape, sodomy, or oral copulation (violation of Section 220), battery (violation of Section 242), sexual battery (violation of Section 243.5), incest (violation of Section 285), throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure (violation of Section 244), assault with a stun gun or taser (violation of Section 244.5), assault with a deadly weapon, firearm, assault weapon, or machine gun, or by means likely to produce great bodily injury (violation of Section 245), rape (violation of Section 261), spousal rape (violation of Section 262), procuring any female to have sex with another man (violation of Section 266, 266a, 266b, or 266c), child abuse or endangerment (violation of Section 273a or 273d), abuse of spouse or cohabitant (violation of Section 273.5), sodomy (violation of Section 286), lewd and lascivious acts with a child (violation of Section 288), oral copulation (violation of Section 288a), sexual penetration (violation of Section 289), elder abuse (violation of Section 368), and an attempt to commit any of the above crimes. "Injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

A report by telephone shall be made immediately or as soon as practically possible. A written report shall be prepared and sent to a local law enforcement agency within two working days of receiving the information regarding the person. A local law enforcement agency shall be notified and a written report shall be prepared and sent even if the person who suffered the wound, or other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy. The report shall include, but shall not be limited to, the following:

- (A) The name of the injured person, if known.
- (B) The injured person's whereabouts.
- (C) The character and extent of the person's injuries.
- (D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a team member to make the required telephonic and written reports. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

### **REPORTING OF SUSPECTED INSTANCE OF CHILD ABUSE**

Section 11166 of the Penal Code requires any health practitioner (including physical therapists and physical therapist assistants) who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning this incident.

Failure to comply with the requirements of Section 11160 or 11166 of the Penal Code is a misdemeanor, punishable by up to six months in jail or by a fine of one thousand dollars (\$1,000) or by both.