

To further its commitment to equal opportunity, the Board of Physical Therapy requests applicants to provide VOLUNTARILY, the following information. This information will be used for statistical purposes only by authorized personnel.

Race/ethnic identification – please check all that apply:

1. Hispanic or Latino origin (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race).
2. American Indian or Alaska Native (a person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment).
3. Asian (a person having origin in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam).
4. Black or African American (a person having origins in any of the black racial groups of Africa).
5. Native Hawaiian or other Pacific Islander (a person having origins in the original peoples of Hawaii, Guam, Samoa or other Pacific Islands).
6. White (a person having origins in any of the original peoples of Europe, the Middle East or North Africa).

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|----------------------------------|
| Gender: |
| Male Female |

Education information: US Educated Foreign Educated

School Name: _____ PT PTA

Location: _____
(City) (State)

Date of Graduation: _____ Degree: _____

Licensing Examination Record: List state(s) and date(s) of exams previously taken:

Additional information:

Answer yes or no. If you answer yes to any question, attach a separate page with a complete explanation of each occasion (include date, time, location, disposition, etc.).

YES NO

1. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland, D.C. and Puerto Rico), or a comparable body in the armed services, denied your application for licensure, reinstatement or renewal?
2. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland, D.C. and Puerto Rico), or a comparable body in the armed services, taken any action against your license?
3. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland, D.C. and Puerto Rico), or a comparable body in the armed services, filed any complaints or charges against you, or investigated you for any reason?
4. Have you ever withdrawn your application for a physical therapy license or other health professional license?
5. Have you surrendered your license or allowed it to lapse while you were under investigation by any state, federal or foreign licensing or disciplinary board or agency (including Maryland, D.C. and Puerto Rico) or any entity of the armed services?
6. Have you committed a criminal act to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgment?
7. Excluding minor traffic violations, are you currently under arrest or released on bond, or are there any current or pending charges against you in any court of law?
8. Has anyone filed or settled a malpractice action in which you were named a defendant?
9. Has your employment by any hospital, or other health care facility, institution, practice, or military entity, been terminated for disciplinary reasons?
10. Have you voluntarily resigned from any hospital, or other health care facility, institution, practice, or military entity, while under investigation for disciplinary reasons?
11. Do you have any physical or mental condition (including, but not limited to, alcohol or substance abuse) that currently impairs your ability to practice physical therapy or that would cause reasonable questions to be raised about your physical, mental, or professional competency?
12. Have you committed an offense involving alcohol or controlled dangerous substances to which you pled guilty or nolo contendere or for which you were convicted or received probation before judgment?
13. Has the use of drugs and/or alcohol ever resulted in an impairment of your ability to practice your profession?

I hereby make application for physical therapy licensure in Maryland according to the Physical Therapy Practice Act of the Maryland State Board of Physical Therapy Examiners.

I have enclosed the \$150 - Application fee or \$400 - Reinstatement fee, by check or money order, NO CASH! (Make check or money order payable to the Board of Physical Therapy). The application fee is NON-REFUNDABLE. If the application is not completed within one (1) year, a new application must be filed and another application fee paid.

I attest the facts and statements contained herein are true and accurate.

Applicant Signature _____ Date: _____

FOR REINSTATEMENT ONLY

I _____ do hereby attest that I HAVE HAVE NOT continued to practice physical therapy in Maryland since my license has expired ____/____/____. Month Date Year

If you HAVE continued to practice, include a separate page with a complete explanation.

Also include copies of CEUS acquired within the last 2 years.

Applicant Signature _____ Date: _____

AFFIDAVIT

State of _____

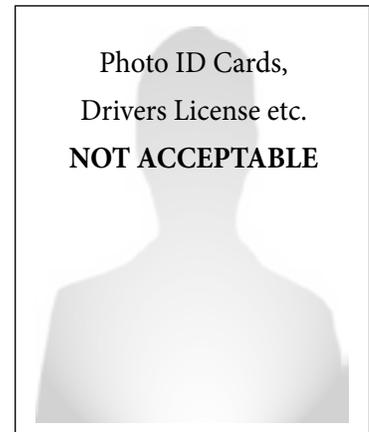
City/County of _____

Before the undersigned, a Notary Public in and for the City/County and State aforesaid, on the ____ day of _____ 20____ personally appeared

Applicant Name

who, being first duly sworn, says he/she is the person referred to herein, and is the person who signed the foregoing application; that the facts and statements contained are true, to the best of his/her knowledge and belief. I certify that the attached photograph is a true likeness of the applicant.

Place PHOTOGRAPH below



Notary Public (Notary seal to be placed over signature)

Expiration date: ____/____/____
Month Date Year

Return completed form to: Maryland Board of Physical Therapy Examiners 4201 Patterson Avenue Baltimore, MD 21215-2299