APPLICATION FOR REINSTATEMENT
PHYSICAL THERAPIST LICENSURE

Maryland State Board of Physical Therapy
4201 Patterson Avenue - Baltimore MD 21215-2299

USE THIS FORM ONLY IF YOUR LICENSE HAS EXPIRED WITHIN THE LAST THREE YEARS. IF IT HAS BEEN MORE THAN THREE YEARS AND YOU DO NOT HOLD A VALID LICENSE IN ANOTHER STATE, YOU MUST APPLY FOR LICENSURE AS A NEW GRADUATE APPLICANT AND YOU WILL BE REQUIRED TO RETAKE THE NATIONAL PHYSICAL THERAPY EXAM (NPTE).

Please print all information - use black/blue ink only

Name _____
(Last) (First) (Middle)

Maiden name _____ **SS#** _____

Date of Birth _____ **Birthplace (city & state)** _____

Address _____

City/State _____ **Zip** _____ **Phone** _____

Foreign Country (if applicable) _____ **e-mail** _____

Maryland License Number _____

BOARD USE ONLY

CEUs rec'd _____ **Check rec'd** _____
License number _____ **Statement rec'd** _____
Control number _____
Year of last renewal _____

INCLUDE:
1. COPIES OF CONTINUING EDUCATION COURSES COMPLETED WITHIN THE PAST TWO YEARS.
2. SIGNED AND DATED ATTESTATION AS TO WHETHER OR NOT YOU HAVE CONTINUED TO PRACTICE IN MARYLAND AFTER EXPIRATIONOF YOUR LICENSE.

Additional information: Answer yes or no. If you answer **YES** to any question, attach a separate page with a complete explanation of each occasion.

_____ 1. Has a state, federal, or foreign licensing or disciplinary board or agency (including Maryland, DC 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, DC 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, DC 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 Have you ever withdrawn your application for a physical therapy license or other health professional license?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 your 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, DC 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, HMO, or other health care facility, institution, practice, or military entity, been terminated for disciplinary reasons?

_____ 10. Have you voluntarily resigned from any hospital, HMO, 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 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. Have you engaged in any form of alcohol or substance abuse?

Education information:

School name: _____ PT ___ PTA___

Location: _____

(City) (State)

Date of graduation: _____ Degree: _____

Licensing examination record: List place(s) and date(s) of exams previously taken

_____

_____

I hereby make application for **REINSTATEMENT** 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 required fee of **$400.00** application fee by check ( ) money order ( ) NO CASH! (Make check or money order payable to the Board of Physical Therapy) The reinstatement fee is **non-refundable**.

_____

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

_____

who, being first duly sworn, say 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.

Photograph

Copy of Photo ID Cards, etc. not acceptable

_____

Notary Public (Notary seal to be placed over signature)

Return completed form to: Licensing Administrator
Board of Physical Therapy
4201 Patterson Avenue
Baltimore MD 21215-2299