

REINSTATEMENT APPLICATION
PHYSICAL THERAPISTS & PHYSICAL THERAPIST ASSISTANTS
KENTUCKY BOARD OF PHYSICAL THERAPY
312 Whittington Parkway, Suite 102
Louisville, Kentucky 40222
(502)429-7140 (502)429-7142 (FAX)

SECTION 1: This is your reinstatement application. Complete the information on *BOTH* pages of this document. Incomplete forms shall be returned. **SIGN & DATE THE AFFIDAVIT** and submit this application with payment. **PLEASE PRINT.**

“Credentials not renewed by the board by March 31st of each uneven numbered year shall lapse.”

HOME ADDRESS **PLEASE COMPLETE**

Credential #:
Name:
Home Address:
City, State, Zip:

Home County:
Telephone #:

Email Address _____

PRIMARY WORK SITE

Facility Site:
Address:
City, State, Zip:
County:
Telephone #:
Full Time _____ Part Time/PRN _____

Additional Site:
Address:
City, State, Zip:
County:
Telephone #:
Full Time _____ Part Time/PRN _____

Note: Home address shall be your official address for the board. Please select the appropriate box above for your preferred public address of record for all other purposes. If no box is checked, your home address shall be used.

SECTION 2: Continued Competency Information

- **Active Military Duty PT and PTA** - Shall be granted an exemption from continued competency requirements as established in KRS 12.355 and waiver of renewal fee (Complete Exemption and Extension for Continued Competency form).
- **PT** – I have taken the required thirty (30) hours of continued competency for this biennium which includes the two (2) hour open book tutorial (Jurisprudence Exam, JE).
- **PTA** – I have taken the required twenty (20) hours of continued competency for this biennium which includes the two (2) hour open book tutorial (Jurisprudence Exam, JE).
- **OR:** I am a recent PT/PTA graduate (within the biennium) and have completed the two (2) hour Jurisprudence Exam.
- I will keep written verification of my continued competency contact hours earned for three (3) years and understand this is subject to board audit.

AFFIDAVIT

SECTION 3: Please answer each of the following questions by putting a check (√) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers **MUST be explained in detail on a separate sheet of paper.** The explanation should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

Note: If you answer "Yes" to any of the questions below and you have already submitted explanatory documents to this licensing authority, you need not submit the documents again. Please note the date of your previous submission next to the applicable question(s). Answering "Yes" to any of the following is NOT an automatic reason for the Board to deny an application or to take disciplinary action, but may lead to further inquiry or investigation.

1. Since your credential was issued or last renewed in Kentucky:

- A. Have you been convicted of, or do you have pending charges for any felony, misdemeanor, or any crime in the courts of this state or any other state, territory or country? Include convictions whether or not sentence was imposed or suspended. KRS 327.070 (2)(f) states, "Conviction, ...shall include a finding or verdict of guilt, an admission of guilt, or a plea of nolo contendere." Do not include information on minor traffic violations (such as speeding or parking tickets), unless the violation involved alcohol or drugs. ___Yes ___No
- B. Have you had an application for a license, registration or certificate refused or denied by any licensing authority? ___Yes ___No
- C. Has your license, registration or certificate been restricted by any professional licensing authority? ___Yes ___No
- D. Have you voluntarily surrendered any professional license, registration or certificate? ___Yes ___No
- E. Has your license, registration or certificate been the subject of disciplinary action by any licensing authority? ___Yes ___No
- F. To your knowledge, do you have any unresolved or pending complaints, investigations or disciplinary actions filed against you with any professional licensing authority? ___Yes ___No
- G. Have you been treated for drug or alcohol abuse or participated in a drug or alcohol rehabilitation program? ___Yes ___No
- H. Do you currently have any mental, physical or other condition, including alcohol or other substance abuse that impedes your ability to competently practice? ___Yes ___No
- I. Had a malpractice settlement or civil judgment entered against you related to your practice of physical therapy? ___Yes ___No
- J. Have you been court-martialed or discharged other than honorable from the armed services? ___Yes ___No

- 2. Do you currently have an obligation in a financial aid program administered by the Kentucky Higher Education Assistant Authority (KHEAA)? ___Yes ___No
 - A. If yes, are you in default of the repayment obligation per KRS 164.772? ___Yes ___No
- 3. Do you currently have a child support order obligation? ___Yes ___No
 - A. If yes, are you in default of this obligation per KRS 205.712 (10)? ___Yes ___No

I certify the information reported on this form is true and correct.

Date Signed

Signature

Fee – Refer to the Reinstatement Instructions/To Do List

Certified or cashier's check, or money order only payable to the "**Kentucky Board of Physical Therapy**"