

COMMONWEALTH OF KENTUCKY KENTUCKY BOARD OF PHYSICAL THERAPY APPLICATION FOR CREDENTIALING

PT _____

PTA _____

ENDORSEMENT (licensed in another state)

EXAMINATION

PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the KY Board of Physical Therapy in writing of any address changes after you file this application in order to receive any further information.

1. Last Name/Suffix	2. First Name, Middle Name	3. Social Security Number
4. Permanent Mailing Address (Street &/or PO Box)	5. City, State, Zip, County	6. Phone
 List any maiden name, surname, or any other name or aliases you have been known by or used. 	8. Date of birth mm/dd/yyyy	9. Male
		Female
10. Email address		
11. Proposed Kentucky Employment – Facility Name	12. Facility Mailing Address, City, St, Zip, County	13. Phone
14. Indicate your preferred mailing address:	Note: You must select preferred mailing address,	
Home/Permanent PT Worksite	which shall be available to the public.	

15. Citizenship

(a) Are you a United States Citizen? Yes____No____
(b) If you answered No, are you: (please check one of the following)

A qualified alien (as defined in 8 U.S.C.A. § 1641).

A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq).

An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.

A foreign national not physically present in the United States.

Other - Please provide detailed explanation.

16. My native language is . If English is not your native language, submit original results of an English proficiency exam from: TOEFL Services, Educational Testing Service, PO Box 6151, Princeton, NJ 08541-6151 (609) 771-7100 or (877) 863-3546, http://www.toefl.org/tse

PART II: Education Information

Post Secondary Education History: Starting with your undergraduate education, list schools, colleges, and universities attended, whether completed or not, in chronological order.

College or University Name (Undergraduate and Graduate)	LOCATION	Dates of Attendance		GRADUATED? Yes/No	DEGREE EARNED /MAJOR	
, , , , , , , , , , , , , , , , , , ,		FROM	ТО	(if no, number of credit Hours earned)		

PART III: Record of Licensure Information

If you have ever been licensed, certified or registered to practice in any profession in any jurisdiction in or outside the United States, complete the information below. If you have ever held a temporary, trainee or apprenticeship license or permit, it must be listed here also. Failure to disclose all licenses, certification or registrations held may result in denial of your application or other appropriate action.

Jurisdiction	Title of License	License Number/ Name on License	Date of Original (initial) Issuance	If license is not current and in good standing, explain below or on separate sheet:

PART IV: Record of Licensure Examination

If you have ever taken a licensure examination for the profession of physical therapy in this jurisdiction or any other jurisdiction, you must complete the information requested below. Each examination attempt must be shown. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

Name of Examination	Jurisdiction	Date of Examination	Passed/Failed/Other (if other, please explain)

PART V: Employment History in Physical Therapy. Begin with current employment and account for all time. If more space is needed attach a separate sheet of paper.

Facility Name	City, State	Dates Employed	Position

PART VI. Educational Loan Information/Child Support: In accordance with KRS 164.772 (3) and KRS 205.712 (10):

1. 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?	Y	′ES	NO
Do you currently have a child support order obligation?	YES	NO		
a. If yes, are you in default of this obligation per KRS 205.7	712 (10)?	YES	NO	

PART VII: Personal History Information

2.

Please answer each of the following questions by putting a check ($\sqrt{}$) 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 <u>MUST</u> 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.

 Have you ever had an application for a license or certificate refused or denied by any licensing authority? 	YES D NO D
 Have you ever been refused or denied the privilege of taking an examination required for <u>ANY</u> professional license or certificate? 	YES 🗆 NO 🗆
3. Have you ever allowed <u>ANY</u> professional license or certificate to lapse, or had a restricted license or certificate issued by any professional licensing authority?	YES 🗆 NO 🗆
4. Have you ever voluntarily surrendered ANY professional license or certificate?	YES 🗆 NO 🗆
5. Have you ever had ANY professional license or certificate revoked?	YES 🗆 NO 🗆
6. Have you ever been the subject of reprimand or disciplinary action with regard to <u>ANY</u> professional license or certificate or been sanctioned by <u>ANY</u> licensing authority?	YES 🗆 NO 🗆
7. To your knowledge, do you have any unresolved or pending complaints, investigations or disciplinary actions filed against you with <u>ANY</u> professional licensing authority?	YES 🗆 NO 🗆
8. Have you ever 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. NOTE: Along with your explanation, you must attach a certified copy of the court records regarding your conviction, including the nature of the offense and the judgment of the conviction. If charges are pending, you must attach a certified copy of any court records regarding these charges.	YES 🗆 NO 🗆
9. Have you ever been pardoned from a felony or misdemeanor conviction?	YES 🗆 NO 🗆
10. Have you ever had a record expunged from a felony or misdemeanor conviction?	YES 🗆 NO 🗆
11. Are you now being treated or have you in the last 5 years been treated for drug or alcohol abuse or participated in a drug or alcohol rehabilitation program?	YES 🗆 NO 🗆
12. 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 🗆
13. Have you ever had a malpractice settlement or civil judgment entered against you related to your practice of physical therapy?	YES 🗆 NO 🗆
14. Have you ever been court-martialed or discharged other than honorable from the armed services?	YES D NO D

AFFIDAVIT

I, ______, state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements and any attachments made herein are true. I certify that I have not, am not, and shall not practice, be classified, or hold myself out as being able to practice physical therapy in Kentucky until authorization to do so has been granted by the Kentucky Board of Physical Therapy. In the event that I am credentialed by the Kentucky Board of Physical Therapy, I hereby agree to adhere to and abide by the statutes, rules and regulations governing the practice of physical therapy in Kentucky.

I understand that obtaining or attempting to obtain a license or certificate by fraud or material misrepresentation, or making any other false statement to the Board, is grounds for denial of a license or certificate. I authorize the Board or its agents to obtain from other sources any information necessary for determining my qualifications for credentialing.

Signature of Applicant

Attach a head and shoulders photograph taken within the previous twelve (12) months.

Return application and fee to:

Kentucky Board of Physical Therapy 312 Whittington Parkway, Suite 102 Louisville, KY 40222 (502) 429-7140 phone; (502) 429-7142 (fax) email: <u>KYBPT@ky.gov</u> http://pt.ky.gov

ADA Request: A request for reasonable accommodations in testing due to a documented disability shall be submitted on an "Applicant Special Accommodations Request Form" and must accompany your KY application. This form may be downloaded at http://pt.ky.gov under Applications, Forms & Instructions.

-----Applicant, do not write below this line-----

Date Application & Fee Received

Credential Number & Issue Date