





**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? \_\_\_\_\_YES \_\_\_\_\_NO
2. 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

**PART VII: Personal History Information**

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. Have you ever had an application for a license or certificate refused or denied by any licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have you ever been refused or denied the privilege of taking an examination required for <b>ANY</b> professional license or certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever allowed <b>ANY</b> professional license or certificate to lapse, or had a restricted license or certificate issued by any professional licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Have you ever voluntarily surrendered <b>ANY</b> professional license or certificate?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you ever had <b>ANY</b> professional license or certificate revoked?	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Have you ever been the subject of reprimand or disciplinary action with regard to <b>ANY</b> professional license or certificate or been sanctioned by <b>ANY</b> licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. To your knowledge, do you have any unresolved or pending complaints, investigations or disciplinary actions filed against you with <b>ANY</b> professional licensing authority?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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. <b>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.</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>
9. Have you ever been pardoned from a felony or misdemeanor conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
10. Have you ever had a record expunged from a felony or misdemeanor conviction?	YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>
13. Have you ever had a malpractice settlement or civil judgment entered against you related to your practice of physical therapy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
14. Have you ever been court-martialed or discharged other than honorable from the armed services?	YES <input type="checkbox"/> NO <input type="checkbox"/>

## 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.

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*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: [KYBPT@ky.gov](mailto:KYBPT@ky.gov)  
<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

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**Credential Number & Issue Date**