Texas Board of Physical Therapy Examiners
333 Guadalupe, Suite 2-510 • Austin, Texas 78701-3942
512/305-6900 • 512/305-6970 fax • www.ptot.texas.gov

Application For PT/PTA Re-Examination

Please check one: **PT** ☐ **PTA** ☐

An application is valid for 1 year. Check the application status page on our website or call the Board for your application expiration date. If your application is valid, you must pay a processing fee of $25 to take the exam again. If you pass the exam before your application expires no further fee is required. If your application is expired, you must pay a new Application Fee (amounts below) before we can approve you to sit for the exam again or issue you a license.

☐ My application is still valid and I plan to sit for the exam before it expires. Enclosed is my $25 re-exam processing fee.

☐ My application is expired or will expire before I sit for the exam again. Enclosed is my new Application Fee (PT - $190, PTA - $125).

PLANNED EXAM DATE: _____ (You should apply only when you are planning to take the next possible exam.)

Name: _____ SSN: _____

RESIDENTIAL ADDRESS – *must be provided. The Board will not proceed without this information.*

Street: _____ Phone: _____

City: _____ State: _____Zip: _____

MAILING ADDRESS – *optional, if different from above address.*

Street: _____ Phone: _____

City: _____ State: _____Zip: _____

EXAM INFORMATION

Number of previous exam takes: _____ Date/state for each take: _____

1. *I have been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in Texas or somewhere else, since my last application.* Yes ☐ No ☐
2. *I have taken and failed the examination in another state.* Yes ☐ No ☐
3. *I understand that providing false or incorrect information is a violation of the PT Practice Act, and may subject me to the penalties set forth in the Act.* Yes ☐ No ☐

_____

Applicant Signature **Date**

for office use only

Fees Received:_____ Receipt Date: _____ Receipt No.: _____

Processed by: _____ Approved by: _____ App. #: _____