



## Executive Council of Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners  
Texas Board of Occupational Therapy Examiners  
Voice: 512/305-6900 [www.ecptote.state.tx.us](http://www.ecptote.state.tx.us)

333 Guadalupe, Suite 2-510  
Austin, Texas 78701-3942  
Fax: 512/305-6951

### **Restoration of a Texas PT or PTA License**

As per §453.253 of the PT Practice Act, a person who was formerly licensed in Texas but whose license has been expired for one year or more may not renew the license but must restore it or take the national exam again to get a new license.

To restore a license, an applicant must:

- i hold a current, active license in another state
- i have actively worked in the profession in the two years immediately preceding the application.

A restored license will be valid for a period of two years, based on the date the license is restored.

#### **The application must include the following:**

1. A restoration application and fee (equal to the exam fee, \$370 as of 1/1/2010), and the address of record. If no address of record is selected, the default selection will be business, mailing, or home, in that order.
2. Verification of licensure from ALL states in which the applicant has ever held a license in the profession.
3. A completed applicant jurisprudence exam  
(found at <http://www.ecptote.state.tx.us/pt/application.html>)
4. Notification of any felony conviction (including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere in this state or any other) and any action taken by any other state or nation to suspend or revoke the license to practice physical therapy.

**PLEASE NOTE:** The application fee will not be refunded. Please make sure that you can meet all requirements before you submit the application and fee. If you have any questions, call the Board at 512/305-6900.



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## APPLICATION FOR LICENSE RESTORATION

Printed Name: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: (mm/dd/yy) \_\_\_\_\_

All other previous last names: \_\_\_\_\_

State in which currently licensed: \_\_\_\_\_ License No.: \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

### RESIDENTIAL ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. with area code: \_\_\_\_\_

### MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### BUSINESS ADDRESS

Business Name: \_\_\_\_\_

Street: \_\_\_\_\_ Phone No. with area code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**SELECT ONE OF THE ABOVE AS ADDRESS OF RECORD:    Business    Home    Mailing    (circle one)**

*By signing this form, I attest that all information in this application is true, and that 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. I also attest that since my license expiration:*

- I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other, that has not been reported to the Board as part of this application.
- No other state or nation has taken an action to suspend or revoke my license to practice physical therapy that has not been reported to the Board as part of this application.
- One of the above actions has happened, and I am enclosing the official documentation describing the action for the Board's review.

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Fees Received: \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Attach a recent 2 x 2 inch color photograph of yourself here.

A clear head and shoulders pose is required.

Photocopies or computer printouts are NOT accepted and will delay your application.

**DO NOT FOLD PHOTO.**

## History of Active Practice

Name of Applicant: \_\_\_\_\_

1. Dates of Practice: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. with area code: \_\_\_\_\_

2. Dates of Practice: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. with area code: \_\_\_\_\_

3. Dates of Practice: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. with area code: \_\_\_\_\_

4. Dates of Practice: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. with area code: \_\_\_\_\_

