



Texas Board of Physical Therapy Examiners

1801 Congress Ave Ste 10.900
Austin, TX 78701

512-305-6900
ptot.texas.gov

APP. NO: _____

PT/PTA APPLICATION FOR LICENSURE

Submit this application with the appropriate fees to ECPTOTE at the address listed above. This application expires one year from the date it is received by ECPTOTE. PLEASE PRINT IN BLACK OR BLUE INK.

Check one box in each column below.

License Type	Licensure Method	PT/PTA Education
<input type="checkbox"/> PT	<input type="checkbox"/> By Exam (no previous license in any state)	<input type="checkbox"/> US CAPTE-accredited program
<input type="checkbox"/> PTA	<input type="checkbox"/> By Endorsement (currently hold a license in another state)	<input type="checkbox"/> Foreign CAPTE-accredited program
	<input type="checkbox"/> Relicensure (previously licensed in TX; license expired more than five years)	<input type="checkbox"/> Program not accredited by CAPTE

1. FULL LEGAL NAME

First Middle Last (family name) Suffix

2. NAME AS IT SHOULD APPEAR ON THE LICENSE (This MUST include your legal last name, and should be identifiable as the name you use on legal or financial documents such as a driver's license or checking account)

3. OTHER LAST NAMES (Maiden name or previous last name on other documents required for this application)

4. PHYSICAL HOME ADDRESS (Required) PHONE NO. _____

Street address only

City State Zip

5. MAILING ADDRESS (Optional, if different)

PO Box or street address City State Zip

6. BUSINESS ADDRESS PHONE NO. _____

Business Name

Street address

City State Zip

OFFICE USE ONLY

FEE CODE	AMOUNT	DATE	RECEIPT NUMBER
APP			
TEMPLIC			

page 2 **APPLICANT NAME:** _____ **SSN:** _____

FSBPT ID#: _____

7. CONTACT EMAIL ADDRESS _____

Personal email addresses are preferred over school or work email addresses, since those addresses may only be temporary.

8. SOCIAL SECURITY NUMBER

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9. DATE OF BIRTH (MM/DD/YY)

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10.

GENDER
<input type="checkbox"/> F <input type="checkbox"/> M

11.

ETHNICITY (Check one box only)
<input type="checkbox"/> African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian or White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other

12. GENERAL EDUCATION (College education, not physical therapy program)

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

13. PROFESSIONAL EDUCATION (Entry-level physical therapy program, other physical therapy degrees)

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

14. Have you previously held a Texas PT or PTA license? NO YES

If yes, please enter dates and license number, if known.

LICENSE NO.	YEAR ISSUED	YEAR EXPIRED

15. LICENSURE INFORMATION

Enter the following information for ALL states, jurisdictions or countries in which you have ever held a physical therapy license (or been authorized to practice physical therapy if licensure was not required). If there are more than 3, please attach an additional sheet with that information.

STATE/COUNTRY	LICENSE/REG. NO.	DATE ISSUED	EXPIRATION DATE

TO BE COMPLETED BY EXAM APPLICANTS ONLY (Questions 16 – 20)

16. Have you previously taken the national licensure exam in the US? NO YES

17. If yes, how many times? _____

18. List states and dates for each time you took the exam.

STATE	EXAM DATE
1.	
2.	
3.	
4.	

STATE	EXAM DATE
5.	
6.	
7.	
8.	

19. Have you applied for licensure in Texas previously? NO YES If yes, when? _____

20. Are you currently applying for licensure in another state? NO YES

If yes, where? _____

PREVIOUS HISTORY

21. Has any professional licensing or disciplinary body in any state, territory, or foreign jurisdiction or nation denied, limited, restricted, suspended, canceled, or revoked any professional license, certificate or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? YES
NO

22. Have you ever voluntarily surrendered any such credential in anticipation of an investigation or disciplinary proceeding or entered into a consent agreement with respect to licensure? YES
NO

23. Have you ever been arrested in any jurisdiction? This includes disclosing any arrests anywhere, regardless of the outcome or reason for the arrest, including arrests with pending charges or result in deferred adjudication, deferred status, dismissal, being sealed or expunged, with or without a finding of guilt. YES
NO

24. In the past 5 years, have you been diagnosed or treated for alcohol or substance dependency or addiction? YES
NO

25. In the past 5 years, have you been determined to be mentally incompetent by a court? YES
NO

26. Have you ever been found guilty of malpractice, or settled a malpractice claim? YES
NO

If your answer to any question above is "YES," please attach a statement explaining the circumstances.

AFFIDAVIT AND INFORMATION RELEASE
Please read carefully before signing

In making this application to the Texas Board of Physical Therapy Examiners (TBPE) for a license as a physical therapist or physical therapist assistant, I attest before the undersigned authority that I, the undersigned, am the applicant named in the application and shown in the attached photograph, and that:

1. I have read and understood the complete application, and that all the information contained in this application, and the documentation provided as part of this application, is true and correct.
2. I have read and agree to abide by the Chapter 453, Occupations Code (PT Practice Act), and all rules promulgated by the TBPE.
3. I am the lawful holder of a PT or PTA degree as prescribed by this application.
4. I authorize my educational institutions, employers, and all governmental agencies, and the Federation of State Boards of Physical Therapy to release to the Texas Board of Physical Therapy Examiners or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment or treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application to determine my ability to safely engage in the practice of physical therapy. I further authorize the Texas Board of Physical Therapy Examiners or its successors to release to the institutions, individuals, or entities listed above any information which is material to this application or any subsequent licensure.
5. I authorize the Board to perform a criminal history background check as part of the application process.
6. I affirm that I will provide the Board with updated information within 15 days if I become aware of any event or information that makes any portion of this application or associated documents, though complete and correct when submitted, no longer complete or correct. I understand that failure to provide such updated information may result in an adverse action against my application.

I understand that falsification or misrepresentation of any item or response on this application or any associated document is a sufficient basis for a determination of ineligibility or another adverse action against my application.

Applicant Name (please print)

Applicant Signature *Date*

A passport-type photo is required, either attached below or submitted digitally. Photo must meet the U.S. Department of State (DOS) specifications. For specific photo information, go to ptot.texas.gov/apply-by-exam or ptot.texas.gov/apply-by-endorsement.

Check here if submitting a digital photo.

Attach a recent 2x2 inch
Passport- type color photo of
yourself here. Photo must meet
U.S. DOS specifications..

**Photocopies or computer
printouts will be rejected and
will delay your application.**