



Texas Board of Physical Therapy Examiners

1801 Congress Ave Ste 10.900
Austin, TX 78701

512-305-6900
ptot.texas.gov

Restoration of a Texas PT or PTA License

as per §341.6. License Restoration

You must restore your license if it has been expired for one year and less than five years. The original expiration date of a restored license will be adjusted so that the license will expire at the end of the applicants' birth month at least two years after the month of restoration. If you do not have a current license in another state, and your license has been expired 5 years or more, you must apply for a new license and take the national examination. Information on **passport-type photos** is available at ptot.texas.gov/pt-restore-a-license.

1. If you are currently licensed in good standing in another state, district, or territory of the U.S. you must submit:

- a completed restoration application form (including a passport-type photo);
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, ptot.texas.gov/pt-jam;
- HHS-approved *Human Trafficking Prevention Training*, ptot.texas.gov;
- verification of licensure from all states in which you hold or have held a license;
- the restoration fee (currently the same as the renewal fee); and
- a criminal history record report obtained through fingerprinting. Information available online at ptot.texas.gov under *Latest Updates*.

2. If you are NOT currently licensed in another state, district or territory of the U.S. you must submit the following based on how long your Texas license has been expired.

Expired 1 - 5 years

- a completed restoration application form (including a passport-type photo);
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, ptot.texas.gov/pt-jam;
- HHS-approved *Human Trafficking Prevention Training*, ptot.texas.gov;
- verification of licensure from all states in which you have held a license;
- a criminal history record report obtained through fingerprinting. Information available online at ptot.texas.gov under *Latest Updates*.
- the restoration fee (currently the same as the renewal fee); and one of the following:
- **PT – proof of competency options:**
 - completion of an advanced degree in PT within the last five years; or
 - 480 hours of Supervised Clinical Practice and 30 CCUs*, (SCP/CC); or
 - a retake score report showing a passing score on the national examination.
- **PTA – proof of competency options:**
 - completion of an advanced degree in PT within the last five years; or
 - 320 hours of Supervised Clinical Practice and 20 CCUs*, (SCP/CC); or
 - a retake score report showing a passing score on the national examination.

*Required CCUs must be board-approved, including 2 CCUs for the TX JAM and Human Trafficking Prevention Training, and taken within the previous 24 months

Expired 5 years or more – DO NOT SUBMIT THIS FORM. You must submit:

- the initial license application and fee (available for download at ptot.texas.gov/forms);
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, ptot.texas.gov/pt-jam;
- verification of licensure from all states in which you have held a license;
- a retake score report showing a passing score on the national examination (required for PT and PTA); and
- a criminal history record report obtained through fingerprinting. Information available online at ptot.texas.gov under *Latest Updates*.



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APPLICATION FOR LICENSE RESTORATION

Restoration method: Current license in another state SCP/CC Advanced Degree Exam

Printed Name: _____ Lic. No.: _____

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

All other previous last names: _____

State(s) in which you currently hold/have held a license: _____ License No.: _____

EMAIL ADDRESS:

HOME ADDRESS			Attach a recent 2 x 2 inch color photograph of yourself here or <input type="checkbox"/> Click here if submitting a digital photo. Photo must meet U.S. DOS specifications. See info at ptot.texas.gov/pt-restore-a-license
Street: _____			
City: _____	State: _____	Zip Code: _____	
Phone No: _____			
MAILING ADDRESS (optional)			
Street: _____			
City: _____	State: _____	Zip Code: _____	
BUSINESS ADDRESS			
Business Name: _____			
Street: _____		Phone No: _____	
City: _____	State: _____	Zip Code: _____	

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.: _____

Name: _____

HISTORY OF LICENSURE

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 you do not know the license number or the associated dates, you may leave those entries blank. Your license status in the states in which you hold or have held a license will be verified online by staff once your application is received. **At least one verification needs to show current, active licensure without any encumbrance** in order to restore via current license in another state.

States and territories that do not have sufficient information on their websites for primary source verification and are **excluded from staff verification are Arkansas, Wyoming, Puerto Rico, and the U.S. Virgin Islands**. If you hold or have held a license from any of the excluded states/territories, contact that state board and request license verification be sent to Texas. The verification can be emailed to exam@ptot.texas.gov or mailed directly from the other state board to the address on the first page of this form.

STATE/COUNTRY	LICENSE NO.	DATE ISSUED	EXPIRATION DATE