Military Application Fee Waiver

Chapter 55, Texas Occupations Code (TOC), allows for the waiver of application fees for **military service members, military veterans, and military spouses** who are applying for initial TX license by either examination or endorsement.

Section 55.001 includes the following definitions:

> **Active duty** - current full-time military service in the armed forces of the United States or active duty military service as a member of the Texas military forces, as defined by Section 437.001, Government Code, or similar military service of another state.
>
> **Armed forces of the United States** - the army, navy, air force, space force, coast guard, or marine corps of the United States or a reserve unit of one of those branches of the armed forces.
>
> **Military service member** - a person who is on active duty.
>
> **Military spouse** - a person who is married to a military service member.
>
> **Military veteran** - a person who has served on active duty and who was discharged or released from active duty.

To apply for a military waiver of application fee, please complete the following **Military Application Fee Waiver Request** form and submit with a copy of one of the following official documentation to military@ptot.texas.gov.

> **Military Service Member**: Original orders, including signature page or Military ID (front and back)
> **Military Veteran:** DD 214
> **Military Spouse:** Military ID (front and back)

For further information on applying for a PT/PTA license by examination, click here.

For further information on applying for a PT/PTA license by endorsement, click here.

Direct questions to emailpt@ptot.texas.gov.

Texas Board of Physical Therapy Examiners
1801 Congress Ave Ste 10.900
Austin, Texas 78701

512/305-6900
ptot.texas.gov

Military Application Fee Waiver Request

For initial licensure applications only.

Please print your full name, mailing address, phone number, and email address as they appear on your initial license application.

Name: _____

Address: _____

_____
City **State** **Zip**

Phone Number: _____ **Email Address:** _____

Please check the appropriate box below:

I am a: ☐ Military Service Member ☐ Military Spouse ☐ Military Veteran

Please check the appropriate Application Type: ☐ PT ☐ PTA

Please check the appropriate Licensure Method below:

I am applying: ☐ By examination ☐ By endorsement

Email this form and the official support documentation to military@ptot.texas.gov.

Signature: _____ **Date:** _____