



Louisiana Physical Therapy Board
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 Lafayette, LA 70508
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APPLICATION FOR STATE LICENSURE

PART 1: Applicant Identifying Information

I hereby make application for a license to practice as a Physical Therapist Physical Therapist Assistant in Louisiana subject to the provisions of the law and the rules of Louisiana Physical Therapy Board Practice Act and Rules.

1. Last Name	2. First Name	3. M Name	4. Suffix
5. Maiden Name (if applicable)	6. Mother's Maiden Name	7. SSN	
8. Current Address			
Street	Apt	City	State
		ZIP	County/Parish

9. Permanent Mailing Address (if different from current address listed above)

Street	Apt	City	State
		ZIP	County/Parish

10. Business Mailing Address

Street	Apt	City	State
		ZIP	County/Parish

11. Identify Preferred Mailing Address

Current
 Permanent
 Business

NOTE: You must select one. The preferred mailing address will be available to the public.

12. Identify any maiden name, surname or any other names or aliases you have been known by or used, and identify the reason for your name change.

13. Place of Birth (List City, Parish/Country/ State or other Jurisdiction, Country)	14. Date of Birth (MM/DD/YYYY)
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15. Contact Information (with area code)

Cell Phone	HomePhone	Business Phone	Email
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*** EACH TIME YOUR ADDRESS CHANGES YOU MUST NOTIFY THE BOARD ***

16. Present Employment

Facility Name	Address	Telephone Number
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17. Proposed Employment

Facility Name	Address	Telephone Number
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PART II: Education Information

High School Attended	Location (City & State or Country)	Dates of Attendance		Major	Degree Earned
		FROM Month/Year	TO Month/Year		
College or University Undergraduate & Graduate	Location (City & State or Country)	Dates of Attendance		Major	Degree Earned
		FROM Month/Year	TO Month/Year		

Applicant Signature _____

Date _____

PART III: Record of Licensure Information

If you have ever been licensed, certified, or registered (including temporary permits) to practice in the profession in which you are now making application, complete the information below. You must identify the method by which you obtained your professional license(s). You must include all jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications, or registrations **previously and/or currently held** may result in denial of your application or other appropriate action. **YOU MUST PROVIDE VERIFICATION OR LICENSURE FOR EACH STATE OR COUNTRY IN WHICH YOU WERE GRANTED A PERMIT OR LICENSE. WRITTEN VERIFICATION OF LICENSURE MUST COME DIRECTLY FROM THE LICENSING BOARD. CONTACT THE LICENSING BOARD WHERE YOU ARE REQUESTING VERIFICATION FOR INSTRUCTION ON HOW TO OBTAIN VERIFICATION.**

Jurisdiction	Title of License: (PT/PTA)	License Number/ Name on License	How License Obtained	Date of Original (Initial) Issuance	If license is not current and in good standing explain below or on separate sheet
Jurisdiction of Initial Licensure:					
Jurisdiction of Licensure where you have practiced most recently:					
Licensure from Other Jurisdictions:					
Licensure from Other Jurisdictions:					
Licensure from Other Jurisdictions:					

PART IV: Record of Licensure Examination

If you have ever taken a U.S. administered national physical therapy or physical therapy assistant licensing examination, in this state or any other state, for the profession for which you are now making application, you must complete the information requested below. Each examination attempt must be shown. If an examination is administered in parts, each part should be listed separately. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

Name of Examination: Note: If an Examination is administered in parts, each part should be listed separately.	Jurisdiction	Score	Date of Examination or Confirmation Number	City of Examination	Passed/Failed/Other (If Other, please explain)

If more space is needed, please use an additional sheet of paper and include with this application.

PART V: Employment History in Physical Therapy Clinics

Please indicate all employment chronologically since graduation beginning with current employment and account for all times. If more space is needed please attach an additional sheet of paper and make sure that it is signed and dated.

FACILITY	CITY	STATE	POSITION

PART VI: Personal History Information

You MUST answer each question below truthfully. All YES answers must be explained in detail on a separate signed and notarized affidavit. Failure to disclose any of the requested information may result in denial of your application or other appropriate action.

1	Have you ever had an application for any business, trade, or professional license, certification, or permit refused or denied by any licensing or certifying authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been dropped, expelled, fined, warned, placed on scholastic or disciplinary probation, restriction, suspension, revocation, modification, requested to resign, allowed to resign, requested to leave temporarily or permanently, or otherwise been acted against or subjected to discipline by any college, university, professional training program, post-secondary education program, or requested or advised by such institution to discontinue your studies at such facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever voluntarily surrendered any business, trade, or professional license, certification, or permit in any state, territory, or country, including, but not limited to, a physical therapy or physical therapist assistant license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever allowed any business, trade, or professional license, certification, or permit including, but not limited to, your physical therapy or physical therapist assistant license to lapse?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Have you ever been charged with or convicted of Medicare/Medicaid/Insurance fraud and/or are you currently a restricted provider?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever had any business, trade, or professional license, certification, or permit, including, but not limited to, your physical therapy or physical therapist assistant license, revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Have you ever been the subject of disciplinary action, including, but not limited to, warning, letter of concern, incident report, probation, monitoring, reprimand, disqualification, etc., with regard to any business, trade, or professional license, certification, or permit, including, but not limited to, a physical therapy or physical therapist assistant license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8	Has your business, trade, practice, or professional privileges ever been placed on probation, restricted, suspended, or terminated by any licensing or certifying authority, association, facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned, retired, or withdrawn from such association to avoid imposition of such measures?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9	To your knowledge, are there any complaints against you which are currently pending or unresolved before any administrative agency, governmental authority, licensing authority, association, hospital/clinic, or staff of such hospital or clinic, employer, supervisor, or educational facility?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10	Is your business, trade, or professional license, certification, or permit currently under disciplinary review in another state, territory, or country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11	Have you, within the past ten (10) years, exhibited any conduct or behavior that could call into question your ability to practice physical therapy or care for patients?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12	Have you ever been cited for, arrested for, charged with, convicted of, or pled guilty or nolo contendere, to any violation of any law in any state or federal court, whether or not sentence has been imposed, suspended, or pardoned other than a case that was resolved in juvenile court? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction or plea, the nature of the offense, and date of discharge, if applicable, as well as a statement from your probation officer. (Traffic violations reported in question 16.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13	Are you currently or have you in the past five (5) years been engaged, in the consumption, ingestion, self-administration, inhalation, injection, or other use of legally controlled substances or medications, which affect the central nervous system, other than pursuant to and used in accordance with a lawful prescription and/or medical advice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14	Are you currently, or in the past five (5) years have you ever engaged in the consumption, ingestion, injection, inhalation, etc. of illegal drugs, including, but not limited to, Cocaine, DMT, GHB, Heroin, Ketamine, LSD, Ecstasy (MDMA), and/or PCP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15	Have you ever been named as a party to a law suit or civil action, including, but not limited to, restraining orders and malpractice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16	Have you ever been cited for, arrested for, charged with, or convicted of or plead guilty or nolo contendere to any moving traffic violations? (Omit parking violations.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17	Are you currently engaged, or within the past five (5) years have you engaged, in the repeated excessive use or abuse of alcohol, or been under the influence of alcohol while practicing physical therapy, providing care to patients, completing a course of study, operating a vehicle, or performing any other duties or responsibilities during which a reasonable person would expect sobriety?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18	Have you ever defaulted on any student loans or any other debt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19	Have you ever been terminated, suspended, disciplined, laid-off, or permitted to resign in lieu of termination from any position, paid or unpaid, or as a holder of a public office?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20	Are you currently in violation of court ordered child support payments or do you currently have child support arrearages without established repayment agreement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21	Have you ever been refused or denied the privilege of taking an examination required for any professional licensure, certification, or permit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22	Have you ever filed a petition for Bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23	Have you ever been court marshalled or discharged, other than honorably, from the armed services?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

All YES answers must be explained in detail on a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

Applicant Signature _____

Date _____

APPLICANT'S OATH

I hereby certify under oath that all statements I have made in this application are true, that I am the person named in the credentials herewith presented and I am the original and lawful possessor of these documents; the photographs attached hereto are true photographs of me taken within the past six months and depict my current likeness; that in consideration of the issuance to me of a license to practice physical therapy in Louisiana, I swear that I shall comply with all provisions of the Louisiana Physical Therapy Practice Act ("law") and Louisiana Physical Therapy Board Rules and Regulations ("Rules"), and, in accordance therewith, shall abstain from unethical advertising, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with, nor become a partner or employee of, any person who resorts to such practices, and I hereby agree that violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges that accrue to me thereunder.

I understand and acknowledge that the submission of this application to, as well as the acceptance or maintenance of, any license, including, but not limited to, provisional license, issued by the Louisiana Physical Therapy Board ("LPTB") shall constitute and operate as a continuous authorization by me to all hospitals, educational institutions or organizations, personal references, personal physicians or healthcare providers, personal mental healthcare providers, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, or federal) to release to the LPTB any information, files or records requested by the LPTB. I further authorize the Louisiana Physical Therapy Board to release to any such organization, individual or group having reasonable need therefore, any information supplied to or obtained by the LPTB in connection with my application or relative to the status of any license or provisional license issued to me as a result of such application and acceptance or maintenance of any license.

I further understand that an application which is incomplete will be closed after one year of inactivity. At the end of this period, any application which is not completed will be considered abandoned and closed by the board and fees paid to the board will not be refunded. Should you re-apply after your incomplete application is closed, you shall be required to begin the process anew, including the payment of the application fee to the board. (Louisiana Physical Therapy Board Practice Act §151. N.) In the event that I decide to withdraw from the application process after submission of my application to the Louisiana Physical Therapy Board, I will do so in writing and may be reimbursed a portion of my application fee minus administrative costs.

I agree to notify the LPTB should any information required on this application change or become inaccurate in any way. I hereby agree to inform the LPTB should I engage in conduct that results in an arrest and the initiation of criminal proceedings, even if the charges are eventually lessened or dropped, during application process and the period during which I hold a license.

By submitting an application or accepting and maintaining a license issued by the LPTB, I am giving my consent to submit to physical, mental, or substance abuse evaluations if, when, and the manner so directed by the LPTB and to have waived all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. I understand that the expense of such evaluations shall be borne by me.

I hereby release, discharge and exonerate the LPTB, its employees, agents, contractors, or representatives and any person, hospital, clinic, government agency having custody and control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigations made by the LPTB.

I understand that this authorization and consent is valid and commencing on the date herein below subscribed and that such will remain in force and effect until and unless I withdraw my application for, or no longer possess or maintain, a license issued by the LPTB. I acknowledge that a duplicate may serve as an original.

My legal name is as follows:

- a) Professional Diploma (if applicable) _____
- b) Specialty Board Certificate(s) (identify specialty) _____
- c) Certificate of Naturalization, Declaration of Intention, Valid Visa (specify) _____

I am also known as (list all names under which you are known or have been known): _____

My legal name and the name which I will be known by the Louisiana Physical Therapy Board is as follows (if different from which appears above, a copy of your Marriage Certificate, Divorce Decree, or Court Order must accompany this statement):

_____ Given (First Name) _____ Middle Name _____ Surname (Last Name) _____

I understand that the Louisiana Physical Therapy Board maintains all records in alphabetical order and I will be listed alphabetically under my surname (last).

_____ Signature of Applicant _____ Date _____

STATE OF _____

PARISH/COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, 20_____, to certify which witness my hand and official seal of office.

Signature of Notary Public

Notary Public for the State of _____

[Notary Seal]

My Commission Expires _____