



JOHN BEL EDWARDS
GOVERNOR

CHARLOTTE F. MARTIN, M.P.A.
EXECUTIVE DIRECTOR

State of Louisiana
DEPARTMENT OF HEALTH AND HOSPITALS
Louisiana Physical Therapy Board

REACTIVATION OF INACTIVE LICENSE APPLICATION

The law requires that you have an active license issued by the Louisiana Physical Therapy Board in order to practice as a physical therapist or physical therapist assistant in the state of Louisiana. Pursuant to Rule § 180 D in order to restore an inactive license to an active status, the licensee shall do the following:

A. Reactivation of License

1. To restore an inactive license to an active status, the inactive licensee shall:
 - a) provide documentation satisfactory to the board of completion of the continuing education requirements specified in §194 for the continuing education period immediately preceding reactivation;
 - b) provide documentation satisfactory to the board that he has engaged in physical therapy practice in any jurisdiction or country within four years preceding his request to restore active license status. An individual who has not engaged in physical therapy practice for four or more years prior to restoring active license status shall comply with Paragraph D.2 of this Section.
2. The board shall restore active status of an inactive license for an individual who has not engaged in the practice of physical therapy in any jurisdiction or country for a period of four or more years under the following conditions:
 - a) licensee shall be subject to a three-month period of supervised clinical practice;
 - b) licensee may only practice under the on-premises supervision of a board approved PT who has practiced no less than three years with a Louisiana license in good standing;
 - c) completion of the practice assessment and satisfactory completion of continuing education courses indicated by that tool to bring the applicant's knowledge to current standards;
 - d) a supervision agreement must be approved by the executive director before a provisional license will be issued. The supervision agreement shall be in force for the entire three-month supervisory period. This licensee may only practice in those facilities and under the supervision of the PT named in the approved supervision agreement. Any change in practice site or supervisor must be submitted in a revised supervision agreement prior to the change taking place. At the end of the supervisory period, the supervising PT of record shall report to the board the satisfactory or unsatisfactory completion of the supervision period. If an unsatisfactory supervision period is reported by the supervising PT of record, the board, in its discretion, may require an additional three-month supervisory period; and
 - e) completion of remedial courses which may be prescribed by the board.

In compliance with Act 655 of the 2018 Regular Legislative Session, the Board gives notice to its licensees and applicants of their opportunity to file a complaint about board actions or procedures. You may submit such complaints to one or more of the following organizations:

La Physical Therapy Board, 2110 W. Pinhook Road, Ste. 202, LA 70508; 337-262-1043; info@laptboard.org;
Committee on House & Governmental Affairs; La House of Representatives, P.O. Box 44486, Baton Rouge, LA 70804; 225-342-2403; h&ga@legis.la.gov;
Committee on Senate & Governmental Affairs; La Senate, P.O. Box 94183, Baton Rouge, LA 70804; 225-342-9845; s&g@legis.la.gov



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INACTIVE TO ACTIVE LICENSE STATUS APPLICATION INSTRUCTIONS

To reactivate your license, please submit the following to the board office:

- Inactive to Active License Form - completed and signed
- Proof of Continuing Education Compliance
 - provide copies of all CEU's certificates
- Current Resume

Please mail all documents to:

LAPT Board Office

2110 West Pinhook Road

Suite 202

Lafayette, LA 70508

Once the above requirements are met and satisfied, your license shall be reactivated.

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Please complete the form below and mail to the Board office along with documentation satisfactory to the board of completion of the continuing education requirements specified in §194 for the continuing education period immediately preceding reactivation. Please include your most recent resume.

Type of License: Physical Therapist Physical Therapist Assistant

License Number: _____

Name: _____

Home Address: _____

Work Address: _____

Cell Number: _____ Work Number: _____

Email Address: _____

Please check all that apply:

- I certify and attest that I have completed the necessary requirements for licensure renewal set forth in §194. Biennial Requirements
- I certify and attest to completing all CEU's.
- I certify and attest to actively engaging in the practice of Physical Therapy or Physical Therapy Assisting within the previous 4 years.
- I certify and attest that I **have not** actively engaged in the practice of Physical Therapy or Physical Therapy Assisting within the previous 4 years. **PLEASE NOTE: If you have not practiced for 4 or more years in any jurisdiction or country you MAY renew your license UNDER THE FOLLOWING CONDITIONS. See §180 D.(2), Reactivation of License, for more information.**
- 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 Practice Act.

Signature: _____ Date: _____

NOTE: Please allow 2 weeks for processing. Once your application is processed, your license can be verified at www.laptboard.org . Restoring your inactive status license does not extend the expiration date of your license. The same expiration date will apply.

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