

Oregon Physical Therapist Licensing Board
800 NE Oregon Street, Suite 407
Portland, OR 97232-2187
PH 971.673.0200 - FAX 971.673.0226

Application for License

Page 1

Check 1 box on each of the following 3 lines

Physical Therapist _____	OR	Physical Therapist Assistant _____
Application by Examinatic _____	OR	Application by Endorsement _____
CAPTE Graduate _____	OR	Foreign Graduate-Non CAPT _____

List of PT CAPTE programs-

http://www.capteonline.org/uploadedFiles/CAPTEorg/State_Boards/MasterListofAccreditedPTPrograms.pdf

List of PTA CAPTE programs-

http://www.capteonline.org/uploadedFiles/CAPTEorg/State_Boards/MasterListofAccreditedPTAPrograms.pdf

Full Legal Name	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>Middle</i>
	_____	_____	_____
	<i>Maiden Name</i>	<i>Previous / Other Names</i>	
	_____	_____	_____
	<i>Social Security # (1)</i>	<i>Date of Birth</i>	
	_____	_____	_____
	<i>Place of Birth - City</i>	<i>State</i>	<i>Country</i>
	_____	_____	_____
		<i>Male</i> _____	<i>Female</i> _____

Home Address:	_____
<i>Private Information</i>	<i>Street Address (you can not use a PO Box)</i>

<i>for Board use only</i>	<i>City, State, Zip</i>

	<i>Contact Phone Number</i> _____
	<i>Private E-mail address for Board use only</i> _____

Mailing Address:	_____
<i>Public Information</i>	<i>Street Address or PO Box</i>

	<i>City, State, Zip</i>

	<i>Public E-mail address</i> _____

Work Address:	_____
<i>Public Information</i>	<i>Name of Employer</i>

	<i>Street Address or PO Box</i>

	<i>City, State, Zip</i>

	<i>Work Phone Number</i> _____

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Education - Physical Therapy Program: (Obtained first professional degree in physical therapy)		
<i>Public Information</i>		

<i>Name of University or College</i>		

<i>Location - City</i>	<i>State</i>	<i>Country</i>

<i>Dates Attended</i>	<i>Graduation Month / Year</i>	<i>Degree</i>

<u>BACKGROUND INFORMATION</u>	
<p>Photograph:</p> <p>Affix a recent photograph. The photograph must be at least 2" X 2" in size. Tape or glue photograph to the application. DO NOT STAPLE</p>	<p>Tape Photo Here</p>

<p>RACE (2)</p> <p>_____ American Indian or Alaska native</p> <p>_____ Asian</p> <p>_____ Black or African American</p> <p>_____ Native Hawaiian or Pacific Islander</p> <p>_____ White / Caucasian</p> <p>_____ Other (Multi-Ethnic)</p> <p>_____ Decline to Answer</p>	<p>ETHNICITY</p> <p>_____ Hispanic or Latino</p> <p>_____ Not Hispanic or Latino</p> <p>_____ Decline to Answer</p>
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<u>PROFICIENCY IN LANGUAGES OTHER THAN ENGLISH</u>	
<p>_____ American Sign Language</p> <p>_____ Arabic</p> <p>_____ Farsi</p> <p>_____ French</p> <p>_____ Hmong</p> <p>_____ German</p> <p>_____ Japanese</p> <p>_____ Korean</p>	<p>_____ Mandarin</p> <p>_____ Romanian</p> <p>_____ Russian</p> <p>_____ Spanish</p> <p>_____ Tagalog</p> <p>_____ Vietnamese</p> <p>_____ Other _____</p>

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LICENSURE HISTORY

Complete this section ONLY if you answered "YES" to question 2 in the background questionnaire.

List all jurisdictions in which you have ever been licensed. Attach a separate sheet if more space is needed.

Jurisdiction:			
Licensed by:	Examination _____	<i>or</i>	Endorsement _____
Is license current/active?	Yes _____		No _____
Date license expired,lapsed or will expire/lapse	_____		_____
	MM/DD/YY		License or Certificate #

Jurisdiction:			
Licensed by:	Examination _____	<i>or</i>	Endorsement _____
Is license current/active?	Yes _____		No _____
Date license expired,lapsed or will expire/lapse	_____		_____
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Print additional pages for more licensing information

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BACKGROUND QUESTIONNAIRE:

Answer all the questions below. If you answer "yes" to any of the questions 3 - 6, your application must include a detailed letter of explanation and any related official documentation. (Include all police reports, court documents, final actions, etc.) Applications with incomplete or missing documentation will be returned unprocessed

- | | | |
|---|--------------|-------------|
| 1. Have you taken the National Physical Therapy Examinations (NPTE)?
If yes, # of times: _____ Date(s) _____
State(s) _____ | _____
Yes | _____
No |
| 2. Have you ever been licensed or practiced as a Physical Therapist or Physical Therapist Assistant? | _____
Yes | _____
No |
| 3. Have you ever been investigated, disciplined, or denied licensure by any governmental licensing agency or authority in any jurisdiction, state, or foreign country? | _____
Yes | _____
No |
| 4. Have you ever surrendered any professional health care license or certificate in any state, jurisdiction or foreign country? | _____
Yes | _____
No |
| 5. Have you ever been arrested, charged, plead guilty, plead no contest or convicted of any criminal offense including misdemeanors or felonies, other than a traffic ticket involving parking or a moving violation (such as a speeding ticket) in any state, jurisdiction or foreign country?
A DUI related offense even if you entered or completed a diversion program, or driving with a suspended license must be reported. | _____
Yes | _____
No |
| 6. In the past 3 years have you been treated for any physical, mental or emotional condition including alcohol or controlled substance addiction, that impaired or impairs your ability to practice your health care profession safely and competently? | _____
Yes | _____
No |

Certifying Statement

I swear that the statements contained in this application are true and correct in every respect; that I have complied with all of the requirements of the law pertaining to the licensing of physical therapists, or physical therapist assistant; and, that I have read and understand this certifying statement.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Signature of Applicant</i>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Date of Signature</i>
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Disclosures:

(1) Social Security Number requirement, authority and Disclosure Statement

As part of your application for an initial, renewed or reinstated professional license issued by the Oregon Physical Therapist Licensing Board (PT Board), you are required to provide your Social Security Number to the PT Board. This is mandatory. The authority for this requirement is Oregon Law 1997, chapter 746, section 117 (ORS 25.785) and 42 USC - 666 (a)(13). Failure to provide your Social Security Number will be a basis for the PT Board to refuse to issue, renew, or reinstate the license. Although a number other than your Social Security Number appears on the face of the license, your Social Security Number will remain on file with the PT Board. If warranted, the record of your Social Security Number may be used for child support enforcement, federal and state tax administration, and the reporting of final disciplinary actions against your PT/PTA license to the Healthcare Integrity and Protection Data Bank (HIPDB). Any other use of your Social Security Number will require your written authorization.

(2) Race

The Oregon Legislature enacted ORS 676.400, a law which is designed to identify populations underserved by health care providers. The law requires regulatory agencies to request and maintain licensees' racial, ethnic, and bilingual information and to report this data to the Legislature. Although provision of this information is voluntary, the Board encourages you to participate. If you have questions, please contact the Board office.

APPLICANT CHECKLIST

<u>Check off each required item before submitting your application</u>	<input checked="" type="checkbox"/>
Have you completed all information on the application, signed and dated the form?	_____
Have you included the check for \$162.00 made out to the OPTLB?	_____
Have you answered all 25 questions of the Jurisprudence exam, signed and dated?	_____
Have you sent the Certificate of Professional Education to your school?	_____
Have you requested written verification of any professional healthcare licenses be sent to the OPTLB?	_____
<i>PT APPLICANTS ONLY - Have you included you 1 hour Pain Management Certificate?</i>	_____
<u>Additional items checklist for Endorsement Applicants</u>	
Have you requested from the FSBPT a score transfer report be sent to Oregon?	_____
Have you requested written verification of ALL current and previous PT /PTA licenses be sent to the Oregon PT Board?	_____
<u>Foreign Educated Applicants</u>	
Credentials Report, Proof of English proficiency (TOEFL) and Verification of Foreign license if applicable submitted.	_____