



Oregon Physical Therapist Licensing Board
 800 NE Oregon Street, Suite 407
 Portland, Oregon 97232
www.ptboard.state.or.us
 971-673.0201

Application for Oregon PT / PTA license check one box PT _____ PTA _____

Applicant Information

Full Legal Name: _____
 First _____ Full Middle _____ Last _____

 Maiden Name _____ Previous or Other Names _____

Mailing Address: _____
 Street address _____
 City _____ State _____ Zip _____ Country _____

Public email address: _____
 (Optional)

Applicant Information – All Fields Required

Home Address: _____
 Street Address **NO PO BOX ALLOWED**
 City _____ State _____ Zip _____ Country _____

 Phone Number _____ Board only email address _____

 Social Security Number * _____ Place of birth- Country _____ Date of birth _____ Gender: Male _____ Female _____

Work Address

Name of Current Employer _____
 Street Address or PO Box _____
 City _____ State _____ Zip _____ Phone _____

Education – First Degree in Physical Therapy

Name of School _____
 City _____ State _____ Country _____
 Initial PT/ PTA Degree (AS, AAS, BS,MS,DPT) _____ Graduation Year _____

Work History – Previous 5 Years as a PT or PTA – Attach separate sheet if more space is required

Employer _____ Phone: _____

City _____ State: _____

Start Date _____ End Date _____

Employer _____ Phone: _____

City _____ State: _____

Start Date _____ End Date _____

Employer _____ Phone: _____

City _____ State: _____

Start Date _____ End Date _____

Employer _____ Phone: _____

City _____ State: _____

Start Date _____ End Date _____

Employer _____ Phone: _____

City _____ State: _____

Start Date _____ End Date _____

Licensure History – List all states you have ever been professionally licensed. Attach separate sheet if more space is required

_____	_____	_____	_____
State	License Number	License Type	Expiration or Lapse Date

_____	_____	_____	_____
State	License Number	License Type	Expiration or Lapse Date

_____	_____	_____	_____
State	License Number	License Type	Expiration or Lapse Date

_____	_____	_____	_____
State	License Number	License Type	Expiration or Lapse Date

_____	_____	_____	_____
State	License Number	License Type	Expiration or Lapse Date

_____	_____	_____	_____
State	License Number	License Type	Expiration or Lapse Date

Required Background Check

The Board requires applicants to undergo a state and national criminal background check using fingerprint identification. The Board contracts with Fieldprint, Inc. to collect and transmit fingerprints electronically. The applicant is responsible for all charges incurred by Fieldprint.

Instructions for Fingerprint Background Check

1. Visit www.FieldprintOregon.com and click on the “**Schedule an Appointment**” button.
2. Enter an email address under “**New Users/Sign Up**” and click the “**Sign Up**” button. Follow the instructions for creating a Password and Security Question and click “**Sign Up and Continue**”
3. Enter the Fieldprint code: **FPORPTLicensingBdDAS**
4. Enter the contact and demographic information and schedule an appointment from the list of locations.
5. **Print the Confirmation Page.** You will need the Confirmation Page and **2 valid forms of identification.**

If you have any questions you may contact the Fieldprint customer service team at Ph. 877-614-4364 or online at customerservice@fieldprint.com

Allow at least one week for the processing of your Background Check.

Ethnicity and Language Information

If you choose not to provide the information it will have no effect on the acceptance or processing of your application or renewal. The Oregon Legislature enacted ORS 676.400 to identify populations underserved by health care providers. The law requires regulatory agencies to request and maintain this information and to report the data to the Legislature. The Board encourages you to participate.

Race

American Indian or Alaska Native _____
Asian _____
Black or African American _____
Native Hawaiian / Pacific Islander _____
White / Caucasian _____
Other _____
Decline to answer _____

Ethnicity

Hispanic or Latino _____
Not Hispanic or Latino _____
Decline to answer _____

Languages

Are you proficient in languages other than English? Yes _____ No _____
If “yes” then please list here _____

Photo

Attach a passport style photo here. The Photo must be clear and recent.



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.

You must write in the word "Yes" or "No" for each question below

1. Have you taken the National Physical Therapy Examination (NPTE)? _____
If "Yes" how many times? _____
2. Have you ever been licensed as a Physical Therapist or Physical Therapist Assistant? _____
3. Have you ever been investigated, disciplined, or denied licensure by any governmental licensing agency or authority in any jurisdiction, state, or foreign country? _____
4. Have you ever surrendered any professional health care license or certificate in any state, jurisdiction or foreign country? Allowing a license to lapse or expire is not considered a surrender _____
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.)
6. In the past 3 years have you been treated for any mental or emotional condition including alcohol or controlled substance addiction that impaired or may impair your ability to practice your health care profession safely and competently? _____

Social Security Number (SSN) Use

Social Security Number Requirement, Authority and Disclosure Statement

SOCIAL SECURITY NUMBER REQUIRED 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 (SSN) to this agency for the purposes identified in this paragraph. **This is mandatory.** This record of your SSN will be used for child support enforcement, tax administration purposes [including identification], to verify military status prior to issuance of a final order, and to report any final adverse actions against you by the Board to the United States Department of Health and Human Services. The authority for this requirement is ORS 25.785, ORS 305.385, 50 USC App § 521(b) (Supp. 2005), 42 USC § 405(c)(2)(C)(i), 42 USC § 666(a)(13), 42 USC § 1320a-7e and 45 CFR 61.7. Although a number other than your SSN appears on the face of the license issued by the PT Board, your SSN will remain on file with this agency for the above purposes. Failure to provide your SSN will be a basis to refuse to issue or renew the license you seek.

CONSENT TO OTHER USE OF SOCIAL SECURITY NUMBER The PT Board also hereby requests the use of your SSN for the following purposes, on the basis identified for each use. If you consent to the use of your Social Security number by the PT Board for these additional purposes, it will be used only for these additional purposes unless the PT Board requests, and you specifically authorize, any additional use.

___ **Yes** ___ **No** Pursuant to ORS 181.534, 670.280, 688.140, and Oregon Law 2016, Chapter 13 to conduct criminal background checks.

___ **Yes** ___ **No** Pursuant to Oregon Law 2016 Chapter 13 and ORS 688, in order to facilitate the ability for you to exercise portability of your license to other member states under the Compact privilege.

I hereby consent to the additional uses of my SSN number described above. I understand that failure to allow use of my SSN for these purposes will **not** be used as a basis to deny my application, or to deny me any right, benefit or privilege provided by law.

Certifying Statement

I swear that the statements and information 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 a physical therapist or physical therapist assistant; and that I have read and understand this certifying statement.

Signature

Date

APPLICATIONS ARE VALID FOR 6 MONTHS FROM THE DATE RECEIVED BY THE BOARD