



# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board  
Physical Therapy Section

## Physical Therapy Reinstatement Application Instructions

The reinstatement application applies to any individual who previously held a license to practice as a physical therapist or physical therapist assistant in Ohio at any time. Please review rule 4755-23-10 of the Ohio Administrative Code for clarification on the requirements to apply to reinstate your Ohio physical therapist/physical therapist assistant license.

Applications are reviewed on a weekly basis. All applications must be **FULLY** completed before they are reviewed and a license is reinstated. If your application remains incomplete for one year from the date the Board receives it, your file will be closed.

Each reinstatement applicant must demonstrate proof of CE completion. To ensure that your CE courses have Ohio approval numbers, visit the Ohio Physical Therapy Association (OPTA) website ([www.ohiopt.org](http://www.ohiopt.org)).

You may not practice physical therapy in Ohio until your license is reinstated. Any continuing education credits used to reinstate your license to active status may not be used to fulfill the continuing education renewal requirements.

### To reinstate your Ohio license, you must complete or provide all of the following:

*(This instruction sheet is for your personal records.)*

#### Application Fee

- The application fee is non-refundable. Please submit a cashier's check, business check, or money order made payable to "Treasurer State of Ohio" for \$100.00. Personal checks, cash, and/or credit cards will not be accepted.

#### Photograph

- Please staple a passport photograph of your face taken within the six month period immediately preceding the date of your application. The photo should be 2 x2 inches in size. If the photo is digital, it must be a clear representation and must meet the specifications listed above. For more information please review the *Passport Photograph Guidelines* on the Board's website (<http://otptat.ohio.gov>).

#### Ohio Jurisprudence Examination Registration

- You are required to complete an Ohio Jurisprudence exam registration and submit your Ohio Jurisprudence exam registration fee directly with FSBPT at <https://pt.fsbpt.net>. You must score a 600 or better to pass the Ohio Jurisprudence examination.

#### Notarized Statement

- You must submit a notarized statement indicating why you did not renew your license by the prescribed renewal date or why you would like to reinstate your Ohio license.

#### Verification of Licensure

- You must provide an official verification from any state in which you hold or have ever held a license to practice physical therapy or another healthcare profession.

#### Continuing Education

- You must provide proof of completion of 24 hours of CE for PT's and 12 hours of CE for PTA's. Every CE course must have an Ohio approval number and be completed in the two years prior to the date you submit this reinstatement application. Please provide copies of your certificates of completion. Original certificates will not be returned.
- Complete the Continuing Education Reporting Form and turn it in with your reinstatement application.

#### Employment History

- You must complete and sign the employment history form.



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#### **Additional Requirements For Individuals Who Have Not Practiced Physical Therapy For Five Or More Years Prior to the Date of this Application**

The Physical Therapy Section defines “out of practice” for a physical therapy practitioner as working less than 500 hours over a five year period.

##### **Federation State Boards of Physical Therapy-Exam Registration**

- The Federation of State Boards of Physical Therapy (FSBPT) administers the National Physical Therapy Examination for physical therapists and physical therapist assistants. You are required to complete an exam registration and submit your NPTE registration fee directly with FSBPT at <https://pt.fsbpt.net>.



**The Physical Therapy Section**

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board  
 77 South High Street, 16th Floor  
 Columbus, Ohio 43215-6108

Phone (614) 466-3774 Fax (614) 995-0816  
 Website: <http://otptat.ohio.gov>  
 Email: [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov)

APPLICATION FOR LICENSE TO PRACTICE PHYSICAL THERAPY IN OHIO	
<b>Profession</b> (Select one)	
<input type="radio"/> Physical Therapist	
<input type="radio"/> Physical Therapist Assistant	
<b>Application Type</b> (Select one)	
<input type="radio"/> Examination	
<input type="radio"/> Endorsement	
<input type="radio"/> Reinstatement	

**INSTRUCTIONS, PLEASE READ:**

- A. Complete all relevant categories (type or print in ink).
- B. Passport Photograph must be submitted with this application.
- C. Fee must be submitted with application. (**Money Order/Cashier's Check/Business Check** must be made payable to **"Treasurer State of Ohio"**)

**ALL LICENSURE APPLICATION FEES ARE NON-REFUNDABLE**

**\*\*PLEASE READ:** Provision of your social security number is mandatory and may be provided for child support enforcement purposes (ORC 3123.50) and for reporting requirements to the Federal Healthcare and Integrity Protection Data Bank (42 USC 132a-7e, 5 USC 552a, 45CFR pt. 61). In compliance with section 1347.05 (E) of the Revised Code, you are notified that failure to supply the information requested in this application may result in a denial of the application.

Section A: IDENTIFICATION INFORMATION				
First Name	Middle Name	Last Name	Maiden Name	
Home Phone Number (with Area Code)		Alternate Phone Number (with Area Code)		
Permanent Mailing Address				
City	State	Zip	County	
**Social Security Number		Email Address (Optional)		
Date Of Birth (mm/dd/yyyy)		Place Of Birth (City and State)		
Color of Hair	Color of Eyes	Weight	Height	Gender <input type="radio"/> Male <input type="radio"/> Female
According to rule 4755-23-07 of the Ohio Administrative Code, you must inform the Physical Therapy Section in writing of any change of name, address, or employment within thirty days after the change.				

FOR OFFICE USE ONLY
Application Received
Amount \$:
Money Order #:
Batch Number

<p><b>Staple Passport Photograph Here</b></p> <p>Photograph must be 2 x 2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken with the past 6 months. Sign back of photograph.</p>
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**Section B: EDUCATION**

**Entry Level Physical Therapy Education**

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR)	
		From	To

**Other Post High School Education**

Please list all post-professional education and/or other colleges attended.

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR)	
		From	To

**Section C: EXPERIENCE**

(Starting with present position, list chronologically your work experience during the past ten years. If you are a new graduate list your field work experience. Please attach a separate page if necessary.)

DATES (MO/YR)		JOB TITLE, TYPE OF PRACTICE AND AVERAGE WORK HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	PERFORMED PT DUTIES IN OHIO	
Start	End			YES	NO

<b>Section D: BACKGROUND INFORMATION</b>
1. How many times have you taken the National Physical Therapy Examination (NPTE) for Physical Therapists?
2. How many times have you taken the National Physical Therapy Examination (NPTE) for Physical Therapist Assistants?
3. What State approved you to sit for the NPTE?

<b>Section E: LICENSURE HISTORY</b>			
Do you currently hold or have you ever held a <b>license, limited permit, certification, or registration</b> to practice physical therapy or another healthcare profession in this state and/or another state. <input type="radio"/> YES <input type="radio"/> NO			
If YES, Please complete the table below.			
Initial license to practice as a <input type="radio"/> Physical Therapist <input type="radio"/> Physical Therapist Assistant issued by which State?			
STATE	LICENSE # / LIMITED PERMIT #	INITIAL ISSUE DATE	EXPIRATION DATE

<b>Section F: BACKGROUND QUESTIONS</b>		
Answer the following questions by <b>initialing</b> in the appropriate space at the right.		
<b>NOTE:</b> Be advised that you are under a continuing obligation to supplement your answers to these questions should any answers change following the submission of this application.	<b>YES</b>	<b>NO</b>
1. Have you ever been convicted of, found guilty of, pled guilty to, or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude in Ohio, another state, or a US territory?		
2. Have you ever been adjudged by a court, in Ohio, another state, or a US territory to be incompetent?		
3. Have you ever been denied licensure to practice as a physical therapist or physical therapist assistant, or another healthcare profession in Ohio, another state, or US territory?		
4. Have you ever been disciplined in any state or US territory in which you have ever held a license to practice as a physical therapist or physical therapist assistant, or any other healthcare profession?		
5. Have you used drugs, narcotics, or alcohol to the extent that it impairs your ability to practice physical therapy or another healthcare profession?		
6. Have you ever been revoked, suspended, restricted, or had your clinical privileges terminated by the United States Department of Defense or the United States Department of Veterans Affairs?		
7. Have you ever been terminated or suspended from participation in the Medicare or Medicaid program for an act or acts that constitute a violation of sections 4755.40 to 4755.56 of the Revised Code?		
8. Have you ever been convicted of a misdemeanor when the act that constituted the misdemeanor occurred during the practice of physical therapy?		
9. Have you ever been found guilty of malpractice or settled a malpractice claim?		

If the answer to any questions is "yes", please provide a written statement explaining the incident(s) and what state it occurred in and attach supporting documentation including but not limited to: *court records, police records, and/or documentation from other state licensing boards*. If you have been convicted of a felony, you must provide "certified" copies of the following court documents: *Indictment, Plea Entry, Disposition, Sentencing Entry, Terms of Parole or Probation, Parole or Probation and Release/Discharge*

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## Verification of Licensure

This form must be completed by an official from each jurisdiction where the applicant currently holds or has ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process.

<b>This section must be completed by the applicant. Please print or type.</b>		
Name (First, Middle, Last):		Maiden Name:
Name as it appears on this state's license, certificate, registration, or permit:		
Type of License/Certificate/Registration/Permit: <input type="radio"/> OT <input type="radio"/> OTA <input type="radio"/> PT <input type="radio"/> PTA <input type="radio"/> AT <input type="radio"/> Other _____	Jurisdiction	License Number
Social Security Number:	Date of Birth (mm/dd/yyyy):	

The Ohio OT PT AT Board requests that I submit evidence of my license/certification/registration/permit in your jurisdiction. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board, 77 South High Street, 16<sup>th</sup> Floor, Columbus, Ohio, 43215-6108.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>This section must be completed by an administrative officer of the regulatory agency. Please print or type.</b>			
Licensure Jurisdiction:	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: <input type="radio"/> Active <input type="radio"/> Inactive/Expired <input type="radio"/> Suspended/Revoked <input type="radio"/> Other (Explain)			
The license was issued on the basis of: <input type="radio"/> Examination <input type="radio"/> Endorsement <input type="radio"/> NBCOT or BOC <input type="radio"/> Grandfather <input type="radio"/> Other (Explain)			
Has the applicant's license to practice ever been restricted or disciplined in any way? If yes, please explain and attach any relevant documentation.			
Does the applicant have any pending complaints or is the applicant currently under investigation? If yes, please explain and attach any relevant documentation.			

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Return This Document To:

Ohio OT PT AT Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108

*Board Seal*



# State of Ohio

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## Employment History

This form must be completed by any person who is applying to reinstate an Ohio license. Attach additional sheets if necessary.

### Section A

1. Have you worked as an OT, OTA, PT, PTA, or AT in Ohio since the license you are applying to reinstate expired? <input type="radio"/> Yes <input type="radio"/> No
2. During this time period, were you employed by a contract company/agency? <input type="radio"/> Yes (If yes, complete sections B, C, and D.) <input type="radio"/> No (If no, complete sections C and D.)
3. What type of license are you applying to reinstate? (Please provide Ohio license number) <input type="radio"/> OT # <input type="radio"/> OTA # <input type="radio"/> PT # <input type="radio"/> PTA # <input type="radio"/> AT #

### Section B

*If you were employed with a contract company/agency, you are required to list the details for each facility in Ohio where you provided OT, OTA, PT, PTA, or AT services, including the name of each person who supervised you and the dates you provided services at each facility.*

Name of Contract Company/Agency:	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	

### Section C

#### Employment Information

<b>Employer #1:</b> (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	



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## Employment History

<b>Employer #2:</b> (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	

<b>Employer #3:</b> (Company Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor's Name, Title, License Number (If Applicable):
Supervisor's e-mail address:	
List the specific date(s) you provided services at this facility:	

### Section D

I, the undersigned, hereby certify that the information provided on the employment history form is accurate to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Type of License (OT, OTA, PT, PTA, AT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return This Document To:  
Ohio OT PT AT Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108