

Ohio OTPTAT Board
Physical Therapist/Physical Therapist Assistant
Reinstatement Application Instructions

The **reinstatement application** applies to any individual who:

- has previously held a license to practice as a physical therapist or physical therapist assistant in Ohio at any time

REQUIRED DOCUMENTS

Applicants are required to electronically upload documents to apply for licensure.

Document to Upload with your online application
Non-refundable application fee of \$100.00. Pay fee with online application. Acceptable forms of payment are: Master Card, Visa, or Discover.
Written Statement. You must submit a written statement indicating why you did not renew your license by the prescribed renewal date or why you would like to reinstate your Ohio license. Upload the written and signed statement with the online application. Retain hard copy for your records.
Employment History Form Complete this form. Upload the completed form with the online application. Retain the hard copy for your records.
Continuing Education You must provide proof of completion CE: PTs minimum required CE 24 hours and PTAs minimum required CE 12 hours. CE must have a valid Ohio Approval Number and be completed in the two years, prior to the date you submit this reinstatement application. Please scan all certificates of completions into one pdf document, then upload one attachment to the online application. Retain hard copy for your records.
Verification of Licensure Complete the Licensure History Form . You must provide an official verification from any jurisdiction in which you hold or have ever held a license, certification, or registration to practice physical therapy or another health care profession. Jurisdiction means any state, U.S. territory, or foreign country. Upload the completed <i>Licensure History form</i> and completed <i>Verification of Licensure</i> documents from (any jurisdiction in which you hold or have ever held a license, certification, or registration to practice occupational therapy or another health care profession) with online application. If submitting verifications from multiple states, please scan all verifications into one pdf document, then upload one attachment to the online application. Retain the hard copy for your records.
Applicants with Felony Convictions Please review the <i>Requirements for Applicants with Felony Convictions</i> document on the Board's website for information about information that should be submitted to expedite the processing of your application. Upload documentation to the online application.

Other steps that are required for reinstatement

Ohio Jurisprudence Assessment Module You are required to take and pass the Ohio Jurisprudence Assessment Module, which is available at https://www.fsbpt.org/Our-Services/Jurisprudence-Assessment-Module-JAM-Services/Ohio .

Additional requirements for individuals who have not practice 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.

FSBPT NPTE Registration. You are required to register with the Federation of State Boards of Physical Therapy (FSBPT) https://www.fsbpt.org/ExamCandidates.aspx to sit for the NPTE. You are required to submit your examination registration fee directly to the FSBPT.

TO APPLY

Complete the online application through the Ohio elicense portal: <https://elicense.ohio.gov>

Failure to supply required information may result in denial of the application.

If your application remains incomplete for one year from the date it is received, your file will be closed.

Providing your Social Security Number for licensure is required by state & federal law.

AFTER YOU APPLY

Following submission and payment for your application, you will receive an email confirming your submission and payment. Once you have submitted your application you cannot make any changes to your application.

If you need to contact the Ohio OTPTAT Board, please visit: <http://otptat.ohio.gov/ContactUs.aspx>

Revised May 6, 2020



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Employment History

This form is MANDATORY for Reinstatement Applicants

This form must be completed by any person who is applying to reinstate an Ohio license. Attach additional sheets if necessary. **If this form is not complete in its entirety, your application will not be processed and this form will be returned to you for completion.**

Section A

1. What type of license are you applying to reinstate? (Please provide Ohio license number) OT # _____ OTA # _____ PT # _____ PTA # _____ AT# _____ LO # _____ LP # _____ LPO # _____ LPED # _____
2. When did you discover your license expired (please list a specific date)? _____
3. How did you discover your license expired? <input type="radio"/> Board letter <input type="radio"/> Employer discovered <input type="radio"/> Other, Explain
4. Have you provided treatments to patients/clients as an OT, OTA, PT, PTA, AT, LO, LP, LPO, or LPED in Ohio since your license expired? <input type="radio"/> Yes <input type="radio"/> No (If no, complete section D.)
5. If "yes" to question 4, 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.)

Section B

<i>If you were employed by a contract company/agency, you are required to list the details for each facility in Ohio where you provided OT, OTA, PT, PTA, AT, LO, LP, LPO, or LPED services, including the name of each person who supervised you and the dates you provided services at each facility.</i>	
Name of Contract Company/Agency:	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):

Section C

<i>Employment Information*-If you worked for a contract company, list the facility(s) where you provided services in this section.</i>	
Employer #1: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility *(Only list the dates you practiced at this facility after your licensed expired):	



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Employment History

This form is MANDATORY for Reinstatement Applicants

Employer #2: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility *(Only list the dates you practiced at this facility after your licensed expired):	

Employer #3: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility *(Only list the dates you practiced at this facility after your licensed expired):	

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, LO, LP, LPO, or LPED)

Signature

Date

Return This Document

The applicant will upload the completed form to:

<https://elicense.ohio.gov>



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Requirements for Applicants with Felony Convictions

If you are applying for licensure in the State of Ohio and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of the following court records:

1. Indictment
2. Plea Entry
3. Disposition
4. Sentencing Entry
5. Terms of Parole or Probation
6. Parole or Probation Release/Discharge

Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-3774 or board@otptat.ohio.gov .

You can upload the required forms with your application for licensure on the eLicense portal at <https://elicense.ohio.gov> or mail the required forms to the Board office located at: Ohio OTPTAT Board, 77 South High Street, Floor 16, Columbus, Ohio 43215-6108.



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Licensure History Form

List each jurisdiction where you currently hold or have ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country.

Do you currently hold or have ever held a **license, limited permit, certification, or registration** to practice occupational therapy, physical therapy, athletic training or another healthcare profession in this state and/or another state. YES NO

If YES, Please complete the table below.

STATE	LICENSE # / LIMITED PERMIT #	ISSUE DATE	EXPIRATION DATE

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

Signature

Date

Print Name

Return the complete document to the Board office:

Email	Mail	Fax
board@otptat.ohio.gov	Ohio OT PT AT Board 77 South High Street, 16 th Floor Columbus, OH 43215-6108	614-995-0816



State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

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. The Board will accept another state's verification of licensure form, provided that it contains the information requested below.

This section must be completed by the applicant. Please print or type.		
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="checkbox"/> OT <input type="checkbox"/> OTA <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> AT <input type="checkbox"/> LO <input type="checkbox"/> LP <input type="checkbox"/> LPO <input type="checkbox"/> LPED <input type="checkbox"/> 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. The jurisdiction must mail the completed form directly to the applicant.

Applicant Signature

Date

This section must be completed by an administrative officer of the regulatory agency. Please print or type.			
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 or ABC <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 the Applicant:
 The applicant will upload the completed form to:
<https://elicense.ohio.gov>

Board Seal



Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Ohio Jurisprudence Assessment Module

Purpose of the Ohio Jurisprudence Assessment Module (OH JAM)

The [OH JAM](#) is an online and on-demand learning and assessment tool approved by the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to meet a requirement for individuals renewing their Ohio license or reinstating an expired Ohio license.

Takers are required to answer 80% of the questions correctly to pass the OH JAM. Takers are permitted an unlimited number of attempts to achieve a passing score, but takers must register and pay all fees with each attempt.

Who Must Take the OH JAM?

All individuals applying for initial PT or PTA licensure in Ohio must take and achieve a passing score on the OH JAM as a licensure requirement. Current PT and PTA licensees, and applicants reinstating an expired Ohio license, must take and achieve a passing score on the OH JAM as a requirement of the renewal or reinstatement process.

Fast Facts:

- The OH JAM is 50 questions long.
- You will have 90 minutes to complete the module.
- You will have access to the PT Practice Act (laws and rules) within the module.
- The OH JAM may be accessed at the following link: <https://www.fsbpt.org/Our-Services/Jurisprudence-Assessment-Module-JAM-Services/Ohio>

Pricing

Jurisprudence Assessment Module: \$48

For licensees taking the OH JAM to meet the renewal requirement, the OH JAM is worth 2 hours of continuing education.

Please note that a 1.6% processing fee, rounded up to the nearest dollar, will apply. You may pay by Visa, MasterCard, or Discover at the time of registration.

JAM must be completed within ninety-six hours of purchase. If you do not take the JAM within ninety-six hours you will need to re-register and pay again.

Score Reporting

OH JAM takers will immediately receive a detailed score report indicating PASSED or FAILED, the total number and percent of questions answered correctly, and the number and percent of questions answered correctly within each content area (Consumer Advocacy, Patient Care Management, etc.). The score report also includes links to the sections of the laws, rules and regulations under which questions were answered incorrectly for the taker to review. You should print or save a copy of your score report for your personal records. Your score report is available for two days after completion of the assessment in the JAM system. After that you can access your score through the Customer Dashboard.

Scores are also reported by FSBPT directly to the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board.

OHIO JAM Content Outline

Category	Section	Ohio Revised Code	Ohio Administrative Code	Specs: # Items (50 Item Form)	Specs: % Items
1000 Legislative Intent & Definitions	1100 Definition of Physical Therapy	4755.40(A)		0-1	2% (1 items)
	1200 Definition of Physical Therapist and Physical Therapist Assistant	4755.40(B) 4755.40(C)		0-1	
2000 Board of Physical Therapy Powers & Duties	2100 Powers and Duties	4755.01 4755.02 4755.41 4755.411	4755-21-01 4755-21-02 4755-23-11	2	4% (2 items)
3000 Licensure & Examination	3100 Qualifications; Requirements	4755.42 4755.70 4755.44 4755.441	4755-23-02 4755-23-14	0-1	22% (11 items)
	3200 Examination and Application	4755.421 4755.43 4755.431 4755.70	4755-23-01 4755-23-03	0-1	
	3300 Foreign Educated Licensure		4755-23-12	0-1	
	3400 Licensure by Reciprocity / Endorsement/ Temporary License for Military	4755.45 4755.451	4755-23-04 4755-23-16 4755-23-17	0-1	
	3500 License Renewal; Reinstatement	4755.46	4755-23-06 4755-23-10	3-4	
	3600 Continuing Education; Waiver; Approval of Courses; Granting Units	4755.51 4755.511 4755.52 4755.53	4755-23-08 4755-23-09	4-5	
	3700 Requirements for Teaching	4755.482	4755-23-13	1	
4000 Patient Care Management	4100 Lawful Practice, Use of Titles	4755.56 4755.71	4755-27-01 4755-27-08	6-7	40% (20 items)
	4200 Supervision and Delegation		4755-27-02 4755-27-03 4755-27-04	5-6	
	4300 Documentation/ Medical Records		4755-27-07	1	
	4400 Referral	4755.481	4755-29-01	2	
	4500 Ethical Conduct		4755-27-05	5-6	

OHIO JAM Content Outline

5000 Disciplinary Actions; Unlawful Practice	5100 Grounds for Disciplinary Action/ Form of Business Entities	4755.47 4755.471 4755.48 4755.482		7-8	30% (15 items)
	5200 Disciplinary Violation Action and Proceedings; Denial	4755.99	4755-21-03 4755-23-15	5-6	
	5300 Reporting & Notice of Change in Contact Information		4755-27-06 4755-23-07	2	
6000 Consumer Advocacy	6100 Display of License		4755-23-05	1	2% (1 items)