GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH – HEALTH PROFESSIONAL LICENSING ADMINISTRATION

NEW LICENSE APPLICATION
BOARD OF PHYSICAL THERAPY

Please read instructions before completing this form. If you have any questions, call HPLA Customer Service at **1-877-673-2174,** Monday through Friday, 8AM to 5PM EST. **A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208)**

SECTION 1. REQUESTED LICENSE TYPE/FEES (includes non-refundable application fee – see instructions)

- ☐ PT – Physical Therapist by Examination $264.00
- ☐ PT – Physical Therapist by Re-Examination $ 85.00
- ☐ PT – Physical Therapist by Endorsement $264.00
- ☐ Duplicate Licenses (limit 5) ____ X $34.00 $_____

TOTAL ENCLOSED $_____

MAIL TO:
Department of Health
Health Professional Licensing Administration
Board of Physical Therapy
899 North Capitol Street, NE
First Floor
Washington, DC 20002

Walk-in Service
Monday through Friday, 9am to 4pm EST
899 North Capitol Street, NE
First Floor
Washington, DC 20002

Make check or money order payable to:

DC Treasurer.

HPLA ONLY		
Check $	**Check #**	**Staff**
$ _ _ _ .00		

SECTION 2A. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 2B below. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME | MI | LAST NAME | SUFFIX (Jr., Sr., etc.)

___ – __ – ____
SOCIAL SECURITY NUMBER
If applicant does not provide a social security number, a sworn affidavit is required.

__ – __ – ____
DATE OF BIRTH (mm/dd/yyyy)

PLACE OF BIRTH
Provide City and State for US birthplace or Country for foreign place of birth.

☐ Male ☐ Female
GENDER

SECTION 2B. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate
FIRST NAME | MI | LAST NAME | SUFFIX (Jr., Sr., etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate
FIRST NAME | MI | LAST NAME | SUFFIX (Jr., Sr., etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate
FIRST NAME | MI | LAST NAME | SUFFIX (Jr., Sr., etc.)

Changed to current name by: ☐ Marriage ☐ Divorce ☐ Court Order ☐ Spouse Death Certificate
FIRST NAME | MI | LAST NAME | SUFFIX (Jr., Sr., etc.)

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SECTION 3A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

Please note: This information WILL NOT be made available to the public.

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS

SECTION 3B. BUSINESS ADDRESS

Please note: This information will be made available to the public.

If current business address is in the District of Columbia, please include the effective date: _____.

COMPANY NAME

☐ APARTMENT ☐ SUITE ☐ FLOOR ☐ PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS

SECTION 3C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

☐ HOME ☐ BUSINESS

SECTION 4. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including professional schools. List in reverse chronological order, beginning with the most recent at the top.

MANDATORY FIELD School Name, City, State, Country	Date of Graduation	Type of Degree/Certificate

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SECTION 5A. POSTGRADUATE EXPERIENCE

List all experience since graduation from college or professional school, in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below.

Organization/Institution	Location	Start Date	End Date	Type of Position (Use Key Below)*	Full Time	Part Time

* TYPE OF POSITION KEY

A. Employment
B. Private Practice
C. Clinical Rotations
D. Instructor
E. Internship/Residence
F. Other (specify on separate sheet of paper)

SECTION 5B. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all the jurisdictions in which you have ever held a Physical Therapy professional icense. You must request and provide official letter of verification of licensure, certification or registration from the state or jurisdiction where you currently or most recently practice Physical Therapy.

MANDATORY FIELD Jurisdiction	Date License Was First Obtained	License Number

SECTION 6. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package **or** requested to be sent to the Board of Physical Therapy. Keep a photocopy of all supporting documents for your records.		HPLA ONLY
A. Two recent and identical passport-type photos of the applicant's face (approx. 2"X2") with applicant's name and SSN printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	YES ☐ NO ☐	☐
B. Copy of an official government-issued identification (I.D.) such as a driver's license, passport, etc.	YES ☐ NO ☐	☐
C. Copies of legal documents supporting all name changes.	YES ☐ NO ☐	☐
D. Check or Money Order for $264 made payable to DC Treasurer.	YES ☐ NO ☐	☐
E. Completed Supplemental Information Form.	YES ☐ NO ☐	☐
F. Applicants applying to sit for the national exam only: Official certified transcript(s) mailed directly from each U.S. education institution showing proof of successful completion of a degree program in the practice of physical therapy. Must be from an institution accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314, and FAX (703) 838-8910. For all foreign educated applicants: a Type 1 Certification from the Foreign Credentialing Commission on Physical Therapy (FCCPT) is required, see Section 6 of the "Application Instructions and Forms For a License To Practice Physical Therapy in the District of Columbia" packet for more details.	YES ☐ NO ☐	☐
G. If applying by examination, confirmation of online registration through the FSBPT to sit for the National Physical Therapy Examination (NPTE) — print a copy of your confirmed registration off of your computer screen.	YES ☐ NO ☐	☐
H. If you are or have ever been licensed in another state/jurisdiction: Verification of State Licensure from the current state/jurisdiction in which you practice in or have most recently practiced in, must be sent directly by that state board to HPLA.	YES ☐ NO ☐	☐
I. If applying by endorsement, a score report reflecting passing scores on the NPTE. Please contact the Federation of State Boards of Physical Therapy (FSBPT) to have your NPTE results transferred to D.C., unless you are applying to sit for the exam.	YES ☐ NO ☐	☐
J. For all applicants: Confirmation of on-line registration through the FSBPT to sit for the DC Jurisprudence Exam (print a copy of your confirmed registration off of your computer screen).	YES ☐ NO ☐	☐

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SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate box. If you answer "Yes" to questions A through J below, you must provide full information and complete details **on a separate sheet of paper, including copies of relevant court documents, date of incident, allegation, and disposition of the case,** and attach to this application.

A. **Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.** Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars ($1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR NEW LICENSE APPLICATION BE DENIED. As of this date, do you owe more than one hundred dollars ($100.00) to the District of Columbia Government as a result of any of the following: 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority service fees; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861	YES ☐ NO ☐	**HPLA ONLY**
B. In the past 10 years: (1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?	YES ☐ NO ☐	☐
C. In the past 10 years, have you ever been convicted or investigated for a crime (other than minor traffic violations) not previously reported to the Board?	YES ☐ NO ☐	☐
D. In the past 10 years, have you ever been party to a malpractice action or had a malpractice action brought against you?	YES ☐ NO ☐	☐
E. In the past 10 years, have you voluntarily surrendered a license after formal changes have been filed against you or while you were under investigation?	YES ☐ NO ☐	☐
F. In the past 10 years, have you been terminated or asked to resign from employment since obtaining your (professional) license?	YES ☐ NO ☐	☐
G. In the past 10 years, have you been terminated from or resigned from a clinical or professional training program?	YES ☐ NO ☐	☐
H. Do you have a physical or medical condition that currently impairs your ability to practice your profession?	YES ☐ NO ☐	☐
I. Are you currently being treated for chemical dependency or psychiatric disorders?	YES ☐ NO ☐	☐
J. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES ☐ NO ☐	☐
K. Have you ever been licensed as a Physical Therapist in any other jurisdiction? *(If "Yes," be sure to complete Section 5B of this form.)*	YES ☐ NO ☐	☐
L. Have you previously been licensed as a Physical Therapist in the District of Columbia?	YES ☐ NO ☐	☐

SECTION 8. APPLICANT AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

APPLICANT SIGNATURE	NAME (Please Print)	DATE	HPLA ONLY
			☐