**STATE OF ALABAMA**
**BOARD OF PHYSICAL THERAPY**
100 NORTH UNION STREET, SUITE 724
MONTGOMERY, AL 36130-5040
*Phone: (334) 242-4064 Fax: (334) 242-3288*
info@pt.alabama.gov

*Kathy Miller*
*Executive Director*

# APPLICATION FOR LICENSURE

**License Type:** PT____ PTA____

By Exam_____ By Endorsement_____

**Please attach a clear, legible copy of the following:**

1. **Valid unexpired government issued ID (such as a driver's license).**

2. **Proof of legal presence in the United States (such as a birth certificate, passport, proper immigration documents). A "STAR ID" driver's license or U.S. Passport will meet both the ID and proof of legal presence requirements.**

3. **If applying by endorsement, please provide 10 hours of continuing education certificates completed within the last 12 months.**

4. **Application Fee - Cashier's check or money order made payable to the Alabama Board of Physical Therapy in the amount of $100.00 (one-hundred dollars). Applications without application fee will be returned.**

**Information to be provided to the Board:**

1. **Transcript directly from your school with degree posted/conferred – email to info@pt.alabama.gov**

2. **NPTE test score from the FSBPT**

3. **AL JAM score from the FSBPT**

4. **Fingerprint background check results through FieldPrint. Please see our website for instructions – www.pt.alabama.gov**

5. **Verification(s) of licensure from any state you are or have ever been licensed to practice physical therapy. Please have the verification(s) emailed to info@pt.alabama.gov**

**Incomplete applications will be returned, i.e. missing fee, ID, proof of legal presence, CE certificates (if required).**

**Applicant Demographics**:

First Name_____

Middle Name_____

Last Name_____

FSBPT ID_____

Social Security Number_____

Date of Birth_____

Ethnicity_____

Gender_____

Permanent Email Address (not school email)_____

Mailing address_____

_____

_____

County_____

Phone Number_____

**Applicant Citizenship:**

Are you a citizen of the United States Yes_____ No_____

*If no, please provide appropriate immigration documentation that demonstrates your ability to work in the U.S.*

**Employment Information (put n/a if unknown or unemployed):**

Employer Name_____

Address_____

_____

_____

County_____

Phone Number_____

Type of Practice_____

**Regulatory Questions: circle your answer (you may attach additional pages if needed)**:

| | | |
|---|---|---|
| 1. | Have you ever abused drugs or alcohol to an extent that it affected your professional competency? | Yes or No |
| 2. | Have you ever been convicted of a felony or a crime of moral turpitude? | Yes or No |
| 3. | Have you ever obtained or attempted to obtain a professional license by fraud or deception? | Yes or No |
| 4. | Have you ever been deemed grossly negligent in the practice of physical therapy? | Yes or No |
| 5. | Have you ever been adjudged mentally incompetent by a court of competent jurisdiction? | Yes or No |
| 6. | Have you ever been guilty of conduct unbecoming a person licensed as a physical therapist or of a conduct detrimental to the interest of the public? | Yes or No |
| 7. | Have you ever been found guilty of violating any state or federal narcotics law? | Yes or No |
| 8. | Have you ever failed to obey any lawful order or regulation of any regulatory board? | Yes or No |
| 9. | Have you ever undergone treatment for alcohol or chemical dependency? | Yes or No |
| 10. | Are there any criminal charges pending against you? | Yes or No |
| 11. | Has your license to practice physical therapy ever been suspended, placed on probation or revoked? | Yes or No |
| 12. | Has any other jurisdiction ever declined your application for professional licensure? | Yes or No |

**License Information**:

State of original PT/PTA license (if not licensed, put none)_____

List any other states for which you have ever held a professional license_____

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_____

**Education:**

Have your school send an **official transcript with degree posted** directly to the Board office at info@pt.alabama.gov. Only secure, electronic copies of an official transcript from the PT/PTA school will be accepted. No permanent license will be issued without an official transcript on file.

School_____

Address_____

_____

_____

Degree Granted_____

Date Degree Granted or to be Granted_____

**Affirm and Submit:**

I affirm I am the person referred to in the foregoing application and that the statements made are true. In the event I am licensed by the State of Alabama Board of Physical Therapy, I hereby agree to adhere and abide by all the statutes and rules governing the practice of physical therapy in Alabama.

Signature_____Date_____

**Please <u>mail</u> this completed form, along with fee and all required documentation to:**

**Alabama Board of Physical Therapy**
**100 N. Union Street, Suite 724**
**Montgomery, AL 36104**