



**Executive Council of PT & OT Examiners**

333 Guadalupe St, Suite 2-510 Austin, TX 78701-3942

Phone (512) 305-6900

fax (512) 305-6970

www.ptot.texas.gov

APP. NO: \_\_\_\_\_

**PT/PTA APPLICATION FOR LICENSURE**

Submit this application with the appropriate fees to ECPTOTE at the address listed above. This application expires one year from the date it is received by ECPTOTE. PLEASE PRINT IN BLACK OR BLUE INK.

Check one box in each column below.

License Type	Licensure Method	PT/PTA Education
<input type="checkbox"/> PT	<input type="checkbox"/> By Exam (no previous license in any state)	<input type="checkbox"/> US CAPTE-accredited program
<input type="checkbox"/> PTA	<input type="checkbox"/> By Endorsement (currently hold a license in another state)	<input type="checkbox"/> Foreign CAPTE-accredited program
	<input type="checkbox"/> Relicensure (previously licensed in TX; license expired more than one year)	<input type="checkbox"/> Program not accredited by CAPTE

**1. FULL LEGAL NAME**

\_\_\_\_\_

First Middle Last (family name) Suffix

**2. NAME AS IT SHOULD APPEAR ON THE LICENSE (This MUST include your legal last name, and should be identifiable as the name you use on legal or financial documents such as a driver's license or checking account )**

\_\_\_\_\_

**3. OTHER LAST NAMES (Maiden name or previous last name on other documents required for this application)**

\_\_\_\_\_

**4. PHYSICAL HOME ADDRESS (Required) PHONE NO. \_\_\_\_\_**

Street address only

City State Zip

**5. MAILING ADDRESS (Optional, if different)**

PO Box or street address City State Zip

**6. BUSINESS ADDRESS PHONE NO. \_\_\_\_\_**

Business Name

Street address

City State Zip

**7. You must select one of your addresses as an address of record available to the public: HOME MAILING BUSINESS**  
Circle one

**OFFICE USE ONLY**

FEE CODE	AMOUNT	DATE	RECEIPT NUMBER
APP			
TEMPLIC			

**8. CONTACT EMAIL ADDRESS** \_\_\_\_\_

*Personal email addresses are preferred over school or work email addresses, since those addresses may be only temporary.*

**9. SOCIAL SECURITY NUMBER**

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**8. DATE OF BIRTH (MM/DD/YY)**

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**10.**

GENDER	EYE COLOR	HAIR COLOR	WEIGHT	HEIGHT
<input type="checkbox"/> F <input type="checkbox"/> M				

**11.**

ETHNICITY (Check one box only)					
<input type="checkbox"/> African-American	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian or White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

**12. GENERAL EDUCATION (College education, not physical therapy program)**

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

**13. PROFESSIONAL EDUCATION (Entry-level physical therapy program, other physical therapy degrees)**

INSTITUTION	LOCATION	DEGREE AWARDED	DATE AWARDED

**14. Have you previously held a Texas PT or PTA license?  NO  YES**  
 If yes, please enter dates and license number, if known.

LICENSE NO.	YEAR ISSUED	YEAR EXPIRED

**15. LICENSURE INFORMATION**

Enter the following information for ALL states, jurisdictions or countries in which you have ever held a physical therapy license (or been authorized to practice physical therapy if licensure was not required). If there are more than 3, please attach an additional sheet with that information.

STATE/COUNTRY	LICENSE/REG. NO.	DATE ISSUED	EXPIRATION DATE

**TO BE COMPLETED BY EXAM APPLICANTS ONLY (Questions 16 – 18)**

16. Have you previously taken the national licensure exam in the US?       NO    YES

17. If yes, how many times? \_\_\_\_\_

18. List states and dates for each time you took the exam.

STATE	EXAM DATE
1.	
2.	
3.	
4.	

STATE	EXAM DATE
5.	
6.	
7.	
8.	

19. Have you applied for licensure in Texas previously?    NO    YES   If yes, when? \_\_\_\_\_

20. Are you currently applying for licensure in another state?    NO    YES

If yes, where? \_\_\_\_\_

**PREVIOUS HISTORY**

21.	Has any professional licensing or disciplinary body in any state, territory, or foreign jurisdiction or nation denied, limited, restricted, suspended, canceled, or revoked any professional license, certificate or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
22.	Have you ever voluntarily surrendered any such credential in anticipation of an investigation or disciplinary proceeding or entered into a consent agreement with respect to licensure?	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
23.	Have you ever been convicted, placed on community supervision whether or not adjudicated guilty, sentenced to serve jail or prison time or granted pre-trial diversion, or plead guilty, no contest or nolo contendere to any crime in any state, territory or country, or received a court order whether or not a sentence was imposed, including any pending criminal charges or unresolved arrests whether or not on appeal (excluding minor Class C traffic violations)? This includes expunged offenses and deferred adjudications with or without a finding of guilt. DUIs, DWIs and PIs must be reported. One time MIPs do not need to be disclosed; therefore you may answer "No." If you have multiple MIPs, however, you must answer "Yes."	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
24.	In the past 5 years, have you been diagnosed or treated for alcohol or substance dependency or addiction?	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
25.	In the past 5 years, have you been determined to be mentally incompetent by a court?	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
26.	Have you ever been found guilty of malpractice, or settled a malpractice claim?	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

**If your answer to any question above is "YES", please attach a statement explaining the circumstances.**

**AFFIDAVIT AND INFORMATION RELEASE**  
*Please read carefully before signing*

In making this application to the Texas Board of Physical Therapy Examiners (TBPE) for a license as a physical therapist or physical therapist assistant, I attest before the undersigned authority that I, the undersigned, am the applicant named in the application and shown in the attached photograph, and that:

1. I have read and understood the complete application, and that all the information contained in this application, and the documentation provided as part of this application, is true and correct.
2. I have read and agree to abide by the Chapter 453, Occupations Code (PT Practice Act), and all rules promulgated by the TBPE.
3. I am the lawful holder of a PT or PTA degree as prescribed by this application.
4. I authorize my educational institutions, employers, and all governmental agencies, and the Federation of State Boards of Physical Therapy to release to the Texas Board of Physical Therapy Examiners or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment or treatment for drug and/or alcohol abuse or dependency, requested by the Board in connection with this application to determine my ability to safely engage in the practice of physical therapy. I further authorize the Texas Board of Physical Therapy Examiners or its successors to release to the institutions, individuals, or entities listed above any information which is material to this application or any subsequent licensure.
5. I authorize the Board to perform a criminal history background check as part of the application process.
6. I affirm that I will provide the Board with updated information within 15 days if I become aware of any event or information that makes any portion of this application or associated documents, though complete and correct when submitted, no longer complete or correct. I understand that failure to provide such updated information may result in an adverse action against my application.

I understand that falsification or misrepresentation of any item or response on this application or any associated document is a sufficient basis for a determination of ineligibility or another adverse action against my application.

\_\_\_\_\_  
*Applicant Name (please print)*

\_\_\_\_\_  
*Applicant Signature* *Date*

Staple a recent 2x2 inch color photo of yourself here. A clear head and shoulders pose is required.  
**Photocopies or computer printouts will be rejected and will delay your application.**