



Executive Council of Physical Therapy and Occupational Therapy Examiners

Texas Board of Physical Therapy Examiners
Texas Board of Occupational Therapy Examiners
Voice: 512/305-6900

www.ptot.texas.gov

333 Guadalupe, Suite 2-510
Austin, Texas 78701-3942
Fax: 512/305-6951

Restoration of a Texas PT or PTA License

as per §341.6. License Restoration

You must restore your license if it has been expired for one year and less than five years. The original expiration date of a restored license will be adjusted so that the license will expire at the end of the applicants' birth month at least two years after the month of restoration. If you do not have a current license in another state, and your license has been expired 5 years or more, you must apply for a new license and take the national examination.

1. If you are currently licensed in good standing in another state, district, or territory of the U.S. you must submit:

- a completed restoration application form;
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, www.ptot.texas.gov/page/PT-JAM;
- verification of licensure from all states in which you hold or have held a license;
- the restoration fee (currently the same as the renewal fee); and
- a criminal history record report obtained through fingerprinting. Information available online at www.ptot.texas.gov under *Latest Updates*.

2. If you are NOT currently licensed in another state, district or territory of the U.S. you must submit the following based on how long your Texas license has been expired.

Expired 1 - 5 years

- a completed restoration application form;
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, www.ptot.texas.gov/page/PT-JAM;
- verification of licensure from all states in which you have held a license;
- a criminal history record report obtained through fingerprinting. Information available online at www.ptot.texas.gov under *Latest Updates*.
- the restoration fee (currently the same as the renewal fee); and one of the following:
 - **PT**
 - completion of an advanced degree in PT within the last five years;
 - 480 hours of Supervised Clinical Practice and 30 CCUs*, (SCP/CC); or
 - a retake score report showing a passing score on the national examination.
 - **PTA**
 - completion of an advanced degree in PT within the last five years;
 - 320 hours of Supervised Clinical Practice and 20 CCUs*, (SCP/CC); or
 - a retake score report showing a passing score on the national examination.

* Required CCUs must be board-approved, include 2 CCUs for the *Jurisprudence Assessment Module (TX JAM)*, and taken within the previous 24 months.

Expired 5 years or more – DO NOT SUBMIT THIS FORM. You must submit:

- the initial license application (available for download at www.ptot.texas.gov);
- a passing score on the *Jurisprudence Assessment Module (TX JAM)*, www.ptot.texas.gov/page/PT-JAM;
- verification of licensure from all states in which you have held a license;
- the restoration fee (currently the same as the renewal fee);
- a retake score report showing a passing score on the national examination (required for PT and PTA); and
- a criminal history record report obtained through fingerprinting. Information available online at www.ptot.texas.gov under *Latest Updates*.



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APPLICATION FOR LICENSE RESTORATION

Restoration method: Current license in another state SCP/CC Advanced Degree Exam

Printed Name: _____ Lic. No.: _____

Social Security No.: _____ Date of Birth: (mm/dd/yy) _____

All other previous last names: _____

State(s) in which you currently hold/have held a license: _____ License No.: _____

EMAIL ADDRESS:

RESIDENTIAL ADDRESS			Attach a recent 2 x 2 inch color photograph of yourself here. A clear head and shoulders pose is required. Photocopies or computer printouts are NOT accepted and will delay your application. DO NOT FOLD PHOTO.
Street: _____			
City: _____	State: _____	Zip Code: _____	
Phone No. with area code: _____			
MAILING ADDRESS (optional)			
Street: _____			
City: _____	State: _____	Zip Code: _____	
BUSINESS ADDRESS			
Business Name: _____			
Street: _____		Phone No. with area code: _____	
City: _____	State: _____	Zip Code: _____	

SELECT ONE OF THE ABOVE AS ADDRESS OF RECORD: Business Home Mailing (circle one)

By signing this form, I attest that all information in this application is true, and that I understand that providing false or incorrect information is a violation of the PT Practice Act and may subject me to the penalties set forth in the Act. I also attest that since my license expiration:

- I have not been convicted of a felony, including a finding or verdict of guilty, an admission of guilt, or a plea of nolo contendere, in this state or any other, that has not been reported to the Board as part of this application.
- No other state or nation has taken an action to suspend or revoke my license to practice physical therapy that has not been reported to the Board as part of this application.
- One of the above actions has happened, and I am enclosing the official documentation describing the action for the Board's review.

Applicant's Signature

Date

Fees Received: _____	Receipt Date: _____	Receipt No.: _____
Approved by: _____	Date: _____	

Name:

HISTORY OF LICENSURE

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 you do not know the license number or the associated dates, you may leave those entries blank. **YOU MUST HAVE A VERIFICATION OF LICENSURE SENT FROM EACH STATE IN WHICH YOU HAVE A CURRENT LICENSE AND/OR HAVE PREVIOUSLY HELD A LICENSE.** One of those must be a current active license for you to be eligible for restoration of your Texas license without submission of other items.

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