

INSTRUCTIONS FOR FACILITY RESTORATION

When to **restore** a facility registration – The owner of a facility must restore a facility's registration if the registration has been expired one year or more, or if the registration of a facility has been cancelled.

When to **renew** a facility registration – The owner of a facility must renew the registration if the registration has been expired for less than one year. The renewal form is available on the website.

Cancelled and Expired Registrations

Cancelled registration – The owner cancelled the facility registration by submitting a form as prescribed by the board no later than 30 days after the expiration date of the registration.

Expired registration – The registration is not cancelled and the facility registration expires.

Restoration Requirements: Submit the following to the Board. (If PT and OT facilities at the same location are being restored, each discipline must be restored with a separate application.)

- Restoration application
- Therapist in Charge Form
- Fee (check or money order only). Please include the name of the facility on the check.

Fees
Restoration of a cancelled facility registration - \$220
Restoration of an expired facility registration - \$440

Mail the application, Therapist in Charge Form, and the fee to the address below. The Therapist in Charge Form may also be faxed separately to 512/305-6970.

ECPTOTE

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

Registration Expiration Date once the Registration is Restored

The restoration of a facility registration will return an existing registration to current status. The registration will expire in the same month as it did originally (unless it is synchronized with an existing facility under the same ownership and of the same type, i.e., PT or OT).

For example, if a facility registration expired on November 30, 2008 and it was restored in May 2012, its new expiration date will be November 30, 2013.

To confirm the expiration date of a facility registration once it has been restored, go to the boards' [Facility Registration Verification webpage](#).

Change in Ownership

Facility registration cannot be transferred to a new owner. If a facility is bought, sold, or ownership is otherwise transferred, the new owner must submit a registration application, pay the registration fee, and receive a new facility registration number. The previous owner must submit the [Cancellation of Registration Form](#) within 30 days.

A change of ownership is considered to occur when a sole proprietor (individual) incorporates or changes to a partnership; a partnership incorporates or changes to a sole proprietor; a corporation dissolves and changes its status to a partnership or sole proprietor; or a sole proprietor (individual), partnership, or corporation purchases, sells, or transfers the ownership to another individual, partnership, or corporation.

Change of Managing Officers

If there is a change of managing partners in a partnership or managing officers in a corporation, the owner of the facility must submit the [Ownership Information Form](#) within 30 days.

The PT and OT rules are available at www.ptot.texas.gov. Many questions regarding facility registration are answered in the Facility FAQs section at www.ptot.texas.gov/faq.

FACILITY RESTORATION FORM

Executive Council of Physical Therapy and Occupational Therapy Examiners



333 Guadalupe St, Ste 2-510, Austin, TX 78701-3942
www.ptot.texas.gov Phone: 512/305-6900 Fax: 512/305-6970

(Circle one) **OT** **PT** (Only one type per application.)

For Office Use Only

Application No.:

Processed by:

Date:

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Complete all of the blank information fields in the spaces below.
 Please see the attached instructions for more information.

Registration No.: _____ Please check one: <input type="checkbox"/> This facility's registration was cancelled. <input type="checkbox"/> This facility's registration expired.	Expiration Date: _____	Fee Enclosed: _____
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NAME OF FACILITY <i>(As it appears on wall license)</i>
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STREET ADDRESS AND PHONE NUMBER	MAILING ADDRESS <i>(if different)</i>
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THERAPIST IN CHARGE (TIC) – NAME AND LICENSE NUMBER <i>If the Therapist-in-Charge has changed since registration or last renewal, you must send in a signed TIC Form to complete the restoration process. Please see the instructions.</i>	
NAME	LICENSE NUMBER

TYPE OF OWNERSHIP <i>(Circle one.)</i> 1. Corporation 2. Sole Proprietorship 3. Partnership 4. Government Entity <i>If the type of ownership has changed since registration or the last renewal, this facility registration cannot be restored. Please see the instructions for more information.</i>
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THIS BOX MUST BE SIGNED BY THE OWNER, MANAGING PARTNER OR OFFICER, OR A PERSON AUTHORIZED BY THE OWNER TO COMPLETE THE RESTORATION OF THIS FACILITY.	
By signing below, I attest that all information submitted in this restoration is true and correct.	
SIGNATURE _____	DATE _____
PRINTED NAME _____	TITLE/POSITION _____
PHONE NUMBER _____	EMAIL ADDRESS _____



333 Guadalupe #2-510. Austin, TX 78701-3942

www.ptot.texas.gov

Phone: 512/305-6900

Fax: 512/305-6970

PAGE 3 OF 3 - THERAPIST IN CHARGE STATEMENT & LIST OF THERAPISTS AND ASSISTANTS

This page must be signed by the Therapist in Charge. You are required by rule to supply information about licensees of the Board working in the facility in the section below. Only include the licensees who are specific to this registration, i.e. PTs/PTAs for PT registration, OTs/OTAs for OT registration. Do NOT include the Therapist in Charge, whose name and license number should appear on the affidavit below. Attach another page if you need more space.

FACILITY REGISTRATION NO:	
LICENSEE'S NAME:	LICENSE NUMBER:
THE SECTION BELOW MUST BE COMPLETED AND SIGNED BY THE THERAPIST IN CHARGE ONLY.	
By signing this form, I attest that I have the authority over and responsibility for this facility's compliance with the Act and Rules of the Board. I swear that the information submitted for the restoration of this facility's registration is true and correct to the best of my knowledge.	
SIGNATURE OF THERAPIST IN CHARGE	DATE
PRINTED NAME OF THERAPIST IN CHARGE	LICENSE NUMBER