

- | V. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS: | YES | NO |
|---|-------|-------|
| 1. Have you ever used a name other than the one on the front of the form?
If yes, give name(s) _____ | _____ | _____ |
| 2. Have you ever taken the physical therapist licensing examination | _____ | _____ |
| 3. Have you ever been denied the privilege of taking a physical therapist
licensing examination?
If yes, give state(s): _____ | _____ | _____ |

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, GIVE DETAILS ON A SEPARATE SHEET AND ATTACH.

- | | | |
|--|-------|-------|
| 4. Has disciplinary action ever been taken or is pending against you by a PT
Licensing board? | _____ | _____ |
| 5. Have you ever used drugs or alcohol to the extent it adversely affects
professional competence? | _____ | _____ |
| 6. Have you ever been convicted for violating any narcotic or controlled
substance law? (<i>Do not include convictions that have been expunged.</i>) | _____ | _____ |
| 7. Have you ever been convicted of a felony or other public offence involving moral
turpitude? (<i>Do not include convictions that have been expunged.</i>) | _____ | _____ |
| 8. Have you ever been found to have committed an act or acts of malpractice,
gross negligence or incompetence in the practice of physical therapy? | _____ | _____ |
| 9. Have you ever had an adjudication of insanity or incompetence? | _____ | _____ |

VI. FEES: Certified check or money order payable to: NC Board of Physical Therapy Examiners must accompany application. Personal or business checks will be returned. Application fee is NOT refundable

- Check One: Applying for license revival by endorsement \$150.00
 Applying for license revival by examination in North Carolina: \$150.00
(examination cost \$370.00 to be paid directly to FSBPT)

Exam Candidates: List preferred examination date: _____

If you have a disability and need an accommodation at the exam, check here _____. You will receive a Request for Accommodation Form which must be submitted at least 90 days before the examination.

VII. AFFIDAVIT

By signing the application I, _____, do hereby state that I am the person referred to in this application for a license to practice as a physical therapist in North Carolina and to the best of my knowledge and belief the statements in my application are true in every respect. The attached photograph is a true likeness of me. I authorize former employers, schools, references, testing services and other licensing boards to give any job related, personal or licensing information they may have regarding me. I hereby release them from all liability for issuing such information.



Sign in the presence of a Notary Public

Sworn to me before this _____ day of _____, 20____

Signature of Notary Public (affix seal): _____

My commission expires: _____

SEND FORM AND CERTIFIED CHECK OR MONEY ORDER TO:
 N.C. Board of Physical Therapy Examiners
 18 West Colony Place, Suite 140
 Durham, NC 27705



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CHARACTER REFERENCE

Check One Applying for Licensure ____ Revival by Endorsement ____ by Exam in ____
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PT Web Form

To be completed by applicant

Name: Mr. Ms. Mrs. Dr.	Maiden Name:	
Address:		
City:	State:	Zip code:

To be completed by a person who has known the applicant for at least one year and is not a relative:

This certifies that I have been acquainted with _____
(name of applicant)
for _____ years, from _____ 19____, 20____ to _____, 20____
as _____
(type of association)

Personal Statement: **(Please include comments on the applicant's moral character)**

signature

print or type name and title

address

city, state and zip code

Date

Do not give this reference to the applicant. Reference must be returned directly by person writing it to:
NC Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, NC 27705



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CHARACTER REFERENCE

Check One
Applying for Licensure
Revival by
Endorsement
Revive by Exam

PT Web Form

To be completed by applicant

Name: Mr. Ms. Mrs. Dr.	Maiden Name:	
Address:		
City:	State:	Zip code:

To be completed by a person who has known the applicant for at least one year and is not a relative:

This certifies that I have been acquainted with _____
(name of applicant)
for _____ years, from _____ 19____, 20____ to _____, 20____
as _____
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Personal Statement: **(Please include comments on the applicant's moral character)**

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print or type name and title

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city, state and zip code

date

Do not give this reference to the applicant. Reference must be returned directly by person writing it to:
NC Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, NC 27705



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CERTIFICATION OF VALID PHYSICAL THERAPIST LICENSE IN ANOTHER STATE

To be completed by applicant

Name: Mr. Ms. Mrs. Dr. _____		Maiden Name: _____	
Address: _____			
City: _____	State: _____	Zip code: _____	License Number: _____

To be completed by Licensing Board of State in which applicant holds a current physical therapist license:

A. Name of Licensee: _____	
License to practice as a physical therapist in: _____	
License number: _____	Date issued: _____
B. Licensure Status: Current: _____ Expiration Date: _____	
Lapsed: _____ Date: _____	
C. Licensure Method	
<input type="checkbox"/> National Exam (Date): _____	<input type="checkbox"/> Endorsement (State) _____
<input type="checkbox"/> Board Exam (Date): _____	<input type="checkbox"/> Waiver/Grandfather _____
<input type="checkbox"/> Other Exam (Date): _____ Specify Exam Name: _____	<input type="checkbox"/> Other (Please specify) _____
D. If licensed by examination, list score:	
National Exam (prior to July, 1993) RAW Total Score _____	Board / Other Examination Subject _____ Score _____
National Exam (after July, 1993) SCALED Total Score _____ (based on 200-800scale)	_____
E. Has this licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? Yes _____ No _____ If yes, please give full details on reverse side.	

Signature / title

Name of State Board

Address

City

State

zip code

Date

BOARD SEAL

Return form to: NC Board of Physical Therapy Examiners
18 West Colony Place, Suite 140, Durham, NC 27705