

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**PHYSICAL THERAPIST**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying to take the National Physical Therapy Examination (NPTE), complete the following, in addition to submitting a completed application:**

1. Submit an original copy of your college transcript or an original letter from the Dean of the Physical Therapy Education Department documenting graduation from a physical therapy education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). **NOTE:** *Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.*

**OR**

If you are a foreign educated applicant and have not completed a CAPTE accredited physical therapy education program, submit the original letter from the Foreign Credentialing Commission on Physical Therapy (FCCPT) documenting that your foreign education is equal to a CAPTE accredited program and documentation that you are licensed as a physical therapist from the country where you completed your physical therapy education program. **If you are foreign educated, see #4 of the “Additional**

**Important Information” section for details on meeting the educational requirement.**

2. Submit a completed take-home Utah Physical Therapist Law and Rule Examination. (See page 9.)
3. At the time you submit your complete license application and fee to DOPL, register for the NPTE and pay the NPTE examination fee by credit card via the FSBPT (Federation of State Boards of Physical Therapy) Internet site at [www.fsbpt.net/pt](http://www.fsbpt.net/pt) .
4. Submit a **\$70** non-refundable application-processing fee, made payable to “DOPL.”

**If you currently hold an unrestricted license in another state and are applying for the physical therapist license by endorsement of that state, complete the following items in addition to submitting a completed application:**

1. Using the “Request for Verification of License” form (attached to this application), obtain verification of licensure from the state in which you currently hold an unrestricted physical therapist license.
2. Submit a completed take-home Utah Physical Therapist Law Examination (attached to this application).
3. Submit a **\$70** non-refundable application-processing fee, made payable to “DOPL.”
4. Submit a “Score Transfer Request” to FSBPT in order to have them officially transfer your passing score on the NPTE exam to DOPL. You can submit the request online at [www.fsbpt.org](http://www.fsbpt.org).

**ADDITIONAL IMPORTANT INFORMATION:**

1. **Law Examination:** Enclosed as part of this application is the take-home Utah Physical Therapist Law Examination. Return the completed examination with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- Division of Occupational & Professional Licensing Act – 58-1
- General Rules of the Division of Occupational & Professional Licensing – R156-1
- Physical Therapist Practice Act – 58-24b
- Physical Therapist Practice Act Rules – R156-24b

Additionally, the American Physical Therapy Association “Code of Ethics” and the “Guide for Professional Conduct” is on the Internet at [www.apta.org](http://www.apta.org) .

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **The National Physical Therapy Examination (NPTE):** At the same time you submit your license application and fee to DOPL you must register for the NPTE and pay the examination fee by credit card via the FSBPT Internet site: [www.fsbpt.net/pt](http://www.fsbpt.net/pt) .

**FSBPT:** 509 Wythe St, Alexandria, VA 22314-1917, 1-800-881-1430, fax 800-981-3031

Approximately 2 to 4 weeks after you submit your complete license application and fee to DOPL, register directly with FSBPT, and pay the NPTE exam fee, you will receive a packet of examination information and instructions on how and where to take the NPTE.

After taking the NPTE, FSBPT will submit your test scores to DOPL. If you passed the NPTE, DOPL will issue your license. If you failed the NPTE, DOPL will send you notice of your failing score, and you will then be permitted to re-register with FSBPT via the Internet to retake the examination.

You may apply to take the FSBPT during the final semester of your CAPTE accredited program. To do so, you must submit, along with your complete application for licensure, a letter from the Dean of your college or university stating that you are currently enrolled in the last semester of a CAPTE accredited program. If you choose to take the exam in your final semester, be advised that it is your responsibility to submit documentation of graduation (official transcripts) to DOPL before your license will be issued. DOPL will not send you a reminder. Also be advised that it is a criminal violation of statute to engage in the practice of physical therapy without first becoming licensed. Passing the examination does not entitle you to practice or engage in physical therapy.

4. **Foreign Educated Applicants:** If your physical therapy education was obtained in a foreign country and you are licensed in the foreign country where you obtained your education, you must contact the Foreign Credentialing Commission on Physical Therapy (FCCPT) at the address below to have your education evaluated to determine if the education is equal to a CAPTE accredited physical therapy program.

FCCPT: PO Box 25827, Alexandria, Virginia 22313-9998, (703) 684-8406

**You must have your foreign education evaluated by FCCPT before submitting an application to DOPL. You should only submit your application if FCCPT determines that your education is equal to a CAPTE accredited physical therapy program. If FCCPT determines that your education is not equal to a CAPTE accredited physical therapy program, do not submit an application to DOPL until you meet the educational requirements listed in this application. If your education is not CAPTE equivalent, you will be denied licensure, and you will likely have to reapply and repay the fees once you meet the educational requirements.**

5. **Transcripts:** DOPL will accept official transcripts released directly to the applicant. Submit the official transcripts with your application. Do not send them separately.
6. **License by Endorsement:** To qualify for licensure by endorsement, you must currently hold a physical therapist license in good standing in another state. To verify licensure in another state, submit the "Request for Verification of License" form found later in this application with a complete application and the \$70 application fee. If you qualify for license by endorsement, you do not need to submit your school transcripts, but you must request that FSBPT transfer your NPTE exam score to DOPL.
7. **License Renewal:** All physical therapy licenses expire May 31 of each odd-numbered year. Unlike many other states, Utah's license renewal schedule **is not** based on the

licensee’s date of initial licensure. Under Utah’s renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee’s first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee’s last address of record, as provided to DOPL.

8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
9. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
10. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
11. **Submit Completed Application to:**

<b>By U.S. Mail</b>	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
<b>By Express Mail or In Person</b>	Division of Occupational & Professional Licensing 1 <sup>st</sup> Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

12. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
13. **Fax Number:** (801) 530-6511
14. **Email:** [dopl.bureau3@utah.gov](mailto:dopl.bureau3@utah.gov)

# APPLICATION FOR LICENSURE

License Applying For:  **PHYSICAL THERAPIST**

**PHYSICAL THERAPIST BY ENDORSEMENT** *(If Currently Licensed In Another State)*

<b>***Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.***</b>			
Last Name:		First Name:	
		Middle Name:	
Social Security Number:    -    -		Maiden Name:	
I certify under penalty of perjury that:			
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ Issuing State: _____			
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ Issuing State: _____			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.			
<input type="checkbox"/> I am a foreign national not physically present in the United States.			
Mailing Address:			
City:			State:
			ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>			
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
License/Certificate Number: _____	
Date License/Certificate Approved: ___ / ___ / ___	
Approved By: _____	
Date License/Certificate Denied: ___ / ___ / ___	
Denied By: _____	
Reason for Denial/Other Comments: _____	

**AFFIDAVIT and RELEASE AUTHORIZATION**

1. I certify that am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organization, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: \_\_\_\_\_ Date of Signature: \_\_\_ / \_\_\_ / \_\_\_

**EXAMINATION REQUIREMENT**

Yes  No National Physical Therapist Examination for PTs – Date(s) Taken: \_\_\_ / \_\_\_ / \_\_\_

**LICENSES**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held as a physical therapist. (*Use additional sheets if necessary.*)

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_ / \_\_\_ / \_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_ / \_\_\_ / \_\_\_

**EDUCATION REQUIREMENT** (*Attach additional sheets if necessary.*)

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

Degree Received: \_\_\_\_\_

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_ / \_\_\_ / \_\_\_

Degree Received: \_\_\_\_\_

# PHYSICAL THERAPIST QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you been named as a defendant in a malpractice suit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. If you become licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you been terminated from a position because of drug use or abuse within the past five (5) years?

*(Continued on the next page.)*

<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed ( <i>i.e. plea in abeyance or deferred sentence</i> )?
<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**



**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

# UTAH PHYSICAL THERAPIST LAW and RULE EXAMINATION

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule. If you are uncertain about any of the questions listed below, please refer to these references.

Physical Therapist Practice Act, 58-24b - <http://dopl.utah.gov/laws/58-24b.pdf>  
 Physical Therapist Practice Act Rule, R156-24b - <http://dopl.utah.gov/laws/R156-24b.pdf>  
 Standards of Ethical Conduct for the Physical Therapist Assistant  
[http://www.apta.org/AM/Template.cfm?Section=Policies\\_and\\_BylawsI&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=73011](http://www.apta.org/AM/Template.cfm?Section=Policies_and_BylawsI&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=73011)

Answer "True" or False" for each statement. Submit the completed examination with your application for licensure.	
<input type="checkbox"/> True <input type="checkbox"/> False	1. Under certain conditions a physical therapist may diagnose disease.
<input type="checkbox"/> True <input type="checkbox"/> False	2. A physical therapist assistant may design a plan of care for a patient.
<input type="checkbox"/> True <input type="checkbox"/> False	3. A physical therapist assistant must work under either the "general supervision" or "on-site supervision" of licensed physical therapist. General supervision means supervision of a person when the physical therapist is immediately available in person, by telephone, or by electronic communication to assist the physical therapist assistant.
<input type="checkbox"/> True <input type="checkbox"/> False	4. It is unethical for a physical therapist to engage in any sexual activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists.
<input type="checkbox"/> True <input type="checkbox"/> False	5. A physical therapist may not invite, accept, or offer gifts, monetary incentives or other considerations that affect or give an appearance of affecting his/her professional judgment.
<input type="checkbox"/> True <input type="checkbox"/> False	6. A physical therapy aide must be under the "on-site supervision" of either a licensed physical therapist or a licensed physical therapist assistant at all times.
<input type="checkbox"/> True <input type="checkbox"/> False	7. "On-site supervision" means supervision and oversight of a person by a licensed physical therapist or a licensed physical therapist assistant when the licensed physical therapist or licensed physical therapist assistant is: (a) continuously present at the facility where the person is providing services; (b) immediately available to assist the person; and (c) regularly involved in the services being provided by the person.
<input type="checkbox"/> True <input type="checkbox"/> False	8. Under certain conditions a physical therapist may prescribe a drug.
<input type="checkbox"/> True <input type="checkbox"/> False	9. A physical therapist assistant may not be supervised by any person other than a licensed physical therapist.
<input type="checkbox"/> True <input type="checkbox"/> False	10. A physical therapist may purchase, store, or administer aerosols for pulmonary hygiene in an institutional setting, if a licensed respiratory therapist is not available in, or within a ten mile radius of, the institution.

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state if applying for Physical Therapist license by endorsement.)*

### PART 1 - TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the State of Utah as a \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_/\_\_\_/\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

*(Continued on the next page.)*

**PART 2 - TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Endorsement: from what state? \_\_\_\_\_

Waiver: \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

(SEAL)