

NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS
PT / PTA REVIVAL FORM
updated 03-01-2023

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| <p>All Revival Applications must be accompanied by payment.</p> <p>Payment submitted Online by Credit Card Only</p> <p>(Payment Link located on Revival Method page on Board website)</p> | <p align="center">MAIL FORM TO:</p> <p align="center">N.C. BOARD OF PT EXAMINERS 8300 HEALTH PARK, SUITE 233 RALEIGH, NC 27615</p> <p align="center">or Email: PTBoard@NCPTBoard.org</p> |
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|---|--|--|---|
| <p>The application is active for one year from the date of submission after which it will be destroyed if it has not been completed, including the furnishing of all documents and records that are requested. File to be destroyed per the state functional record retention schedule and NC GS 121 and 132.</p> <p align="center">NOTE: Additional documents required depending on Revival Method. See page 4.</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 10px; text-align: center;"> <p>PASSPORT STYLE PHOTO REQUIRED</p> <p>Attach here</p> </td> <td style="width:50%; padding: 10px;"> <p>Attach a passport style photo (2x2 inches). Do not copy your passport.</p> <p>Use a light or off-white background.</p> <p>Face the camera directly with full face in view.</p> </td> </tr> </table> | <p>PASSPORT STYLE PHOTO REQUIRED</p> <p>Attach here</p> | <p>Attach a passport style photo (2x2 inches). Do not copy your passport.</p> <p>Use a light or off-white background.</p> <p>Face the camera directly with full face in view.</p> |
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| | |
|------------------------------------|--|
| NAME (First, Middle, Last): | LICENSE NUMBER |
| | <input type="radio"/> PT _____ <input type="radio"/> PTA _____ |

| | |
|------------------------------|----------------------|
| PRESENT HOME ADDRESS: | PHONE NUMBER: |
| | |

| | |
|---|----------------------|
| CURRENT EMPLOYER NAME & ADDRESS: | PHONE NUMBER: |
| | |

| | |
|---|----------------------|
| ADDITIONAL EMPLOYER(S) NAME & ADDRESS: | PHONE NUMBER: |
| | |

| | |
|--|-------------------------|
| PREFERRED MAILING ADDRESS (Check One) <input type="radio"/> HOME <input type="radio"/> WORK SITE | OTHER NAMES USED |
| | |

Email address: _____ (please print clearly)

| Web Page Display of Licensee Information (You have the following choices, please check your choice.) | | | |
|--|---|---|--|
| Address (Select 1 or both) | Display my work address on the Web Page <input type="radio"/> | Display my home address on the Web Page <input type="radio"/> | DO NOT Display any of my addresses on the Web Page <input type="radio"/> |
| Phone & Fax Number(s) (Select 1 or both) | Display my work phone number on the Web Page <input type="radio"/> Display my fax number on the Web Page <input type="radio"/> | Display my home phone number on the Web Page <input type="radio"/> Display my fax number on the Web Page <input type="radio"/> | DO NOT Display my phone and fax numbers on the Web Page <input type="radio"/> |
| Email Address | Display my email address on the web <input type="radio"/> | DO NOT Display my email address on the Web Page <input type="radio"/> | |

PROFESSIONAL LICENSURE (List ALL states in which you have an active or inactive license at this time.)

| State/License # | Date of Original License | Method of License (Exam, Endorsement, etc.) | Active? (Yes or No) |
|-----------------|--------------------------|--|------------------------|
| 1) | | | |
| 2) | | | |
| 3) | | | |

(List additional licenses on a separate sheet and attach.)

EMPLOYMENT

Have you been working as a PT/PTA in North Carolina since your NC license lapsed? YES NO
 If yes, please explain (attach additional sheets if needed):

If you answer YES to any of the following questions, give details on a separate sheet of paper. Attach additional pages if necessary.

| In the past two years: | YES | NO |
|--|-------|-------|
| 1. Have you ever had an application for physical therapy licensure denied? | _____ | _____ |
| 2. Has disciplinary action ever been taken or is pending against you by any physical therapy licensing board? | _____ | _____ |
| 3. Have you ever used drugs or alcohol to the extent that it adversely affects professional competence? | _____ | _____ |
| 4. Have you ever been convicted for violating any narcotic or controlled substance law? (<i>Do not include convictions that have been expunged.</i>) | _____ | _____ |
| 5. Have you ever been convicted of a felony? (<i>Do not include convictions that have been expunged.</i>) | _____ | _____ |
| 6. Have you ever been found to have committed an act or acts of malpractice, gross negligence or incompetence in the practice of physical therapy? | _____ | _____ |
| 7. Have you ever had an adjudication of insanity or incompetence? (<i>Do not include convictions that have been expunged.</i>) | _____ | _____ |

ATTESTATION

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/physical therapist assistant 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.

Signature _____ **Date** _____

NOTE: Also complete and submit Employee Misclassification Statement on next page.



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

Public Notice Statement under Employee Fair Classification Act

Required by N.C. Gen. Stat. § 143-788(5)

Employee misclassification is defined in N.C. Gen. Stat. § 143-786(5) as avoiding tax liabilities and other obligations imposed by Chapters 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

Anyone who believes that a North Carolina employee has been misclassified as an independent contractor by that employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

The Employee Classification Section can be contacted via email at emp.classification@ic.nc.gov, by phone at (888) 891-4895, by fax at (919) 508-8300, and by mail at 1233 Mail Service Center, Raleigh NC 27699-1233. The preferred method of contact is via email.

Please read the public notice statement above and then check the box below to certify that you have read it.

Failure to answer this question will result in a denial of (licensure/renewal) per N.C. Gen. Stat. § 143-765(b).

I have read and understand the public notice statement above.

In the past five (5) years have you been investigated for employee misclassification as defined in the public notice statement above? If yes, please list the result of each occurrence. (If additional space is required, please attach separate pages to this document.)

Yes No

List Each Occurrence:

Signature _____ **Date** _____

| | |
|---------------------------------------|---|
| For Office Use Only: | |
| Online Payment Received: _____ | Jurisprudence Exercise Completed: _____ |
| Reviewed by Deputy Director: _____ | Date: _____ |
| New Reporting period: _____ | Revival Method: _____ |
| Reviewed by Executive Director: _____ | Date: _____ |

ADDITIONAL REQUIRED DOCUMENTATION

NOTE:

You are reviving a current year NC PT/PTA license that must be **renewed** annually by January 31, 5 pm (EST).

For ALL Revival Types:

- Complete Jurisprudence Exercise 1 on Board website
- Submit 2 Character references (must arrive directly from reference, mail or electronically, on attached forms)

AND submit the following for method chosen:

Revive by Continuing Competence:

- Copies of certificates showing evidence of 20 points (PTA) or 30 points (PT) of continuing competence activities completed within the past 25 months.

Revive by Endorsement:

- License verification of a current active PT/PTA license sent by one U.S. state PT licensure board directly to the Board office (mail or electronically).

Revive by Exam:

- Passing NPTE score information sent electronically by FSBPT to the Board office. (Request a score transfer from FSBPT to NC -- fee may be required.)

Revive by 500 Hours Coursework and Clinical Supervision:

- Submit a written plan for completion of 500 hours of coursework and supervised clinical work for Board pre-approval. The plan should contain:
 - ✓ Coursework listing of courses that will be completed and the number of hours for each between 50 and 200 class hours (refresher course, continuing education, pertinent college courses, etc.) Courses must be designed to demonstrate proficiency in current physical therapy theory and practice. (Course certificates or transcripts may be provided as evidence of completion.)
 - ✓ Supervised Clinical Practice – for the remainder of the 500 hours – provide the name of the clinical PT supervisor and written acknowledgment of their agreement to provide supervision and the facility where the work as an Aide will be performed. (A daily log of hours completed and signed by the supervisor may be submitted as evidence of completion.)
- Board will review plan. Once approved, the plan may be executed, and documentation of activities completed submitted to the Board via email or mail.



North Carolina Board of Physical Therapy Examiners Character Reference

Completed by Applicant

Name: _____ Maiden Name: _____
 First Middle Last

Address: _____

City: _____ State: _____ Zip Code: _____

Completed by a person who has known the applicant for at least 1 year and is not a relative.

Do NOT give this reference document back to the applicant, or put name and address of applicant in the return address section of the envelope.

This certifies that I have been acquainted with the named applicant and can attest to their *good moral character.

_____ name of applicant

from _____ (month / year) to _____ (month / year) or the present.

in the following capacity: _____

*Good moral character means a "personal history of honesty, fairness, and respect for the rights of others and the laws of the state and nation." If there is any additional information concerning the good moral character or technical fitness of the applicant that you feel the Board should know, please attach a written explanation.

Individual attesting to the character referenced above.

_____ Signature (no electronic signatures) _____ Name (must be legible) _____ Date

_____ Address

_____ City _____ State _____ Zip Code

Email: _____

Reference must be mailed to the address below or emailed directly by person signing this form.

**North Carolina Board of Physical Therapy Examiners
8300 Health Park, Suite 233
Raleigh, NC 27615
PTBoard@ncptboard.org**

