



GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 Coliseum Drive
 MACON, GEORGIA 31217
 (478) 207-2440

<http://sos.ga.gov/index.php/licensing/plb/39>

INSTRUCTION SHEET FOR APPLICATION FOR REINSTATEMENT

Please read these instructions prior to completing the application. The board rules listed below are for reference and are not meant to be an all inclusive listing. Please review the laws, rules and policies in its entirety prior to completing this application.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION. SUBMISSION OF ALL DOCUMENTS IN ONE PACKET HELPS TO EXPEDITE THE PROCESSING OF YOUR APPLICATION.	
APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned to you. This includes the fee and a recent passport-type photograph of only the applicant taken within the last 60 days. <i>It is the responsibility of the applicant to send all required documents, application and fee to the Board in one packet.</i> See Board Rules in Chapter 490-4-.01.
GEORGIA JURISPRUDENCE EXAMINATION	All applicants must successfully pass the Georgia Jurisprudence examination. Once the board office is in your application listing the PT/PTA school attended, the applicant may register to take the GA JAM at https://www.fsbpt.org/OurServices/JurisprudenceAssessmentModule(JAM)Services.aspx . To study for the GA JAM review all of the laws, rules, policy statements and FAQs on the Board website.
VERIFICATION OF LICENSE	You must contact all State Board(s) in which you have ever been issued a license and have them send verification directly to our office.
NPTE EXAM SCORE	Request an official copy of your NPTE scores to be sent to the Board. Contact the FSBPT via phone at (703) 739-9420 or visit the website https://www.fsbpt.net/pt .
FEE	\$100. Non refundable application fee if your license has been expired less than 2 years. \$150. Non refundable application fee if your license has been expired more than 2 years.
PROOF OF CONTINUING COMPETENCE	Please review Board Rule 490-4-.01 and Board Rule 490-4-.02 to determine Continuing Competence required for reinstatement. Applicants must provide verification of 30 hours of continuing education by entering your certificates of completion into aPTitude. Visit www.fsbpt.org/aPTitude to register for your free CE account.

GENERAL INFORMATION FOR ALL APPLICANTS

APPLICATION STATUS

Application status can be checked on-line at <http://sos.ga.gov/index.php/licensing/plb/39>.

APPLICATION REVIEW

Reinstatement applications must be reviewed and approved by the Board at the regularly scheduled meeting. Board meeting dates are available at <http://sos.ga.gov/index.php/licensing/plb/39>. Information to be presented to the board must be in the board's office not less than two (2) weeks prior to the board meeting. Decisions from Board meetings will be processed in approximately 3-5 business days following the conclusion of the meeting. Correspondence is sent via email.

INCOMPLETE APPLICATIONS - See Board Rule 490-2-.01

Incomplete applications are maintained for 12 months from receipt – after 12 months they expire. If an application expires, a new application, fee and all required documents must be resubmitted.

APPLICATION DEFICIENCY NOTIFICATIONS

Applicants will receive application deficiency notification via email listing documents needed to complete the application.

ADDRESS CHANGES/EMAIL CHANGES

Please immediately notify the board in writing of an email or address change. On such notification please state that you are an applicant.

Other state: _____ License # _____ Type: PT PTA
Current? Yes No Active practice for the past 2 or more years? Yes
 No

Other state: _____ License # _____ Type: PT PTA
Current? Yes No Active practice for the past 2 or more years?
Yes No

7. How many times have you previously taken the national licensure examination? _____ List location(s) and date(s):

8. Do you desire a training permit? Yes No If yes, please refer to Board Rule 490-2-.04, available at
<http://sos.ga.gov/index.php/licensing/plb/39>.

9. Professional Education

Name of College/University _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

Dates attended: ____ - ____ to ____ - ____

Date of graduation: ____ - ____ - ____

Degree(s) received: _____

Major: _____

10. As a licensee, it is **YOUR RESPONSIBILITY** to know all the laws, board rules and policies governing the physical therapy profession. Have you familiarized yourself with the laws, board rules and policies that apply to the practice of physical therapy in Georgia? Yes No

SECTION III. BACKGROUND INFORMATION

If you answered "yes" to any of the following questions, provide details and a letter of explanation on a separate sheet. For questions 10(b), 10(c) and 10(f) submit a certified copy of the official document (court indictment, police record, certified warrant/court dismissal, verdict or first offender treatment), which indicates the final disposition of any reported case. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the information may be grounds for denial of your application or other disciplinary action.

11. Have you ever

a. Yes No Applied for licensure in Georgia? If yes, list the type of license _____

b. Yes No Been arrested, convicted, or entered a plea of guilty, nolo contendere, or been sentenced under the "First Offender Act" for any felony, misdemeanor, or any offenses other than a minor traffic violation? (DUI/DWI's are not minor traffic violations.)

c. Yes No Had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state?

d. Yes No Been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?

e. Yes No Failed an examination taken for the purpose of obtaining a license as a physical therapist or physical therapist assistant in this or any state, territory or country, or otherwise been informed that you failed to meet the qualifications for licensure as a Physical Therapist or Physical Therapist Assistant upon applying for licensure in this or another state, territory or country?

f. Yes No Been sued in a civil action alleging negligence or malpractice on your part or jointly with others in connection with your practice as a Physical Therapist or Physical Therapist Assistant or any other health related profession?

12. In the past five (5) years have you

- a. Yes No Been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, addictive narcotic disorder, addictive drug disorder, addictive intoxicating liquors disorder, substance abuse, or any other condition which significantly impaired your behavior, judgment, understanding capacity to recognize reality, or ability to function in school, work, or other important activities?
- b. Yes No Suffered any memory loss or impaired judgment for any reason?
- c. Yes No Been terminated from an educational institution?
- d. Yes No Been reprimanded, demoted, disciplined, terminated, or cautioned by an employer?
- e. Yes No Been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, other psychotic disorders, addictive narcotic, drug, or intoxicating liquors disorder, or substance abuse?

13. Do you

- a. Yes No Currently suffer from any disorder that impairs your judgment or that would otherwise adversely affect your ability to practice as a physical therapist or physical therapist assistant?
- b. Yes No Have any condition which causes substantial impairment of, or limitation on your ability to practice as a Physical Therapist or Physical Therapist Assistant with reasonable skill and safety to the public or presents a threat to the health or safety of another individual?
- c. Yes No Currently use narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice as a Physical Therapist or Physical Therapist Assistant, according to prevailing performance standards and essential job functions is impaired?

Attach a resume or C.V. detailing your work activities. Be sure to include name of employer, dates employed, job description and job title. The C.V. or resume must contain all employment for at least the last two years to present.



Professional Licensing Boards Division

This form must be completed by the Registrar, Dean or PT/ PTA Program Director of the college/university from which your degree will be conferred. **This form is to be used by applicants who are still in school.** Once you have graduated, you are required to submit a transcript showing your date of graduation.

Please print - This is to certify that

Name

will graduate from _____
Name of College

on _____ **with a Doctorate or Associates degree.**
Date (circle one)

Signature of Registrar, Dean, PT or PTA Program Director Date
(please circle title)

Printed name of Registrar, Dean, PT or PTA Program Director

(School/Registrar Seal OR Notary)

Sworn to and subscribed before

me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Return completed form to:
Georgia State Board of Physical Therapy
237 Coliseum Drive
Macon, Georgia 31217

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize the Georgia State Board of Physical Therapy to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534) and affirm that I have retained a copy (attachments A and B) for my records.

Signature

Date

Special employment provisions (check if applicable):

- ____ Employment with mentally disabled (Purpose Code "M")
- ____ Employment with elder care (Purpose code "N")
- ____ Employment with children (Purpose code "W")

One of the following must be checked:

- This authorization is valid for 90 / 180 / _____ (circle or enter) days from date of signature.
- I, _____
give consent to the above named to perform periodic criminal background checks for the duration of my licensure with this state.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Applicant Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36- 2(b)(3); 8 CFR § 274a.2]

_____An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36- 2(b)(3); 8 CFR § 274a.2]

_____A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS”) Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law1 [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

_____An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

¹Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.