



## New Jersey Office of the Attorney General

Division of Consumer Affairs  
State Board of Physical Therapy Examiners  
124 Halsey Street, 6th Floor, P.O. Box 45014  
Newark, New Jersey 07101  
(973) 504-6455



### Instructions for Reinstating/Reactivating a License

Pursuant to the provisions of the Uniform Enforcement Act, all licensees of the Division of Consumer Affairs are required to complete an application in order to reinstate/reactivate a license. The following additional items are required to complete the process:

1. If your license is currently in an “expired” status, you will be required to pay the reinstatement fee **plus** the current biennial renewal fee and, if your license expired prior to the current licensing period, the immediate past biennial renewal fee.

If your license has been in expired status for more than one renewal period, the immediate past biennial renewal fee must be paid in addition to the reinstatement fee and current biennial renewal fee.

Physical Therapist	Reinstatement Fee \$150.00 Current Biennial Renewal Fee \$110.00 Immediate Past Biennial Renewal Fee \$110.00
Physical Therapist Assistant	Reinstatement Fee \$150.00 Current Biennial Renewal Fee \$100.00 Immediate Past Biennial Renewal Fee \$100.00

If your license is currently in an “inactive” status, you will be required to pay:

Physical Therapist	Biennial Renewal Fee \$110.00
Physical Therapist Assistant	Biennial Renewal Fee \$100.00

You should make your check or money order payable to the “N.J. State Board of Physical Therapy Examiners.”

2. Contact every state in which you have or have held a license to practice physical therapy. Request that a written verification be forwarded to the New Jersey State Board of Physical Therapy Examiners at the address noted above. List all these states on the application.
3. Criminal History Background Check - If you have completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs since 2003, you must submit a fee of \$20.25 with your completed Certification and Authorization for a Criminal History Background Check form. If you have not been fingerprinted since 2003, do not submit the \$20.25 fee; you will receive a separate mailing from the Division regarding the Criminal History Background Check process.
4. Licensees who have not actively practiced physical therapy for at least five years may be subject to successfully completing the examination required for initial licensure.
5. Submission of proof of completion of the continuing education credits as required by N.J.A.C. 13:39A-5A.2(b) and N.J.A.C. 13:39A-5A.3( c).

**Mail to: State Board of Physical Therapy Examiners  
P.O. Box 45014  
Newark, NJ 07101**





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Check one:

I am applying to have my license to practice:

Reinstated

Reactivated.

## Application for Reinstatement/Reactivation

I have a New Jersey  Physical Therapist's license  Physical Therapist Assistant's license

Date: \_\_\_\_\_

Along with the submission of this completed application, all fees must be paid in the form of a check or money order made payable to the State of New Jersey. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement/reactivation process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### Personal Information

Date of birth: \_\_\_\_\_  
Month Day Year

1. Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last name First name Middle initial Maiden name

2. Address

Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code) E-mail address

Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in the denial of reinstatement/reactivation of licensure or certification.

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)?  Yes  No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation?  Yes  No
  - (1) If "Yes," are you in arrears in payment of said obligation?  Yes  No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?  Yes  No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months?  Yes  No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?  Yes  No
- d. Are you the subject of a child-support-related arrest warrant?  Yes  No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to questions a(1) through d may result in a denial of reinstatement/reactivation of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## 7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

**“Ability to practice as a physical therapist or physical therapist assistant”** is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable physical therapy judgments and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a physical therapist or physical therapist assistant, with or without the use of aids or devices, such as corrective lenses or hearing aids.

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

**“Chemical substance”** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

**“Currently”** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

**“Illegal use of controlled dangerous substance”** means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?  Yes  No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program\*\*?  Yes  No  Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice?  Yes  No  Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety?  Yes  No  Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?  Yes  No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”)  Yes  No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?  Yes  No

\*\* If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for reinstatement/reactivation of licensure or certification.

8. Have you ever changed your name?  Yes  No  
 If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.)  Yes  No
10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.  Yes  No  
 If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No  
 If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

**Note:** If you are licensed or certified as a physical therapist or physical therapist assistant in any other state, the District of Columbia or in any other jurisdiction, it is your responsibility to contact the licensing board in that jurisdiction to request that verification of your licensure or certification be sent **directly** to the State Board of Physical Therapy Examiners.

12. Have you ever been disciplined or denied a physical therapist's or physical therapist assistant's license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
15. Have you ever been named as a defendant in any litigation related to the practice of physical therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No
18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of physical therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction?  Yes  No

If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

**Employment since your license expired, was suspended or was placed in inactive status.**

*(You may photocopy this page if necessary.)*

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)* Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary):

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)* Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary):

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_ *(include area code)* Hours per week: \_\_\_\_\_

Your major responsibilities (use additional sheets of paper if necessary):

Employed from \_\_\_\_\_ to \_\_\_\_\_  
Month Year Month Year

Immediate supervisor's name: \_\_\_\_\_

\_\_\_\_\_  
Applicant's name (please print) Applicant's signature Date

## Continuing Education Tracking Form

**Attention:** It is the licensee's responsibility to present the following information to the Board in a manner that is both organized and readable. Verification of attendance certificates shall be inscribed with the number of the line where the course appears on this form. Photocopies of your verification of attendance certificates must be submitted with this document. Print or type each entry and provide documentation of attendance in the same order that is listed below. If the New Jersey State Board of Chiropractic Examiners (NJSBCE) ID # is not available and the course has not been pre-approved by the NJSBCE, a course outline and curriculum vitae of all speakers must be included with the verification of attendance. This form must be signed before submission. Incomplete, illegible, or improperly submitted forms will be returned to the licensee for resubmission.

\_\_\_\_\_

Print name

\_\_\_\_\_

N.J. License No.

No.	Date of Course	Approval# NJSBPE#	Complete Course Title	Sponsor	Total # of Credits	Credits from On-site Courses	Credits from Internet / Home Study
1							
2							
3							
4							
5							
6							
7							

The courses and verification of attendance certificates submitted above are evidence of my personal attendance at the course listed. My signature attests that the submission is accurate and I understand that a false submission may result in a monetary penalty or suspension of license to practice chiropractic.

\_\_\_\_\_

Date

\_\_\_\_\_

Telephone No. (include area code)

\_\_\_\_\_

Signature

*You may photocopy the continuing education tracking form.*



# CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION

I, \_\_\_\_\_, in making this application to the Board for reinstatement/ reactivation of certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement/reactivation or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

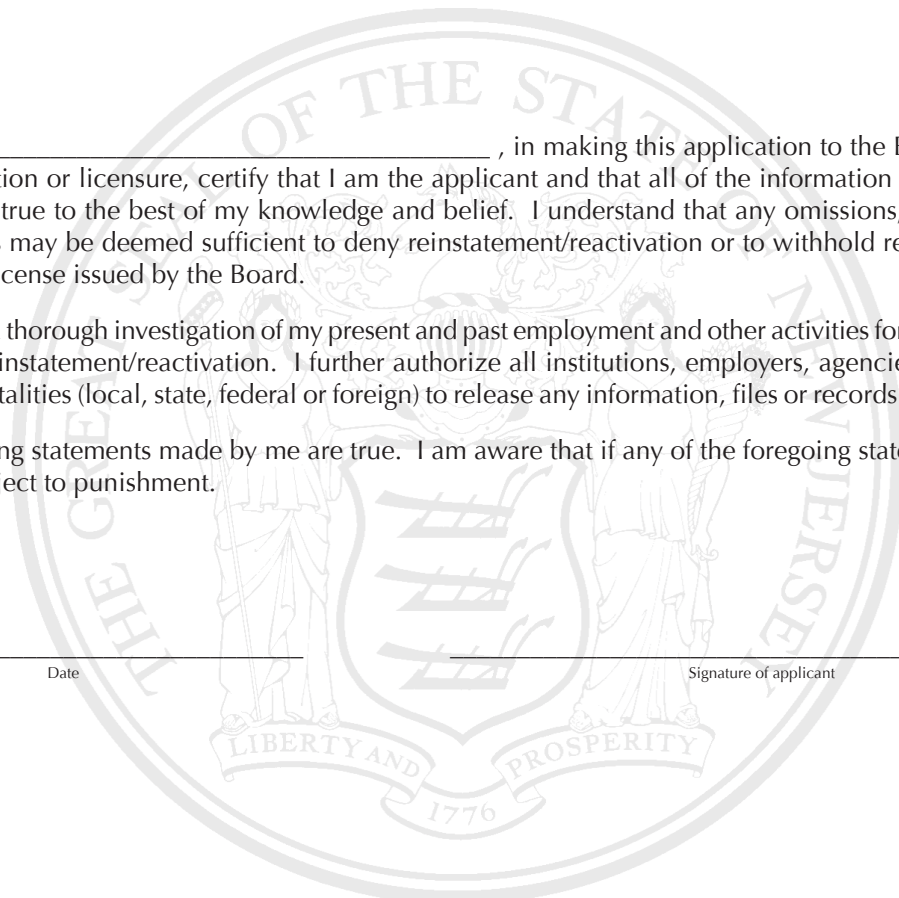
I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement/reactivation. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

---

Date

Signature of applicant





**Official Use Only**

Dual License

License Type 1 \_\_\_\_\_

Applicant's Number \_\_\_\_\_

License Type 2 \_\_\_\_\_

Applicant's Number \_\_\_\_\_



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**Official Use Only**

Resubmit

\_\_\_\_\_

Board or Committee

\_\_\_\_\_

## CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

**Directions:** Answer all of the questions on this form.

1. Name  Mr.  Mrs.  Ms. \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Maiden Name

2. Address \_\_\_\_\_  
Street or P.O. Box City State ZIP code

3. Date of birth \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female  
Month Day Year

4. Social Security number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003?  Yes  No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.  
 If "Yes," please provide the following information and follow the instructions outlined below:

\_\_\_\_\_ Board or committee requiring the fingerprinting      \_\_\_\_\_ Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$20.25.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)  Yes  No

**Every such conviction on record must be disclosed.** A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

**Note:** Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

**Your continuing responsibility to disclose convictions of crimes or offenses:** You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

# CERTIFICATION

I, \_\_\_\_\_, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

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Signature of applicant

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Date