

BOARD OF PHYSICAL THERAPY NEW LICENSE APPLICATION | PT/PTA

(TO QUALIFY VIA RE-EXAMINATION, THE INITIAL APPLICATION MUST BE ON FILE NO MORE THAN ONE (1) YEAR PRIOR TO THE RE-EXAMINATION APPLICATION)

CHECKLIST By RE-EXAMINATION

IMPORTANT:

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application must be completed and submitted.	ONLINE	<input type="checkbox"/>
2. Demographic Information		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	ONLINE	<input type="checkbox"/>
3. Social Security Number		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	ONLINE	<input type="checkbox"/>
4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
The photo must be original and cannot be a computer-generated copy, or paper copy.	ONLINE	<input type="checkbox"/>
5. One (1) photocopy of a current government issued photo ID (1) Recent and Identical Passport Type		
This can be a driver's license or passport.	ONLINE	<input type="checkbox"/>
6. Name Change Documents (if applicable)		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	ONLINE	<input type="checkbox"/>

8. Criminal Background Check (CBC)		
<p>If a recent CBC (fingerprint) already exists in the system within 2 years, no new CBC is required. All other applicants must re-do their CBC with the online application. If answering “YES” to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website: https://dchealth.dc.gov/node/120532. (\$50 payment must be paid via online with the application. A link will be provided to you afterward via email).</p>	ONLINE	<input type="checkbox"/>
9. Screening Question Responses		
<p>Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which “YES” was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the “YES” answer. Applicants must also submit any and all relevant documents related to the reason for the “YES” answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)</p>	ONLINE	<input type="checkbox"/>
11. Vaccination and Booster Attestation		
<p>Please submit a new entry via the Attestation portal at https://doh.force.com/ver/s/vaccinereporting</p>	ONLINE	<input type="checkbox"/>
12. Payment (Fee)		
<p>\$85.00 (USD) for Application and License Fee.</p>	ONLINE	<input type="checkbox"/>