

State of Louisiana

DEPARTMENT OF HEALTH AND HOSPITALS

Louisiana Physical Therapy Board

Pre-Application Determination Request Form

Full Legal Name (no initia	ls)			
DOB	Social Security Number			
Address	Apt/Building/Suite			
City	State	ZIP		
Email Address				
Phone Number				
Type of Licensure Determ	ination (Select the license ty)	pe for which you are se	eking determination)	
	Physical Therapist	Physical Therapist A	Assistant	
-	ific duties required by the lic		, including relevant factors such as the assed since the conviction(s), and	16
R.S. 37:33(B)(2), an indivi	idual making such a request	may seek a criminal ba	larify the above description. Per La. ckground check at the time of a prest directions for backgrounds checks.	
Requestor's Signature		Date		
eligibility request is true ar pertinent or material inform non-binding on the Louisia	nd complete. You also ackno mation in connection with thi ana Physical Therapy Board.	wledge that submitting is request may result in . A determination is bin	submitted in this pre-application false information or omitting a determination that is incorrect and ding upon a licensing authority unless ubsequently convicted of a crime, has	

Note: If you hold a current LPTB license, submitting a pre-application eligibility determination request for a different license may result in an investigation into your current license regarding the reported criminal conviction. The LPTB records all pre-application eligibility determinations in accordance with state law. A determination will be made within 45 days of receiving all relevant information regarding the request, and you will receive a decision letter by electronic mail notifying you whether your criminal offenses disqualify you from the licensure you selected for analysis.

Email your completed form and any attachments to Danielle@laptboard.org.

pending criminal charges, or has previously undisclosed criminal convictions.