

State of Louisiana

Department of Health and Hospitals

Louisiana Physical Therapy Board

Pre-Application Determination Request Form

Full Legal Name (no in	ttiais)	
DOB	Social Security Number _	
Address	Apt/	Building/Suite
City	State	ZIP
Email Address		
Phone Number	Name of University	
Type of Licensure Dete	rmination (Select the license type	for which you are seeking determination)
	Physical Therapist	Physical Therapist Assistant
Criminal Background C You may elect to attach a	heck (Optional) criminal background check obtained	from law enforcement.
the nature of the offense	e, specific duties required by the l	on of the conviction(s), including relevant factors such as license, amount of time passed since the conviction(s), and a need more space, please attach as a separate document.
R.S. 37:33(B)(2), an inc	dividual making such a request m	nentation which may clarify the above description. Per La ay seek a criminal background check at the time of a pre-Board office to request directions for backgrounds checks.
Requestor's Signature _		Date
eligibility request is true pertinent or material inf non-binding on the Lou at the time a full applica	e and complete. You also acknow formation in connection with this isiana Physical Therapy Board. A	nation and attachments submitted in this pre-application reledge that submitting false information or omitting request may result in a determination that is incorrect and a determination is binding upon a licensing authority unless the applicant has been subsequently convicted of a crime, has criminal convictions.

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.