



Louisiana Physical Therapy Board Application for State Licensure

PART 1: Applicant Identifying Information

Applicant Type

Initial/Examination CAPTE Graduate

I hereby make application for a license to practice as a

Physical Therapist

in Louisiana subject to the provisions of the law and the rules of Louisiana Physical Therapy Board.

Personal Information

Last Name:

Smith

First Name:

Joe

Middle Name:

Rob

Suffix:

Maiden Name:

Mother's Maiden Name:

Sanderson

SSN:

123-45-6789

FSBPT ID:

1234567

Any other names or aliases used, past and/or present (if applicable):

Place of Birth (City, State or Jurisdiction, Country):

Alexandria, LA

Date of Birth:

01/01/1990

Active duty military or active duty military spouse?

No

Contact Information

Email Address:

test@test.com

Home Address:

123 First Street
Lafayette, Louisiana 70503

Primary Phone:

555-555-5555

Secondary Phone:

555-555-5555

Primary Work Address:

Employer: Unemployed
Workplace Setting:

Secondary Work Address:

Employer:
Workplace Setting:

,
Phone:

,
Phone:

Preferred Mailing Address:

Home Address

Employment History

Employer/Facility Name:

123 PT Clinic

Workplace Setting:

OutPatient Clinic

Street Address:

456 Second Street

Apartment/Suite/Building:

Suite 101

City:

Lafayette

State:

Louisiana

ZIP:

70507

Phone:**Start Date:**

02/01/2015

End Date:

02/01/2016

La R.S. 37:2415.B. Each licensee is responsible for reporting a name change and changes in business and home address, telephone number, and e-mail address to the board within thirty days of such change.

PART 2: Education Information

Indicate all education degrees earned. If you are pending graduation of a Physical Therapy or Physical Therapy Assistant program, you must include current PT/PTA education information, expected graduation date, and expected degree earned.

PT/PTA Program:

Franciscan Missionaries
of Our Lady University

Location:

Baton Rouge, LA

Dates of Attendance:

08/2016 - 05/2019

Major:

DPT

**Degree Earned (or
expected):**

Doctorate

College or University:

LSU

Location:

Baton Rouge, LA

Dates of Attendance:

08/2012 - 05/2016

Major:

Exercise Science

**Degree Earned (or
expected):**

PART 3: Record of Licensure Information

If you have ever been licensed, certified or registered (including temporary permits) to practice in the profession for which you are now making application, complete the information below. You must identify the method by which you obtained your professional license(s). You must include all jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications, or registrations **previously and/or currently held** may result in denial of your application or other appropriate action. **YOU MUST PROVIDE VERIFICATION OF LICENSURE FOR EACH STATE OR COUNTRY IN WHICH YOU WERE GRANTED A PERMIT OR LICENSE. WRITTEN VERIFICATION OF LICENSURE MUST COME DIRECTLY FROM THE LICENSING BOARD. CONTACT THE LICENSING BOARD WHERE YOU ARE REQUESTING VERIFICATION FOR INSTRUCTIONS ON HOW TO OBTAIN VERIFICATION.**

N/A

PART 4: Record of Examination

If you have ever taken a US administered national physical therapy or physical therapy assistant licensing examination, in this state or any other state, for the profession for which you are now making application, you must complete the information requested below. **Each examination attempt must be shown. If an examination is administered in parts, each part should be listed separately.** Failure to disclose an examination attempt may result in the denial of your application or other appropriate action. You must transfer your scores to this Board through the Federation of State Boards of Physical Therapy Score Transfer Service at www.fsbpt.org. If you are currently registered for the exam, indicate your Confirmation Number.

List each examination attempt below.

Name of Examination:

NPTE

Jurisdiction:

Louisiana

Date of Examination:

07/28/2020

Examination Result:

Registered

Score:

**Confirmation Number (if
Registered):**

PART 5: Questionnaire

You MUST answer each question below truthfully. If you answer YES to any of these questions, explain in the space provided below. Failure to disclose any of the requested information may result in denial of your application or other appropriate action.

- | | |
|---|----|
| 1. Have you ever had an application for any business, trade, or professional license, certification, or permit refused or denied by any licensing or certifying authority? | No |
| 2. Have you ever been expelled, placed on disciplinary probation, restriction, suspension, revocation, modification, requested to resign, allowed to resign, requested to leave temporarily or permanently, or subjected to discipline by any college, university, professional training program, post-secondary education program, or requested or advised by such institution to discontinue your studies at such facility? | No |
| 3. Have you ever voluntarily surrendered any business, trade, or professional license, certification, or permit in any state, territory, or country, including, but not limited to, a physical therapy or physical therapist assistant license, or allowed such license, certification or permit to lapse? | No |
| 4. Have you been charged with or convicted of Medicare/Medicaid/Insurance fraud and/or are you currently a restricted provider? | No |
| 5. Have you ever been the subject of an investigation or disciplinary action resulting in any of the following: letter of warning, letter of education or concern, probation, monitoring, reprimand, suspension, revocation, or any other type of disciplinary action with regard to any business, trade, or professional license, certification, or permit, including, but not limited to, a physical therapy or physical therapist assistant license? | No |
| 6. Have your business, trade, practice, or professional privileges been placed on probation, restricted, suspended, revoked, or terminated by any licensing or certifying authority, association, facility, or staff of such facility; or have you voluntarily or involuntarily resigned, retired, or withdrawn from such association to avoid imposition of such measures? | No |
| 7. To your knowledge, are there any complaints against you that are currently pending or unresolved before any administrative agency, governmental authority, licensing authority, association, hospital/clinic, or staff of such hospital or clinic, employer, supervisor, or educational facility? | No |
| 8. Is your business, trade, or professional license, certification, or permit currently under disciplinary review in another state, territory, or country? | No |
| 9. Have you, within the past ten (10) years, exhibited any conduct or behavior that could call into question your ability to practice physical therapy or care for patients? | No |
| 10. Have you ever been cited for, arrested for, or charged with violation of any law, or pled guilty or nolo contendere to any violation of any law in any court, whether or not a sentence has been imposed, suspended, or pardoned, other than a case that was resolved in juvenile court? If YES, please provide a personal statement providing a clear description of facts related to the circumstances that led up to the citation, arrest, and/or charges. In addition, if applicable, attach a certified copy of the court records regarding your | No |

conviction or plea, the nature of the offense, date of discharge, as well as any other documentation you would like to submit related to the incident.

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|---|----|
| 11. Are you currently or have you in the past five (5) years engaged in the consumption, ingestion, self-administration, inhalation, injection, or other use of legally controlled substances or medications, other than pursuant to and used in accordance with a lawful prescription and/or medical advice? | No |
| 12. Are you currently, or have you in the past five (5) years engaged in the consumption, ingestion, injection, inhalation, etc. of illegal drugs? | No |
| 13. Have you been named as a party to a lawsuit or civil action, including, but not limited to, restraining orders and malpractice? | No |
| 14. Are you currently, or have you in the past five (5) years, engaged in the repeated excessive use or abuse of alcohol, or been under the influence of alcohol while practicing physical therapy, providing care to patients, completing a course of study, operating a vehicle, or performing any other duties or responsibilities during which a reasonable person would expect sobriety? | No |
| 15. Have you been terminated, suspended, disciplined, laid-off, or permitted to resign in lieu of termination from any position, paid or unpaid, or as a holder of a public office? | No |
| 16. Have you ever been court-martialed, been the subject of formal discipline, or discharged, other than honorably, from the armed services? | No |

Explanation:

APPLICANT'S OATH

I hereby certify under oath that all statements I have made in this application are true, that I am the person named in the credentials herewith presented and I am the original and lawful possessor of these documents; the photographs attached hereto are true photographs of me taken within the past six months and depict my current likeness; that in consideration of the issuance to me of a license to practice physical therapy in Louisiana, I swear that I shall comply with all provisions of the Louisiana Physical Therapy Practice Act ("law") and Louisiana Physical Therapy Board Rules and Regulations ("Rules"), and, in accordance therewith, shall abstain from unethical advertising, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with, nor become a partner or employee of, any person who resorts to such practices, and I hereby agree that violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges that accrue to me thereunder.

I understand and acknowledge that the submission of this application to, as well as the acceptance or maintenance of, any license, including, but not limited to, provisional license, issued by the Louisiana Physical Therapy Board ("LPTB") shall constitute and operate as a continuous authorization by me to all hospitals, educational institutions or organizations, personal references, physicians or healthcare providers, personal mental healthcare providers, attorney, employers (past and present), business and professional associates (past and present), medical malpractice insurance carriers or organizations, the Federation of State Boards of Physical Therapy (FSBPT), all governmental agencies and instrumentalities (local, state, federal, or foreign), the National Practitioner Data Bank, and any other individuals or entities with which I associate to release to the LPTB any information, files, transcripts, or records requested by the LPTB. I further authorize the Louisiana Physical Therapy Board to release to any such organization, individual or group having reasonable need therefore, any information supplied to or obtained by the LPTB in connection with my application or relative to the status of any license or provisional license issued to me as a result of such application and acceptance or maintenance of any license.

I further understand that an application which is incomplete will be closed after one year of inactivity. At the end of this period, any application which is not completed will be considered abandoned and closed by the board and fees paid to the board will not be refunded. Should you re-apply after your incomplete application is closed, you shall be required to begin the process anew, including the payment of the application fee to the board. (Louisiana Physical Therapy Board

Practice Act §151.N.) In the event that I decide to withdraw from the application process after submission of my application to the Louisiana Physical Therapy Board, I will do so in writing and may be reimbursed a portion of my application fee minus administrative costs.

I agree to notify the LPTB should any information required on this application change or become inaccurate in any way. I hereby agree to inform the LPTB should I engage in conduct that results in an arrest and the initiation of criminal proceedings, even if the charges are eventually lessened or dropped, during application process and the period during which I hold a license.

By submitting an application or accepting and maintaining a license issued by the LPTB, I am giving my consent to submit to physical, mental, or substance abuse evaluations if, when, and the manner so directed by the LPTB and to have waived all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. I understand that the expense of such evaluations shall be borne by me.

I hereby release, discharge and exonerate the LPTB, its employees, agents, contractors, or representatives and any person, hospital, clinic, government agency having custody and control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigations or inquiries made by the LPTB.

I understand that this authorization and consent is valid and commencing on the date herein below subscribed and that such will remain in force and effect until and unless I withdraw my application for, or no longer possess or maintain, a license issued by the LPTB. I acknowledge that a duplicate may serve as an original.

Applicant Signature

Date

/s/Joe Smith

06/12/2020

Payment Information

Amount Paid:
\$393.00

Credit Card:
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