Arkansas Department of Health

Arkansas State Board of Physical Therapy

P.O. Box 250254 • Little Rock, AR 72225
(501) 228-7100 • Fax: (501) 228-0294
arptb@arkansas.gov • www.arptb.org

Office Use Only

Amount $_____

Check # _____

Date _____

REINSTATEMENT APPLICATION

Requirements: Reinstatement application, renewal fee, reinstatement fee, completion of delinquent continuing education, jurisprudence exam and a background check. Maximum CE hours for a PT is 40 hours and for a PTA is 20 hours. *Continuing education submitted for reinstatement will not count toward the current accumulation period. Once your license is reinstated, you are required to meet continuing education requirements for the upcoming odd numbered year renewal.*

Renewal fees were require to be reduced by 95% between July 1, 2023 and June 30, 2025

Physical Therapists: Renewal Fee - $4.00 - Reinstatement Fee - $75.00 – Total Due = $79.00
Physical Therapist Assistants: Renewal Fee - $2.00 - Reinstatement Fee - $50.00 – Total Due = $52.00
Fees are to be paid by check or money order only. Cash is not accepted.

License # _____ ☐ Physical Therapist ☐ Physical Therapist Assistant

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

_____
(City) (State) (Zip) (County)

Maiden/Former Name: _____ **Social Security #:** _____

City & State of Birth: _____ **Birth Date:** _____

Office Phone #: _____ **Home Phone #** _____ **Cell Phone #** _____

Email: _____ **Preferred Correspondence:** ☐ Email ☐ Mail

☐ Male. ☐ Female **Ethnic/Race Information:** ☐ American Indian ☐ Black or African American ☐ Hispanic/Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White/Caucasian

ADDITIONAL INFORMATION

List all states/countries where you are currently licensed or have ever held licensure, registration or certification to practice as a physical therapist or physical therapist assistant: _____

Are you an active member of the Military being stationed in Arkansas? **Yes ☐ No ☐**
Are you a former member of the Military? **Yes ☐ No ☐** If yes, what year were you discharged? _____

Is your spouse an active member of the Military being stationed in Arkansas? **Yes ☐ No ☐**
Is your spouse a former member of the Military? **Yes ☐ No ☐** If yes, what year were they discharged? _____

Have you ever had a license or certification sanctioned, restricted, revoked or suspended, other disciplinary action taken, or any application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? **Yes ☐ No ☐** *If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements*

Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state or federal drug enforcement authority? **Yes ☐ No ☐** *If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements.*

Have you ever been convicted of a felony (including a nolo contendere plea or guilty plea) in any state or federal court? **Yes ☐ No ☐** *If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements.*

I swear/affirm that the contents of this application are true. All information contained in this application may be verified by the Arkansas State Board of Physical Therapy.

Signature _____

Arkansas State Board of Physical Therapy

ORI AR920633Z. ArCA §17-93-303(b) and §17-93-304(b)

Full Name: _____
Last Name First Name Middle Name

List all Names Used:_____ Daytime Phone _____
(Married name(s), Maiden name(s), etc.)

Date of Birth: _____ State of Birth: _____ Race: _____Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License Number and State Issued:_____

Mailing Address:_____
P.O Box or Street Address City State Zip code

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at http://www.fbi.gov/about-us/cjis/background-checks.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement
This privacy act statement is located on the back of the FD-258 fingerprint card.
Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the
Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal records search on myself and release any results to the Arkansas State Board of Physical Therapy, PO Box 250254 Little Rock, AR 72225.

Signature: _____ Date:_____
(First/MI/Last Name) (Month/Day/Year)

BELOW FOR OFFICE USE ONLY

□ 82005 Civil Record Check □ 80019 FBI Check □ 80006 FBI Check (ASP)