

# Physical Therapy Form 1

The University of the State of New York  
 THE STATE EDUCATION DEPARTMENT  
 Office of the Professions  
 Division of Professional Licensing Services  
 www.op.nysed.gov

Department Use Only

## Application for Licensure

Applicants Must Complete All Four Pages Of This Application ***In Ink***

**1** Check what you are applying for:

|   |    |       |    |
|---|----|-------|----|
| <input type="checkbox"/> Physical Therapist (License)           | 62 | \$294 | ER |
| <input type="checkbox"/> Physical Therapist (Permit)            | 62 | \$70  | PR |
| <input type="checkbox"/> Physical Therapist Assistant (License) | 66 | \$103 | ER |
| <input type="checkbox"/> Physical Therapist Assistant (Permit)  | 66 | \$50  | PR |

**2** Social Security Number  
*(Leave this blank if you do not have a U.S. Social Security Number)*

|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|

**3** Birth Date    Month      Day      Year

**4** Print Name

Last

First

Middle

**Licensee business address, phone and e-mail address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

**5** Mailing Address:  Home or  Business  
*(You must notify the Department promptly of any address or name changes.)*

Line 1

Line 2

Line 3

City

State     Zip Code

Country/Province

NYS License Number

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Date Issued

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Initials

**6** Telephone/E-Mail Address

Daytime Phone:  Home or  Business

Area Code                      Phone Number

**E-Mail Address** (Please print clearly):  
 Home or  Business

**7** New York State DMV ID Number  
 (Driver or Non-Driver ID)

*(Leave this blank if you do not have a New York State DMV ID Number)*

**8** Name as it appears on degree or other credentials (if different from above): \_\_\_\_\_

**9** Have you ever applied for licensure in New York State?  YES     NO  
 If yes, which profession? \_\_\_\_\_

**10** Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction?  YES     NO  
 (If so, list below and attach other pages as needed.)

|                   |                       |                     |
|-------------------|-----------------------|---------------------|
| _____             | _____                 | _____               |
| <i>Profession</i> | <i>License Number</i> | <i>Jurisdiction</i> |
| _____             | _____                 | _____               |
| <i>Profession</i> | <i>License Number</i> | <i>Jurisdiction</i> |

**11** Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?  YES     NO

**12** Are criminal charges pending against you in any court?  YES     NO

**13** Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?  YES     NO

**14** Are charges pending against you in any jurisdiction for any sort of professional misconduct?  YES     NO

**15** Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?  YES     NO

**NOTE:** If you answer "Yes" to any questions numbered 11-15, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Disposition. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

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Please print clearly giving an accurate record of your educational preparation below. Be sure to complete all information for all colleges/universities attended and degrees received. Attach additional sheets if necessary.

**Name of High School/Secondary School:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Graduation date: \_\_\_\_\_ / \_\_\_\_\_  
mo. yr.

**Professional Education**

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Major/Concentration: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Attendance from: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
mo. yr. mo. yr.

Title of Degree/Diploma/Certificate awarded (in the original language): \_\_\_\_\_

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Do you now hold, or have you ever held, a license or certificate to practice any profession in any jurisdiction?  YES  NO

If yes, list each license/certificate, state or jurisdiction and provide appropriate information in the columns below. **A Form 3 must be submitted for each license/certificate listed unless it is a license/certificate issued by the New York State Education Department. See the Applicant Instructions on Form 3 for specific information about completing and submitting the form.**

| Professional Title | State or Jurisdiction | Date License/Certificate Issued | License/Certificate Number | Limitations On License/Certificate |
|--------------------|-----------------------|---------------------------------|----------------------------|------------------------------------|
|                    |                       |                                 |                            |                                    |

**18 REASONABLE TESTING ACCOMMODATIONS FOR INDIVIDUALS WITH DISABILITIES.** (See Examination Requirements section for more information.)

I have been diagnosed as having a disability and require special testing accommodations. I will submit a "Request for Reasonable Accommodations for Testing" form ([www.op.nysed.gov/documents/pls1ra.pdf](http://www.op.nysed.gov/documents/pls1ra.pdf)) and supporting documentation to the address on that form. I understand that I will be able to test with accommodations only after the submitted documentation has been reviewed and approved.

**19 CHILD SUPPORT OBLIGATION:**

Everyone applying for a professional license, permit, or registration, or any renewal thereof, must file a written statement that, as of the date of the filing, she or he is, or is not, under an obligation to pay child support\*. **Individuals who are four months or more in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to a paternity or child support proceeding may be subject to suspension of their business, professional, drivers and/or recreational licenses and permits.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

**Check only A or B below. If you check B, you must check one of the five statements listed below it.**

A  I am not under an obligation to pay child support

OR

B  I am under an obligation to pay child support *and* (please check only one of the following)

- I am current and **am not** four months or more in arrears in the payment of child support: or,
- I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- The child support obligation is the subject of a pending court proceeding; or,
- I am receiving public assistance or supplemental security income; or,
- None of the above four statements apply.

\* New York State General Obligations Law, section 3-503.

**20 CITIZENSHIP/IMMIGRATION STATUS:**

Federal law and the Regulations of the Commissioner of Education (8 NYCRR §59.4) limit the issuance of professional licenses, registrations and limited permits to United States citizens or qualified aliens. To comply with Federal law and Commissioner's regulation, you must complete this section of this form and check the appropriate box below which indicates your citizenship/immigration status.

I am:

- A. A United States citizen or National.
- B. An alien lawfully admitted for permanent residence in the United States.
- C. An alien granted asylum under Section 208 of the Immigration and Nationality Act.
- D. A refugee granted asylum under Section 207 of the Immigration and Nationality Act.
- E. An alien paroled into the United States under Section 212 (d)(5) of the Immigration and Nationality Act for a period of at least 1 year.
- F. An alien whose deportation is being withheld under Section 241 (b)(3) of the Immigration and Nationality Act.
- G. An alien granted conditional entry pursuant to Section 203 (a)(7) of the Immigration and Nationality Act as in effect prior to April 1980.
- H. Non Immigrant (Temporarily in U.S.) Please list Visa type or immigration status or attach a copy of your passport if you are not required to have a Visa to enter the United States: \_\_\_\_\_
- I. I am an alien not unlawfully present in the United States pursuant to the Deferred Action for Childhood Arrivals (DACA) relief or similar relief from deportation. Please specify: \_\_\_\_\_
- J. I do not reside in the United States.

If you checked any of the boxes from B-I, enter your alien registration number or control number issued by the United States Citizenship and Immigration Services (USCIS): USCIS number: \_\_\_\_\_

QUESTIONS ABOUT YOUR IMMIGRATION STATUS AND WHETHER OR NOT IT IS A QUALIFYING STATUS UNDER FEDERAL LAW SHOULD BE DIRECTED TO THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) BY CALLING 1-800-375-5283, OR VISIT THEIR WEB SITE AT [WWW.USCIS.GOV](http://WWW.USCIS.GOV).

**21 GENDER AND ETHNICITY: (This item is optional.)**

Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.

GENDER:  Male  Female

ETHNICITY:  White (not Hispanic)  Black (not Hispanic)  Asian  Hispanic  Native American

**22 EDUCATION PROGRAM REVIEW**

I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

Yes

No

Please initial: \_\_\_\_\_

**23 AFFIDAVIT WITH ACKNOWLEDGMENT** (Notarization required.)

**APPLICANT**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution. **This form must be signed and dated in the presence of a Notary Public.**

Signature of the applicant: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**NOTARY**

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me, the above signed, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature \_\_\_\_\_

Notary ID number \_\_\_\_\_

Notary Stamp

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, PO Box 22063, Albany, NY 12201. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.