

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

Physical Therapist

Email: dph.alliedhealth@ct.gov

Website: www.ct.gov/dph/license

Physical Therapist License Application

**Tape a recent photo
of applicant here.
DO NOT STAPLE**

This application must be accompanied by a check or money order in the amount of **\$285.00**, made payable to **"Treasurer, State of Connecticut."**

➔ **Return completed application and fee to:**

CT DPH, Physical Therapist Application Processing, 410 Capitol Ave., MS# 12MQA, PO Box 340308, Hartford, CT 06134

First Name		MI	Last Name		Maiden Name		Social Security Number	
Email Address		Street Address			City		State	Postal Code
Telephone Number		☐ Male ☐ Female		Date of Birth	Ethnicity: check (✓) ☐ Hispanic or Latino ☐ Not Hispanic or Latino			
Race: Please check (✓) all that apply ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White								
Have you held a Connecticut physical therapist license in the past?							☐ Yes ☐ No	Lic. No.
Are you now or have you ever been licensed as a physical therapist in any state? If yes, please list all (please abbreviate): _____							☐ Yes ☐ No	
Name of School of Physical Therapy		City			State	Country		Grad. Date
Have you ever taken the National Physical Therapy Examination?					☐ Yes ☐ No		Exam Date	Did you Pass? ☐ Yes ☐ No
Do you plan to take the NPTE examination as a Connecticut applicant?							☐ Yes ☐ No	
On the examination, will you require accommodation for any disability? If yes, attach a statement describing the nature of the disability and the requested accommodation. Upon review, the Department will contact you for additional documentation.							☐ Yes ☐ No	
Are you certified by the American Registry of Physical Therapists (ARPT)?							☐ Yes ☐ No	
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?							☐ Yes ☐ No	
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?							☐ Yes ☐ No	
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?							☐ Yes ☐ No	
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?							☐ Yes ☐ No	
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?							☐ Yes ☐ No	
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?							☐ Yes ☐ No	
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?							☐ Yes ☐ No	
If you answered yes to any of the above questions regarding your professional history, please provide full details and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.								
NOTARIZATION: On this _____ day of _____ 20____, the above referenced individual personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein or any document attached hereto are true in every respect. Sworn to before me this _____ day of _____ 20____.								
Signature of Applicant			Signature of Notary Public			My Commission Expires: _____		