



**APPLICATION FOR REINSTATEMENT**  
**Arkansas State Board of Physical Therapy**

9 Shackelford Plaza, Suite 3 Little Rock, AR 72211  
 Phone: 501-228-7100  
 Website: arptb@sbcglobal.net

*Office Use Only*

Amount \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_

Requirements: Reinstatement form, renewal fee, reinstatement fee, completion of delinquent continuing education requirements, including the jurisprudence exam, up to 40 contact hours for physical therapists and up to 20 contact hours for physical therapist assistants. *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.*

**FEES: Physical Therapists: Annual Renewal Fee - \$75.00 - Reinstatement Fee - \$75.00 – Total Due = \$150.00**  
**Physical Therapist Assistants: Annual Renewal Fee - \$50.00 - Reinstatement Fee - \$50.00 – Total Due = \$100.00**  
 Background Check Fee - \$38.25 (DO NOT submit with reinstatement application). Further information will be mailed to you.

License #:

Physical Therapist

Physical Therapist Assistant

Name: \_\_\_\_\_  Male  
 Female  
 (Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (Zip) (County)

Maiden/Former Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Office Phone #: ( ) \_\_\_\_\_ Home Phone #: ( ) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Ethnic/Race Information:**  American Indian or Alaska Native  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 charged with or convicted (including a nolo contendere plea or guilty plea) of a felony or any criminal offense in any state or federal court (other than minor traffic violations) whether or not a sentence was imposed or suspended? 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 \_\_\_\_\_

**FBI Information – Please legibly print each answer**

Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
(mm/dd/yyyy)

Non-US Citizen: YES NO Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**The Following Information is required in order to perform a Federal Background Check**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

State of Birth: \_\_\_\_\_

Type of Home Address: City Rural

Home Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Aliases / Former Name(s): \_\_\_\_\_  
\_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

I, \_\_\_\_\_ swear/affirm that the contents of this page are true.

Applicant's signature \_\_\_\_\_

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-synnart-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 4031 (formerly cited as 42 U.S.C. §14616), Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)