



Arkansas Department of Health

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 requirements, 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.

FEES: Physical Therapists: Annual Renewal Fee - \$70.00 - Reinstatement Fee - \$75.00 – Total Due = \$145.00

Physical Therapist Assistants: Annual Renewal Fee - \$45.00 - Reinstatement Fee - \$50.00 – Total Due = \$95.00

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 _____

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 notification¹ 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.²
- 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.³

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.⁴

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.)

¹ Written notification includes electronic notification, but excludes oral notification.

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

³ See 28 CFR 50.12(b)

⁴ 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)