

**PHOTO INSTRUCTIONS**

- 1 Approximately 2 ½ x 3” color photo of your head and shoulders only taken within the year you are applying for Registrations.
- 2 No group photos. No photocopies
- 3 Digital photos and scans must be on good quality photo paper.
- 4 Signature and printed name in ink on LOWER back of photo
- 5 Attach photo here with paperclip. Do not use staples or tape.

**BOARD USE ONLY**

Date Received	
Application Fee	
Registration Fee	
Registration Issued	

**WEST VIRGINIA BOARD OF PHYSICAL THERAPY  
REGISTRATION APPLICATION FOR ATHLETIC TRAINERS**

**Application for registration is only valid for 1 year from signature date. If you have not received a registration within 1 year of this date, you will need to resubmit a new application.**

Type or print in ink. Do not omit any information. If not known or applicable, mark N/A (not applicable)

<b>APPLICANT</b>					
FULL LEGAL NAME		FIRST	MIDDLE INITIAL	LAST	MAIDEN/FORMER
SOCIAL SECURITY	DATE OF BIRTH (MM/DD/YR)	AGE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		EMAIL ADDRESS
HOME STREET ADDRESS		CITY		STATE OR PROVINCE:	ZIP CODE
COUNTY	COUNTRY	US Citizen (Yes/No)		HOME PHONE	CELL PHONE

<b>RECORD OF BIRTH</b>			
BIRTHDATE (MM/DD/YR) / /	CITY OF BIRTH:	STATE OF BIRTH:	COUNTRY OF BIRTH:

<b>PREFERRED ADDRESS – The records of this Board are considered public record. If you do not wish to disclose your home address, please provide a different address where you can reliably receive mail pertaining to your license.</b>				
IT IS OK TO USE MY HOME ADDRESS? YES/NO (If no, please complete the address section below)				
<input type="checkbox"/> YES IT IS OK TO USE MY HOME ADDRESS		<input type="checkbox"/> NO, USE THE ADDRESS LISTED BELOW		
STREET ADDRESS	CITY	STATE OR PROVINCE:	ZIP CODE	COUNTY

<b>BOC CERTIFICATION (*)</b> You will need to request a written verification from BOC to be sent directly to our office.		
DATE OF CERTIFICATION (MO/DAY/YEAR) / /	CERTIFICATION NUMBER:	EXPIRATION DATE(MO/DAY/YEAR) / /

<b>EDUCATION– Use additional paper if necessary.</b>					
EDUCATION	SCHOOL NAME	CITY/STATE	DATES ATTENDED	MAJOR	DEGREE/CERTIFICATE
COLLEGE					
COLLEGE					
COLLEGE					
POSTGRAD					
TRAINING					

JURISDICTIONS IN WHICH YOU ARE OR HAVE BEEN LICENSED OR REGISTERED AS AN ATHLETIC TRAINER			
JURISDICTION	LICENSE#/REGISTRATION#	DATE ISSUED (MM/DD/YR)	HOW OBTAINED? (BOC Exam Equivalency Reciprocity)

**CURRENT EMPLOYMENT** - If known, complete below.  Check here if none.

<b>EMPLOYER</b>		<b>ADDRESS</b>	
<b>PHONE NUMBER</b>	<b>FAX NUMBER</b>	<b>START DATE</b>	<b>CONTACT PERSON/TITLE</b>

**EMPLOYMENT HISTORY** – List in chronological order positions held as an Athletic Trainer, beginning with current employment and ending with your first employment. Use additional paper if necessary.

EMPLOYER	ADDRESS	PHONE	DATES TO/FROM

**QUESTIONS** - If the answer to any of the questions below is Yes, send a typed letter of full explanation and official notarized copies of the charge(s) and conviction(s), including penalty. Answering “Yes” to any of these questions is not necessarily a reason for the Board to deny licensure, but may lead to further inquiry or investigation.

- Is your cognitive, communicative, or physical ability to engage in the duties and responsibilities of an athletic trainer with reasonable skill and safety been impaired or limited in any way? Please describe. Yes \_\_\_ No \_\_\_
- Does your use of alcohol or chemical substances(s), including prescription medications, in any way impair or limit your ability to practice as an athletic trainer with reasonable skill and safety? Please describe. Yes \_\_\_ No \_\_\_
- Are you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider). Please describe. Yes \_\_\_ No \_\_\_
- Have you ever been denied a registration/certification/licensure or the privilege of taking an athletic trainer examination or has a conditioned registration/certificate/licensure ever been issued to you by any jurisdiction? if so, give particulars. Yes \_\_\_ No \_\_\_
- Has your license/registration/certificate to practice athletic training or any other regulated profession in any other jurisdiction ever been voluntarily or involuntarily (i.e. by State Board Order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a State Board or other licensing authority? If so, give particulars. Yes \_\_\_ No \_\_\_
- Have you ever been notified or any investigations by any state board, athletic trainer society, certifying authority or any Health facility of any complaints against you relative to the practice as a athletic trainer, or have you been reprimanded or censured by any athletic trainer society or licensing board? If so, give particulars. Yes \_\_\_ No \_\_\_
- Have you ever been a defendant in any malpractice lawsuits, had any malpractice settlement, or have any pending? If so, give a detailed clinical explanation of each case as well as documentation of outcome (insurance papers or court documents) Yes \_\_\_ No \_\_\_
- Have you ever been terminated from employment as an athletic trainer? If so, give particulars. Yes \_\_\_ No \_\_\_
- Have there been any criminal charges filed against you in the past ten years preceding date of application for registration? This includes charges of disorderly conduct, assault or battery, domestic abuse, DWI, or DUI whether the charges were **misdemeanor, gross misdemeanor, or felony**. This also includes any offenses which have been expunged or otherwise removed from your record by executive pardon. If so, give particulars including the date of conduct, state and local jurisdiction in which the charges were filed. Yes \_\_\_ No \_\_\_

Pursuant to West Virginia Code §48-15-303, each applicant for license must answer the following questions and certify, under penalty of false swearing, that these answers are true and correct.

- 1. Do you have a child support obligation? Yes \_\_\_ No\_\_\_
- 2. If the answer to question 1, above, is yes, are you in arrearage? Yes \_\_\_ No\_\_\_
- 3. If the answer to question 2, above, is yes, does your arrearage equal or exceed the amount of child support payment for six (6) months? Yes \_\_\_ No\_\_\_
- 4. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No\_\_\_

If you make a false statement concerning any question on this Application, you may be subject to disciplinary action including, but not limited to, immediate revocation or suspension of your license.

**APPLICATION MUST BE NOTARIZED**

Read the following, then in the presence of a Notary, sign and date.

I, \_\_\_\_\_, affirm that this application contains no willful misrepresentation or falsifications and that this information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application for licensure by examination and/or endorsement by the West Virginia Board of Physical Therapy will be rejected. I am also aware that should investigation at any time disclose any such misrepresentation or falsification, after my permanent WV License is issued, it may be subject to disciplinary action and/or revocation.

I certify that I have not, am not, and will not practice, or hold myself out as being able to practice physical therapy in the State of West Virginia until authorization to do so has been granted by the West Virginia Board of Physical Therapy.

I hereby authorize any of my employers or associates to give to the West Virginia Board of Physical Therapy any information concerning statements herein.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

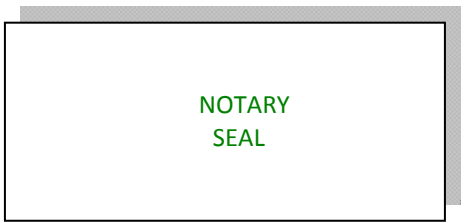
State of \_\_\_\_\_, County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_ In the year of \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_



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Mail application and fees **(NO PERSONAL CHECKS)** to:

West Virginia Board of Physical Therapy  
101 Dee Drive  
Charleston, WV 25311  
Phone (304) 558-0367  
Fax (304) 558-0369  
E-mail: [wvbopt@wv.gov](mailto:wvbopt@wv.gov) Web: [www.wvbopt.com](http://www.wvbopt.com)