



WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive, Suite 102
Charleston, West Virginia 25311
Telephone: (304) 558-0367 Fax: (304) 558-0369

RENEWAL OF A DELINQUENT LICENSE INSTRUCTIONS

Please contact our office to verify the status of your license before submitting this request.

To renew your delinquent license, please submit the following:

- Late Renewal Form – completed in its entirety
 - If your name has changed, include a copy of the legal document changing your name.
- CE Certificates – for 24 WVBOPT approved CE hours from the previous two years
 - If you did not complete the CE requirements, you must do so with courses approved by our board for the current year.
- Delinquent Fees – via cashier’s check, business check or money order (no cash or personal checks)
 - Penalty fees are assessed by length of delinquency. Contact our office if you are unsure of the amount you owe for late renewal. Submission of an incorrect amount will delay your renewal.

○ **BREAKDOWN OF PENALTY FEES:**

January 1:	PT: \$250/PTA: \$170
February 1:	PT: \$260/PTA: \$177
March 1:	PT: \$270/PTA: \$184
April 1:	PT: \$280/PTA: \$191
May 1:	PT: \$290/PTA: \$198
June 1:	PT: \$300/PTA: \$205
July 1- 36 months:	PT: \$310/PTA: \$212

Once all the above requirements are met and satisfied, your license shall be renewed and updated to ACTIVE status. Licensure status may be verified at www.wvbopt.com/Public/PT-PTA License Search and Verification. Please be advised that 36 months from your expiration date your license will no longer be eligible for renewal and you must complete the reactivation process.

Mail your application and fees (No Cash or Personal Checks) to:
WEST VIRGINIA BOARD OF PHYSICAL THERAPY
2 Players Club Drive Suite 102, Charleston, WV 25311
Phone (304) 558-0367 Fax (304)-558-0369
LATE BIENNIAL RENEWAL APPLICATION FOR PHYSICAL THERAPIST

Type or print in ink. (You are required by law to report in writing any changes as they occur.)

LICENSE#		<input type="checkbox"/> I have included proof of 24 WVBOPT approved CE hours as required.			
FULL LEGAL NAME FIRST		LAST		MI	MAIDEN/FORMER
HOME STREET ADDRESS			CITY		STATE/PROVINCE ZIP CODE
COUNTY	US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME PHONE	CELL PHONE		EMAIL ADDRESS

EMPLOYER INFORMATION					
COMPANY NAME					
STREET ADDRESS		CITY	STATE/PROVINCE	ZIP CODE	COUNTY
PHONE		FAX	EMAIL		

PREFERRED ADDRESS – The records of this board are considered public record. If you do not wish to disclose your home address, phone, or email, please provide your preferred information where you can reliably receive correspondence pertaining to your license.					
IS IT OK TO USE YOUR HOME ADDRESS? <input type="checkbox"/> YES, IT IS OK TO USE MY HOME ADDRESS. <input type="checkbox"/> NO, USE MY EMPLOYER ADDRESS. <input type="checkbox"/> NO, USE THE ADDRESS LISTED BELOW.					
COMPANY NAME (IF APPLICABLE)		PREFERRED PHONE		PREFERRED EMAIL ADDRESS	
PREFERRED STREET ADDRESS		CITY	STATE/PROVINCE	ZIP CODE	COUNTY

QUESTIONS – If you answer yes to any of the questions below, you must include a typed letter of full explanation and 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 renewal but may lead to further inquiry or investigation. Applications with yes answers will be placed on hold until the next board meeting for review and consideration.

1. Do you currently have any physical or mental condition which may impair your ability to practice as a physical therapist? If so, please explain. Yes ___ No ___
2. Does your current use of alcohol or chemical substance(s), including, but not limited to, prescription medication(s), in any way impair or limit your ability to practice as a physical therapist with reasonable skill and safety? If so, please explain. Yes ___ No ___
3. Have you ever been denied the right to take an examination for licensure as a physical therapist in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
4. Have you ever held, or do you currently hold a restricted license to practice as a physical therapist in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
5. Are you currently under investigation as a physical therapist in any jurisdiction including this board? If so, please explain. Yes ___ No ___
6. Have you ever had a complaint filed against you as a physical therapist in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
7. Have you ever surrendered your license to practice as a physical therapist as result of pending disciplinary action, or in settlement of disciplinary action in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
8. Have you ever been disciplined, including, but not limited to, revocation, suspension, probation, or reprimand, as a physical therapist in any jurisdiction that has not previously been reported to this board? If so, please explain. Yes ___ No ___
9. Have you ever been convicted of a misdemeanor that has not previously been reported to this board? If so, give particulars, including the date of conduct and state and local jurisdiction in which the charges were filed. Yes ___ No ___
10. Have you ever been convicted of a felony that has not previously been reported to this board? If so, give particulars, including the date of conduct and state and local jurisdiction in which the charges were filed. Yes ___ No ___

I certify the information reported on this form is true and correct.

Signature

Date Signed