Colorado Division of Professions and Occupations
**Office of Licensing—Physical Therapy**
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

# REINSTATEMENT APPLICATION—PHYSICAL THERAPIST

## APPLICANT INSTRUCTIONS

**Mandatory Practice Act.** Colorado has a mandatory practice act, which means that you may not practice as a Physical Therapist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

**Basic Requirements.** Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-41-111, and the State Physical Therapy Board rules and policies, available online at www.dora.colorado.gov/professions/physicaltherapists.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

**About the Application.** This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documentation must be received before the application is considered complete. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

**Application Expiration.** Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit all required documents and complete your application process within one year. You will need to resubmit a new application packet after that time.

**Social Security Number is Required.** Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

**Disclosure of Addresses.** Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **It will significantly delay the processing of your application if your address of record is not current.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

**License Expiration Grace Period for Applicants.** All applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between July 1, 2012 and October 31, 2012 will reflect a license expiration date of October 31, 2014. Licenses issued prior to July 1, 2012 will reflect an expiration date of October 31, 2012 and must renew in the upcoming renewal period.

- All Colorado Physical Therapist licenses expire on October 31 of even-numbered years and must be renewed to continue practicing.

**Checking Your Application Status.** Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

## APPLICANT CHECKLIST

To apply to reinstate your expired Colorado **Physical Therapist** license:

☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to *State of Colorado***. All fees are **non-refundable** and subject to change every July 1.

☐ **Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S .24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.

☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

☐ **Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

## Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
**Office of Licensing—Physical Therapy**
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

# IMPORTANT NOTICE

**TO**: All Applicants

**FROM**: Director of the Division of Professions and Occupations

**SUBJECT**: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

1560 Broadway, Suite 1350 Denver, Colorado 80202 Phone 303.894.7800
Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

Consumer Protection

**Colorado Department of Regulatory Agencies**
Division of Professions and Occupations
1560 Broadway, Suite 1350
Denver, CO 80202

**Licensee/Applicant Full Legal Name**

| Last | First | Middle | Suffix |
|---|---|---|---|
| | | | |

**Colorado Professional or Occupational License/Certification/Registration Number:** _____
(if already licensed)

**Professional or Occupational License/Certification/Registration type applying for:** _____

# AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

## Section A: LAWFUL PRESENCE in the United States

1. ☐ I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. ☐ I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. ☐ I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
   a. ☐ I am a U.S. citizen, not physically present or employed in the United States.
   b. ☐ I am a Foreign National, not physically present or employed in the United States.

## Section B: SECURE AND VERIFIABLE DOCUMENTS
**Select ONE document in this section if you checked 1 or 2 in Section A.**

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) |
|---|---|---|---|---|
| ☐ Driver's license or permit | | | | |
| ☐ Government issued ID card | | | | |
| ☐ Valid U.S. military ID/common access card | | | | |
| ☐ Colorado Department of Corrections inmate ID | | | | |
| ☐ Tribal ID card | | | | |
| ☐ U.S. passport | | | | |
| ☐ Certificate of Naturalization | | | | |

## Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

| Government Issued Identification | Name of state agency or federal agency that issued the document | Full name as shown on driver's license or state/federal issued ID | License/ID Number | Expiration Date (mm/dd/yyyy) |
|---|---|---|---|---|
| ☐ Certificate of (U.S.) Citizenship | | | | |
| ☐ Valid Temporary Resident card | | | | |
| ☐ Valid I-94 issued by Canadian government | | | | |
| ☐ Valid I-94 with refugee/asylum stamp | | | | |

☐ Valid I-766 (Employment Authorization Card) — **Issuing federal agency:**

| Name on card | Alien Number (A#) | Card Number | Valid from (mm/dd/yyyy) | Expires (mm/dd/yyyy) |
|---|---|---|---|---|
| | | | | |

☐ Valid I-551 (Resident Alien or Permanent Resident Card) — **Issuing federal agency:**

| Name on card | Alien Number (A#) | Country of birth | Card expires (mm/dd/yyyy) | Resident since (mm/dd/yyyy) |
|---|---|---|---|---|
| | | | | |

☐ Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94

| Issuing foreign country | Passport Number | Visa Number | Visa Class (ex.: J-1, P-1, H-1B, etc.) | Date of entry (mm/dd/yyyy) | Until date (mm/dd/yyyy) |
|---|---|---|---|---|---|
| | | | | | |

☐ Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa

**Issuing foreign country:** **Passport Number:**

## Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

_____
Print Full Legal Name

_____ _____
Signature (Full Name) Date

Division of Professions and Occupations
**Office of Licensing–Physical Therapy**
(303) 894-7800 / (303) 894-7693 Fax
www.dora.colorado.gov/professions

Reinstatement Application
**PHYSICAL THERAPIST**
**Fee: $106**

**The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.**

**Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.**

**Colorado Physical Therapist License Number:** _____ **Date License Expired:** _____

## PART 1—APPLICANT INFORMATION

| | | | |
|---|---|---|---|
| **Name:** Last: | First: | Middle: | Suffix: |
| **Previous Name(s):** | | | |
| **Social Security Number: *** | **Date of Birth** (mm/dd/yyyy)**:** | **Gender:** ☐ *Male* ☐ *Female* | |
| **Place of Birth** (city and state, or foreign country)**:** | | | |
| **Mailing Address:** *This is a* ☐ *Home* ☐ *Business* | PO Box, Street: City, State, Zip: | | |
| **Daytime Telephone Number:** ( ) | **E-mail Address:** Preferred method for communication: ☐ *Mail* ☐ *E-mail* | | |

## PART 2—LICENSE INFORMATION

Since the date your license expired, have you been practicing as a Physical Therapist:

(a) in the state of Colorado? ☐ YES ☐ NO

(b) in another jurisdiction? ☐ YES ☐ NO

Are there pending complaint(s) against you in any jurisdiction(s)? ☐ YES ☐ NO

List each jurisdiction in which you are or have been licensed as a Physical Therapist (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

| State | License Number | Year license issued | Disciplinary action against license? | Is this license current/active? |
|---|---|---|---|---|
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | | | ☐ YES ☐ NO | ☐ YES ☐ NO |

**Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.*

APPLICANT NAME: _____

## PART 3—COMPETENCY TO PRACTICE

If your license has been **expired** **more than two (2) years but less than five (5) years**, demonstrate competency to practice by one of the following methods:

- Verification of licensure in good standing from another state; **and**
- Proof of active physical therapy practice in that state for the two (2) years preceding the date of application, for a minimum of 400 hours per year (use the attached Verification of Physical Therapy Practice form and make additional copies if necessary);

  **—OR—**
- Evidence of completing 32 hours per year in physical therapy continuing education courses since the date the license expired (use the attached Physical Therapy Continuing Education Record).

If your license has been **expired** **more than five (5) years**, demonstrate competency to practice by one of the following methods:

- Verification of licensure in good standing from another state; **and**
- Proof of active physical therapy practice in that state for the two (2) years preceding the date of application, for a minimum of 400 hours per year (use the attached Verification of Physical Therapy Practice form and make additional copies if necessary);

  **—OR—**
- Practice for six (6) months on probationary status with a practice monitor subject to the terms established by the Director;

  **—OR—**
- Complete a 240-hour internship within six (6) months using the Clinical Performance Instrument (CPI) as the professional standard and measure of continued competency;

  **—OR—**
- Any other means approved by the Director.

## PART 4—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ☐ YES ☐ NO
   - If **YES**, provide information below:

| Branch: | Duty Station: |
|---|---|

2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ☐ YES ☐ NO
   - If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.

## PART 5—SCREENING QUESTIONS

1. Has any disciplinary action ever been taken regarding any physical therapy license or other healthcare professional license which you now hold or have ever held? ☐ YES ☐ NO
   - If **YES**, provide information below:

| State or Country | Date | Charge | Disposition |
|---|---|---|---|
| | | | |

APPLICANT NAME: _____

## PART 5—SCREENING QUESTIONS (Continued)

2. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a physical therapist safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? ☐ YES ☐ NO

   ► If **YES**, provide an explanation (attach additional pages if necessary): _____

3. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a physical therapist safely and competently? ☐ YES ☐ NO

   ► If **YES**, please explain (attach additional pages if necessary): _____

4. Have you ever been convicted of a felony, pled guilty or *nolo contendere* to a felony, or accepted a deferred judgment or deferred prosecution to a felony charge? ☐ YES ☐ NO

   ► If **YES**, please explain (attach additional pages if necessary): _____

## PART 6—LIABILITY INSURANCE

☐ By checking this box, I certify that upon licensure I will meet the financial responsibility for professional liability insurance as outlined in C.R.S. 12-41-114.5.

## ATTESTATION

**I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.**

**Applicant Signature** **Date**

# VERIFICATION OF PHYSICAL THERAPY PRACTICE

**Applicant**: Complete this form if your license has been expired more than two (2) years and you are demonstrating competency to practice through proof of active practice. Verification is required to show proof of active physical therapy practice in another state for a minimum of 400 hours per year for the two years immediately preceding the date of application, as outlined in Physical Therapy Rule 7, available online at www.dora.colorado.gov/professions/physicaltherapists.

This is to certify that _____
**Applicant Last Name** **First Name** **Middle Name** **Suffix**

was actively practicing physical therapy from _____ to _____ for _____ hours per week.
mm/dd/yyyy mm/dd/yyyy

| | |
|---|---|
| **Employer Signature:** | **Signature Date:** |
| **Employer Name:** (print) | **Employer Title/Position:** |
| **Employer Business Name:** | |
| **Employer Business Address:** Street and Number: City, State, Zip: | |
| **Employer Telephone Number:** ( ) | |

# PHYSICAL THERAPY CONTINUING EDUCATION RECORD

**Applicant**: Complete this form if your license has been expired more than two (2) years and you are demonstrating competency to practice through completion of continuing education. Complete this form and certify that you have completed the required 32 hours per year of continuing education related to the practice of physical therapy since the date your license expired, as outlined in Physical Therapy Rule 7, available online at www.dora.colorado.gov/professions/physicaltherapists.

The information you provide below is subject to audit and verification. You may be required to provide additional information.

**Applicant Name**

| **Last:** | **First:** | **Middle:** | **Suffix:** |
|---|---|---|---|

| Course Title / Sponsor | Location | Instructor | Dates | Hours |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

TOTAL _____

**I hereby attest that the above is a true and accurate accounting of the continuing education I have completed.**

_____ SIGNATURE

_____ DATE