



BOARD OF PHYSICAL THERAPY CHECKLIST AND AFFIDAVIT FOR ACTIVE DUTY SERVICEMEMBER/SPOUSE LICENSE PORTABILITY APPLICATION

This checklist is for applications from active-duty servicemembers and spouses applying under the Servicemembers Civil Relief Act (SCRA) (50 U.S.C. §4025(a)). A license issued pursuant to this section is effective until the next biennial renewal of the license.

SUBMIT THE FOLLOWING:

- APPLICATION AND FEE– Please complete the online application for licensure by endorsement and pay the designated fee. The application fee for Physical Therapists is \$140.00. The application fee for Physical Therapist Assistants is \$100.00
- NATIONAL PRACTITIONER DATA BANK (NPDB) – Request a current self-query report from the [NPDB](#) and forward your report results to the Virginia Board.
- VERIFICATION OF LICENSURE – Provide verification of one primary source state license verification that is in good standing.
 - If the licensing jurisdiction provides online license verifications, you can provide documentation printed directly from the jurisdiction’s website.
 - If the licensing jurisdiction does not provide online verification, you must contact the jurisdiction directly to obtain a license verification.

All verifications must include the following information: licensee name, license number, issue date, expiration date, and any applicable disciplinary action documentation.

- CRIMINAL BACKGROUND CHECK – Once you complete the application process, you are eligible to request a fingerprint-based background check through [Fieldprint](#), the vendor responsible for processing your fingerprints.
 - Online applicants may view their Virginia Fieldprint Code and application status through their applicant checklist.
- ACTIVE MILITARY ORDERS – You must submit a copy of the active military orders which station the applicant or spouse in Virginia.
- MARRIAGE CERTIFICATE (SPOUSE ONLY) – A copy of the marriage certificate must be provided if the applicant is a spouse of a servicemember.

NOTARIZED AFFIDAVIT (SEE ATTACHED) – The attached affidavit must be signed before a notary and submitted to the Board.

GENERAL INFORMATION

- It is unlawful to practice Physical Therapy in Virginia until you have been issued a Virginia license.
- Documentation may be submitted electronically to ptboard@dhp.virginia.gov.



**BOARD OF PHYSICAL THERAPY
AFFIDAVIT FOR ACTIVE DUTY SERVICEMEMBER/SPOUSE LICENSE
PORTABILITY APPLICATION**

MARK ONLY ONE BOX:

Physical Therapist

Physical Therapist Assistant

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER OR VIRGINIA DMV CONTROL NUMBER*		
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN/OTHER NAME(S), IF APPLICABLE	

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities.

AFFIDAVIT OF APPLICANT - I affirm by my notarized signature below:

- I am the applicant and meet the eligibility requirements of the Servicemembers Civil Relief Act (50 U.S.C. §4025(a)).
- I affirm that I have carefully read the laws and regulations related to the practice of physical therapy, which are available at <https://www.dhp.virginia.gov/Boards/PhysicalTherapy> and I fully understand that funds submitted as part of the application process shall not be refunded.
- I affirm that the information provided on this application has been personally provided and reviewed by me and that statements made on the application are true, correct, and complete.
- I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial or disciplinary action upon this license/certification/registration.
- I understand that I must meet and comply with the licensure requirements and scope of practice for physical therapy in Virginia.
- I affirm that my licenses are in good standing in all states in which I am licensed, whether current, inactive, or expired.
- I affirm that no license, whether current, inactive, or expired, has been revoked or disciplined, and no license is currently under investigation for unprofessional conduct in any state. I further affirm that no license has ever been voluntarily surrendered while under investigation for unprofessional conduct in any state.

Signature of Applicant

Date

State/ County of _____
The foregoing instrument was acknowledged before me
this _____ day of _____
by _____

NOTARY
SEAL