

# Application for License - PHYSICAL THERAPIST

Access this form via website at: [hawaii.gov/dcca/pvl](http://hawaii.gov/dcca/pvl)

Read the Information/Requirements and Instructions before completing this form.

Applying for:

- License by exam waiver: Passed national PT exam in  
(state) \_\_\_\_\_ on (date) \_\_\_\_\_
- Exam, first time.
- Exam, failed exam in  
(state/county) \_\_\_\_\_ on (date) \_\_\_\_\_
- Temporary license. Attach separate fee of \$30.

Legal Name of Applicant (First, Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Residence Address (Include Apt. No., City, State & Zip Code)  
\_\_\_\_\_

Mailing Address (**ONLY** if different from residence)  
\_\_\_\_\_

Date of Birth \_\_\_\_\_  
Phone No. (Days) \_\_\_\_\_

Effective Date \_\_\_\_\_ License No. PT - \_\_\_\_\_

FOR BOARD USE ONLY

Temporary License \_\_\_\_\_ Effective: \_\_\_\_\_

Other Names Used (Include Maiden Name) \_\_\_\_\_  
Social Security No. \_\_\_\_\_

Check your answers. If response is "Yes" to questions 5 to 7, refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you at least 18 years of age? .....  Yes  No
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  Yes  No
- 3) Do you now hold or have you ever held a physical therapist license in another state or territory? .....  Yes  No  
If "YES", list below.
- 4) Have you ever held a license in Hawaii? Lic. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ .....  Yes  No
- 5) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? .....  Yes  No
- 6) Are there any disciplinary actions pending against you? .....  Yes  No
- 7) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No

EDUCATION	Name of College/University	Location (City/State)	Dates (mo/yr)		Degree Earned
			From	To	

STATE LICENSES	Name of State (Attach additional sheets if needed)	License No.	Date Issued	Method of Licensure			License Current?		Provide date Verification was Requested
				National Exam	State Exam	Exam Waived	YES	NO	
	ORIGINAL state								

(CONTINUED ON PAGE 2)

**\*\*\*SIGNATURE REQUIRED ON NEXT PAGE\*\*\***

PT-01 0613R	Appl..... 513..... \$50	1/2 Renewal..... 510..... \$50
	Lic..... 516..... \$30	Temp..... 517..... \$30
	CRF..... 518..... \$35/\$70	Service Charge..... BCF..... \$25

APPLICATION FOR PHYSICAL THERAPY

Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Affidavit of Applicant:**

I hereby certify that the statements, answers and representations made in this application and the attached documents are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (*Section 710-1017, Sections 436B-19 and 461J-12, Hawaii Revised Statutes*). I further certify that I have read, understand and will obey the laws and rules concerning physical therapy in the State of Hawaii.

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

\_\_\_\_\_  
Date

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize the Board of Physical Therapy and staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: \_\_\_\_\_

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

\_\_\_\_\_  
Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.