

[insert board letterhead here]

## **Background**

This cover sheet was created as a resource for member boards to collect pertinent information from reentry applicants and improve administrative processes. The concept is to allow boards to have all the information they might want in one place and assist in making a decision on a reentry applicant's road to relicensure.

This template is customizable for each board so that they can insert their board information and add/subtract from the information requested. If multiple boards were to implement the template, it may help bring some similarity to the way member boards process reentry applicants.

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*\*Please include copies of evidence of re-learning activities when appropriate (e.g. transcripts, CEU certificates)*

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## Re-Entry to Practice Applicant Personal Statement

**Note: This form is to be customized based on jurisdictional needs.**

Applicant's name:

Date:

**Part 1: Personal Statement:** For each area identified below, please provide a brief narrative describing your personal situation/experience:

- 1) Timeline and reason surrounding lapse in practice (include date last worked as licensed PT/PTA)
- 2) Background information related to your most recent employment as a PT/PTA (e.g., setting; clientele - ages & types of diagnoses; specializations, etc.)
- 3) Any Re-learning Options that have been completed within the past 5 years (with an emphasis on those since your lapse in practice)\* – some possibilities include:
  - a. Assessment tools (including NPTE re-take)
  - b. Continuing education (university courses – in person or online, for credit or audit; NPTE prep course; in-person or virtual conference, webinar or education modules)
  - c. Any additional post-professional degrees earned
  - d. Supervised Clinical Practice under licensed therapist with evaluation
  - e. Structured skills checklist with evaluation
  - f. Mentorship
  - g. Shadowing/observation/volunteer work
  - h. Simulated patient experiences/activities
  - i. Other: self-study, case studies, in-services, journal clubs, grand rounds, publications, research, reflective writing
  - j. Other experience that may be considered relevant (e.g. paid or unpaid work in other settings/fields related to health & wellness)
- 4) Proposed Plan to facilitate return to practice – include:
  - a. Goals for returning to practice – describe setting(s) where seeking to return to practice
  - b. Assessment of personal strengths & weaknesses
  - c. Ideas for re-learning activities to facilitate return to practice (refer to list under # 3 above for some possibilities)
  - d. Information on any licensed therapists already identified for supervised practice or mentoring

### Part 2: Attestation of Applicant

I, \_\_\_\_\_, hereby certify under oath that to the best of my knowledge all information and statements enclosed herein are true.

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**Signature**

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### Re-Entry to Practice Board Checklist

***Note: This form is to be customized based on jurisdictional needs.***

Applicant's name:

Date:

Information already collected that boards may reference when reviewing applicants seeking re-entry following a lapse in practice:

- Educational history: date and place of graduation with entry-level PT/PTA degree
- NPTE passage date (score transfer from FSBPT)
- Jurisprudence assessment module passage date when applicable
- License history (evidence of licensure in other states or PT Compact Privileges) when applicable
- Employment history: locations & dates of employment @ each facility; work status (part vs. full-time; approximate hours/year)
- Disciplinary history (background checks per jurisdiction)
- If applicable in jurisdiction: Attestation that applicant not impaired to practice physical therapy with skill and safety (may wish to refer to Model Practice Act 4.04 Grounds for Denial of a License)