

OUT OF STATE LICENSURE:

List all states/territories of the United States in which you are now or have ever been licensed or registered as a physical therapist assistant:

State	License/Registration Number	Expiration Date

STATEMENT OF PROFESSIONAL HISTORY: Refer to the instructions if you answer yes to any questions.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following:
-Any hospital, nursing home, clinic, or similar institution;
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
-Any third party reimbursement program, whether governmental or private? **YES NO**
If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement.
2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? **YES NO**
If "YES", give name of professional society or association, dates and reasons your membership was suspended or revoked on a separate NOTARIZED statement.
3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? **YES NO**
4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? **YES NO**
5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit. **YES NO**
6. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? **YES NO**
If "YES", to any of the above questions (3-6) give full details, names, addresses, etc. on separate NOTARIZED statement.
7. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? **YES NO**
If "YES", give full details, names, addresses, etc. on separate NOTARIZED statement and furnish a Certified Court copy (with court seal affixed) of the original judgement, the settlement, and/or the disposition of the case.

PHOTOGRAPH:

NOTARIZATION

*Tape a recent
photograph of
applicant
here.*

DO NOT STAPLE

On this _____ day of _____ of 20 _____,

_____ (**applicant's name**) personally appeared before me,
who being duly sworn says that she/he is the person referred to in the foregoing application and that
the photograph attached hereto is a true picture of self and that the statements made herein are true in
every respect.

SIGNATURE OF APPLICANT

Sworn to before me this _____ day of _____ of 20_____.

_____ *My commission expires* _____
SIGNATURE OF NOTARY PUBLIC

PLEASE RETURN THIS APPLICATION AND FEE FOR \$190.00 (BANK CHECK OR MONEY ORDER) MADE PAYABLE
TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH
PHYSICAL THERAPY ASSISTANT LICENSURE-REMITTANCE UNIT
410 CAPITOL AVE., MS# 12MQA
P.O. BOX 340308
HARTFORD, CT 06134-0308

IMPORTANT: Please do not send this form and fee unless you have read and understood the licensing
policies and requirements. All fees are nonrefundable.