

**Ohio OTPTAT Board**  
**Physical Therapist/Physical Therapist Assistant**  
**Reinstatement Application Instructions**

The **reinstatement application** applies to any individual who:

- has previously held a license to practice as a physical therapist or physical therapist assistant in Ohio at any time

**TO APPLY**

Applicants are required to electronically upload documents to apply for licensure.

Some documents are required to be sent directly to the Ohio OTPTAT Board, such as background checks, school transcripts and test results.

The application fee is non-refundable and must be paid by credit card (Visa, MasterCard, or Discover) or electronic check.

Failure to supply required information may result in denial of the application.

If your application remains incomplete for one year from the date it is received, your file will be closed.

Providing your Social Security Number for licensure is required by state & federal law.

**AFTER YOU APPLY**

Once the application is received and payment is made, you will receive an email confirming the application has been received and a payment receipt. The OTPTAT licensure staff will then review the application and the license will be issued within 3-5 business days.

To contact the Ohio OTPTAT Board, please visit: <http://otptat.ohio.gov/ContactUs.aspx>

### PT/ PTA REINSTATEMENT APPLICATION CHECKLIST

(Use this checklist to help complete the examination application requirements for Ohio)

All forms are available on the Board's website <https://otptat.ohio.gov>

| Document   | Documents required for application submission | You request, other agency/source provides documentation. Upload the completed form to the online application where indicate.                  |
|--|---|---|
| <b>Non-refundable application fee of \$100.00.</b> Pay fee with online application. Acceptable forms of payment are: Master Card, Visa, Discover, or Electronic Check.   | <input type="checkbox"/>                      |   |
| <b>Certification of Applicant for Online Applications.</b> This form must be notarized. Applicant will upload completed form with online application. Applicant does not need to mail in uploaded form.  | <input type="checkbox"/>                      |   |
| <b>Photograph.</b> Please staple a 2 x 2 inch passport photograph of your full face, front-view, with a plain white or off-white background taken within the six month period immediately preceding the date of your application. Please review the <i>Passport Photograph Guidelines</i> document on the Board's website for additional information.  | <input type="checkbox"/>                      |   |
| <b>Notarized Statement.</b> You must submit a notarized statement indicating why you did not renew your license by the prescribed renewal date or why you would like to reinstate your Ohio license. Upload the notarized statement with the online application.   | <input type="checkbox"/>                      |   |
| <b>Ohio Jurisprudence Exam Registration.</b> You are required to register with the Federation of State Boards of Physical Therapy (FSBPT) to sit for the Ohio Jurisprudence Exam. You will submit your examination fee directly to the FSBPT. The Board cannot make you eligible to sit for the Ohio Jurisprudence Exam until <i>after</i> you register to sit for the exam and you have submitted your Ohio Reinstatement Application.  |   | <input type="checkbox"/> Register with the FSBPT at <a href="https://pt.fsbpt.net/ExamRegistration">https://pt.fsbpt.net/ExamRegistration</a> |
| <b>Continuing Education.</b> You must provide proof of completion CE: PTs minimum required CE 24 hours and PTAs minimum required CE 12 hours. CE must have a valid Ohio Approval Number and be completed in the two years, prior to the date you submit this reinstatement application. <b>Please scan all certificates of completions into one pdf document, then upload one attachment to the online application.</b>  |   |   |
| <b>Employment History Form:</b> Complete this form. Upload the completed form with the online application. <b>Please scan into one pdf document, then upload one attachment to the online application.</b>   | <input type="checkbox"/>                      |   |
| <b>Verification of Licensure.</b> You must provide an official verification from any jurisdiction in which you hold or have ever held a license, certification, or registration to practice physical therapy or another health care profession. Jurisdiction means any state, U.S. territory, or foreign country. <b>Upload the completed form with online application. If submitting verifications from multiple states, please scan all verifications into one pdf document, then upload one attachment to the online application.</b> | <input type="checkbox"/>                      | Jurisdiction provides and mails directly to Applicant. Applicant will upload completed form with online application.                          |
| <b>Testing Accommodation Requests.</b> Please download and submit the <i>Testing Accommodations Request Form</i> from the Board's website if you qualify for testing accommodations under the Americans with Disabilities Act for the NPTE or the Ohio Jurisprudence Examination. <b>Upload the completed form and all supporting documenting as one pdf file to the online application.</b>   | <input type="checkbox"/>                      |   |
| <b>Applicants with Felony Convictions.</b> Please review the <i>Requirements for Applicants with Felony Convictions</i> document on the Board's website for information about information that should be submitted to expedite the processing of your application. Upload documentation to the online application.   | <input type="checkbox"/>                      |   |
| <b>For Individuals who have not practiced physical therapy for five or more years prior to the date of this application.</b> The PT Section defines "out of practice" for physical therapy practitioner as working less than 500 hours over a five year period. You will be required to retake and pass the NPTE. Go the FSBPT website and register to complete an exam registration and submit NPTE registration fee directly to FSBPT.   |   | <input type="checkbox"/> Register with the FSBPT at <a href="https://pt.fsbpt.net/ExamRegistration">https://pt.fsbpt.net/ExamRegistration</a> |
| <b>Link to Online Application:</b> <a href="https://elicense.ohio.gov">https://elicense.ohio.gov</a>   |   |   |