

CERTIFICATION OF APPLICANT (for online applications only)

This form must be sworn to in the presence of a Notary Public or an officer authorized to administer oaths.

This portion must be completed by the applicant. Please print or type.

Applicant Name (First, Middle, Last):	<p align="center">Staple Passport Photograph Here</p> <p>Photograph must be 2x2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken with the past 6 months. Print and sign your name on the back of the photograph.</p>
Social Security Number or Alien Registration Number:	
Daytime Phone Number	
Email Address	

I, _____, certify that I am the person referred to in the application submitted electronically via the Ohio e-license system and that the statements contained in that electronic application are true in every respect, and that the attached photograph is a true likeness of myself taken within the past six (6) months.

I hereby authorize all my references; educational institutions; employers; business; professional organizations and associates - past, present, and future- to release to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board any information requested by the Board in connection with the processing of this application or subsequent licensure.

In compliance with the Revised Code, section 1347.05(E) you are notified that failure to supply the information requested on the application may result in denial of the application.

I hereby certify to the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board that I am not presently functioning and will not function as a physical therapist or physical therapist assistant or use any initials, titles or words which imply that I am licensed in Ohio to perform physical therapy services until I am granted licensure by the Physical Therapy Section of the Board.

I further certify that if I accept employment in a physical therapy setting in Ohio prior to licensure by the Physical Therapy Section, I will only perform duties that may be legally performed by "**UNLICENSED PERSONNEL**" and only at the direction of a licensed physical therapist.

I further certify that if I hold an H-1B visa, I am not employed in any capacity that violates the terms of my H-1B visa.

I understand that the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board is authorized by law to initiate action against a person who unlawfully uses titles and initials such as: physical therapist, physical therapy, physical therapy services, physiotherapist, physiotherapy, physiotherapy services, licensed physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical therapist assistant, physical therapy technician, licensed physical therapist assistant, L.P.T.A., R.P.T.A., as described in section 4755.48 of the Revised Code and, in accordance with section 4755.47 of the Revised Code, to refuse to grant, suspend, or revoke the license of a person who violates the laws and regulations of the jurisdiction(s) in which they practice.

I understand that the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board may refuse to grant licensure to me or suspend or revoke my license if I violate any provision of section 4755.40 to 4755.56 of the Ohio Revised Code.

Applicant's Signature

Date

Subscribed and sworn to in my presence this _____ day of _____, Year _____

Signature of Notary

Date Commission Expires

Notary Seal

Return This Document To:

Physical Therapy Section, Ohio OT PT AT Board, 77 South High Street, 16th Floor, Columbus, Ohio 43215-6108

Revised 8/26/2008