For Board Use Only

Date of Application_____App Fee $ _____Check#_____

Date of NPTE Exam_____Examination Results_____

License Number_____Date Issued_____Expires_____

Date Child Support Checked: _____Date NPDB Checked:_____

DCI Results Received: _____FBI Results Received:_____

South Dakota Board of Physical Therapy Application

810 N. Main St., #298 · Spearfish, SD 57783-2446 · Phone: (605) 642-1600

Type of License Requested

☐ Physical Therapist ($120 renewal application fee)
☐ Physical Therapist Assistant ($120 renewal application fee)

General Information

First Name _____ Middle Name _____ Last Name _____

South Dakota License Number _____

Degree _____

Additional Name(s) or Alias _____

Social Security Number _____

Home Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ E-Mail Address _____

Business Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____

Date of Birth _____

Continuing Education Compliance

Per ARSD 20:66:03:03, each Physical Therapist and Physical Therapist Assistant shall sign a statement to confirm completion of the required continuing education hours and present proof of completion **if requested** by the Board. **The Board will conduct a random audit.** By signing below, you are attesting you have **completed** 30 continuing education hours in the previous licensure period in compliance with ARSD 20:66:03:02. Do not attest to continuing education activities that have not yet been earned.

Applicant Signature _____ Date _____

Please print your name _____

Criminal Background Questions

Since the original date of your South Dakota PT or PTA License

1. Has your license, certificate, registration, or permit ever been subject to disciplinary action? Disciplinary action includes revocation, suspension, probation, stipulation or condition? ☐Yes ☐ No
If yes, give complete details on a separate sheet.

2. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificates you hold? ☐Yes ☐ No
If yes, give complete details on a separate sheet.

3. Is there any pending criminal prosecution against you? ☐Yes ☐ No
If yes, give complete details on a separate sheet.

4. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence or had prosecution deferred with respect to a felony? ☐Yes ☐ No

5. Have you ever been convicted, plead no contest/nolo contendere, plead guilty to, or been granted a deferred judgment or suspended imposition of sentence, or had prosecution deferred with respect to a misdemeanor other than a class 2 misdemeanor traffic offense?
*it is the applicant's responsibility to confirm whether the infraction is a class 1 or class 2 misdemeanor ☐Yes ☐ No

If you answered YES to 4 or 5, provide a personal statement detailing the nature of the crime, whether you think the crime relates to your practice, and description of rehabilitation efforts. You must also submit copies of charges or citations and ALL communications (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements. You must attach all communications for a violation to the signed and dated explanation of that violation. Please put correspondence in chronological order (most recent first). If you have more than one violation, please do the same for each violation. This does not include records that have been sealed, expunged, or pardoned.

6. Do you have any physical or mental condition (including alcohol or substance use) that currently impairs your ability to practice physical therapy in a competent, ethical and professional manner? ☐Yes ☐ No

7. SDCL 25-7A-56 prohibits the issuance or renewal of any state regulated license if an applicant owes $1,000 or more In past due child support. Do you owe $1,000 or more in past due child support? ☐Yes ☐ No

Affidavit and Authorization Release of Information

Please read carefully before you sign:

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in the South Dakota renewal application process and documentation, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect. I acknowledge that I will read and understand the South Dakota Board of Physical Therapy Application and will answer all questions during the application process and contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my application being denied and or being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the South Dakota Board of Physical Therapy any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the South Dakota Board of Physical Therapy or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the South Dakota Board of Physical Therapy, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the South Dakota Board of Physical Therapy.

I will immediately notify the South Dakota Board of Physical Therapy in writing of any changes including those changes to the answers to any of the questions contained in the renewal application if such a change occurs at any time prior to licensure being granted to me.

I understand my failure to answer questions during the application process or questions contained in the application process truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice in South Dakota.

Applicant Signature _____ Date _____

Please print your name _____