Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689 (877) 887-9727

REEXAMINATION APPLICATION FOR MASSACHUSETTS PT/PTA LICENSE

This form is used to re-apply with PCS for the NPT Examination only.
FEE: $126.

Type of License: ☐ Physical Therapist ☐ Physical Therapist Assistant

A. **Biographical Information.** Provide your full name, date of birth and mailing address. It is very important that this section be completed in full.

First Name | Middle Initial | Last Name | Other (Maiden)

Date of Birth | Place of Birth

Print your name, as it should appear on your license

Contact Information ☐ *(Check here if address has changed since your first application was filed with PCS)*

Street or PO Box

City | State | Zip Code

Telephone Number with Area Code | Fax Number | Email address

B. **Questions.** Answer each of the questions listed. If you answer yes to any, please attach an explanation. All questions must be answered.

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

	YES	NO
Have you previously taken the NPT Examination? If yes, please provide date: _____	☐	☐
Since you last applied for examination and licensure:		
1. Has any disciplinary action been taken against you by a licensing board, third party insurance carrier, professional association or organization, credentialing board or employer?	☐	☐
2. Are you the subject of pending disciplinary action by any licensing board in any jurisdiction?	☐	☐
3. Have you voluntarily surrendered a professional license?	☐	☐
4. Have you been convicted of a criminal offense other than a misdemeanor?	☐	☐
5. Have you ever applied for and been denied a professional licensure in any state or country?	☐	☐

C. **Special Accommodations.**

☐ Check here if you require special Accommodations at the examination site for a disability. Please attach official medical documentation from your health care provider describing your condition. On a separate piece of paper, you must also indicate the type of modifications needed.

D. **Affidavit.** By signing this application, the applicant attests that this section has been read and fully understood. The application must be signed by the applicant in order to be processed by PCS.

Pursuant to M.G.L.c 62C, s. 49A, I have filed all Massachusetts State income tax returns and paid all taxes required by law. I agree to abide by the rules and regulations of the Board of Allied Health Professionals and attest that all statements made herein are truthful and are made under the pains and penalties of perjury. Pursuant to M.G.L., c.119, s.51A, and M.G.L., c.122, s.1A, I certify that I will fulfill my obligation to report the abuse or neglect of children.

Applicant Signature | Date

E. You must also register with FSBPT at www.FSBPT.net to be eligible to retake the examination.

Submit application, payment form, and fees to PCS:

Massachusetts PT/PTA Coordinator
Professional Credential Services, Inc.
P.O. Box 198689
Nashville, TN 37219-8689

Visit us on-line at www.pcshq.com

PROFESSIONAL CREDENTIAL SERVICES, INC.

Payment Form

Applicant Name:_____

Social Security Number (Mandatory): _____ **-** _____ **-** _____

Two payment options are available: Money Order or Credit Card. If paying by Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below

- ❑ Money Order *(Please ensure the applicant's name is on the payment)*
- ❑ Credit Card

Authorized payment amount: $ _____ Please check one: ☐ Visa ☐ MasterCard

Card Number: _____-_____-_____-_____ Exp: ____ / _____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application Form

Note: This document will be shredded after it has been processed.