NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS
PT / PTA REVIVAL FORM
By Payment – Not Requiring Continuing Competence- updated 9-27-2019

YOU ARE REQUIRED TO RENEW YOUR LICENSE EACH YEAR
Licenses lapse on February 1.

REVIVAL FEE -------- $150.00
There is a $20 processing fee for returned checks.

IF NOT REVIVING LICENSE:
CHECK HERE O AND RETURN FORM

Name and Address

Name and Address

Name and Address

Date Received

For Board USE ONLY

Method of Payment

Deposit Number

MAKE CHECKS PAYABLE AND MAIL WITH FORM TO:
N.C. BOARD OF PT EXAMINERS
8300 HEALTH PARK, SUITE 233
RALEIGH, N.C.  27615

HOME ADDRESS AND PHONE NUMBER

STREET

CITY

STATE

ZIP CODE

COUNTY

PHONE NUMBER ( ) -

CELL NUMBER ( ) -

FAX NUMBER ( ) -

WORK SITE ADDRESS AND PHONE NUMBER

STREET

CITY

STATE

ZIP CODE

COUNTY

PHONE NUMBER ( ) -

CELL PHONE ( ) -

FAX NUMBER ( ) -

LIST your employer’s name and address in the box to the right.

Complete the box to the right ONLY if your employer’s name and address is different from that of your work site.

OR

If you are a traveling therapist: check here O.

LIST your employer’s name and address in the box to the right.

LICENSE No.

PREFERRED MAILING ADDRESS

(Check 1) O HOME  O WORK SITE

Email address:

If you answer YES to any of the following questions, give details on a separate sheet of paper. Attach additional pages if necessary. During the past TWO years have you ever:

1. had disciplinary action taken against you by any physical therapy licensing board?
2. used drugs or alcohol to the extent that it adversely affected professional competence?
3. been convicted for violating any narcotic or controlled substance law? (Do not include convictions that have been expunged.)
4. been convicted of a felony? (Do not include convictions that have been expunged.)
5. been found to have committed an act or acts of malpractice, gross negligence or incompetence in the practice of physical therapy?
6. had an adjudication of insanity or in competency? (Do not include convictions that have been expunged.)
7. had an application for physical therapy licensure denied?

You must complete the additional Section on the reverse side of this form or this form will be returned.

Signature (REQUICKED)  Date
### Web Page Display of Licensee Information (You have the following choices, please check your choice.)

<table>
<thead>
<tr>
<th>Address (Select 1 or both)</th>
<th>Display my work address on the Web Page</th>
<th>Display my home address on the Web Page</th>
<th>DO NOT Display any of my addresses on the Web Page</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Phone &amp; Fax Number(s) (Select 1 or both)</th>
<th>Display my work phone number on the Web Page</th>
<th>Display my fax number on the Web Page</th>
<th>Display my home phone number on the Web Page</th>
<th>Display my fax number on the Web Page</th>
<th>DO NOT Display my phone and fax numbers on the Web Page</th>
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</table>

### Email Address

<table>
<thead>
<tr>
<th>Email Address</th>
<th>Display my email address on the web</th>
<th>DO NOT Display my email address on the Web Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
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<td>O</td>
</tr>
</tbody>
</table>

### Activity Status: Please read ENTIRE list BEFORE answering.

A: Check the ONE MOST applicable description of your present activity:
- O Working as a physical therapist
- O Working as a physical therapist assistant
- O Unemployed not seeking employment in physical therapy
- O Unemployed seeking full time employment in physical therapy
- O Unemployed seeking part time employment in physical therapy
- O Unemployed seeking PRN employment in physical therapy
- O Retired from physical therapy
- O Working in another field and do not plan to return to physical therapy
- O Working in another field but would like to return to physical therapy in the future
- O Not working in any field
- O Student - in physical therapy
- O Student - NOT in physical therapy
- O Other ________________________________________

B. If you are currently employed on a part-time or PRN basis, is it because you cannot find a full-time position? Check your choice.
- O Yes
- O No

Please answer the following questions

C. _____ Average number of hours working each week as a PT/PTA (0 if not working).

D. _____ Average number of hours working in clinical practice each week as a PT/PTA (0 if not working).

E. Enter the NC County of primary employment

**If not employed in North Carolina, please enter “NONE”

### If you are working in physical therapy, complete F & G.

#### F. Form of physical therapy employment: (Check all that apply)
- O Self employed
- O Employee of for-profit corporation, agency, private practice
- O Employee of not-for-profit corporation or agency
- O Contract employee
- O Employee of city or town government
- O Employee of county government
- O Employee of state government
- O Employee of federal government
- O Other __________________________________________

#### G. Employment setting: check the ONE principal setting in which you practice physical therapy. Non-Federal Facility

1. O Home care or patient's home
2. O Hospital (Acute Care)
3. O Sub-acute Rehabilitation Hospital
4. O Outpatient facility or clinic (Health System or hospital based)
5. O Outpatient facility or clinic (Free standing independent clinic)
6. O Outpatient facility or clinic (Corporate clinic)
7. O Extended Care (SNF/ECF/ICF)
8. O Health, Fitness or Wellness Center
9. O Physician's Office
10. O Developmental Evaluation Center
11. O School System (Preschool / Primary / Secondary)
12. O Academic Institution (Post-Secondary)
13. O Research Center
14. O Industry
15. O Other __________________________________________

#### Federal Facility

16. O Health facility on a military installation

#### H. Race/Ethnicity* (OPTIONAL)

1. O American Indian/Alaskan Native
2. O Asian-American/Pacific Islander
3. O Black/Non-Hispanic
4. O Hispanic
5. O Multiracial
6. O White/Non-Hispanic
7. O Other (Specify: ______________________)

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**For Office Use Only:**

Reviewed by Deputy Director: __________________ Date: __________________

New Reporting period: ____________________
Employee Misclassification

Public Notice Statement


Any worker who is defined as an employee by N.C. Gen. Stat §§ 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers’ Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee’s employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919) 715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. (N.C. Gen. Stat. § 143-762(5))

Please read the public notice statement above and then check the box below to certify that you have read it. (failure to answer this question will result in a denial of (licensure/renewal) per N.C. Gen. Stat. 143-765(b)).

☐ I have read and understand the public notice statement above.

In the past five (5) years have you been investigated for employee misclassification as defined in the public notice statement above? If yes, please list the result of each occurrence (if additional space is required, please attach separate pages to this document).

☐ Yes
☐ No

List Each Occurrence:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Signature/Date: ________________________________