

## State of Louisiana

DEPARTMENT OF HEALTH AND HOSPITALS

## Louisiana Physical Therapy Board

## **Pre-Application Determination Request Form**

Full Legal Name (no init	ials)		_	
DOB	Social Security Number	er		
Address	Ap	ot/Building/Suite	uilding/Suite	
City	State	ZIP		
Email Address				
Phone Number				
Type of Licensure Deter	mination (Select the license ty	ype for which you are seeking determination)		
	Physical Therapist	Physical Therapist Assistant		
nature of the offense, spe	ecific duties required by the li	otion of the conviction(s), including relevant fa icense, amount of time passed since the convic you need more space, please attach as a separa	ction(s), and	
R.S. 37:33(B)(2), an ind	ividual making such a reques	cumentation which may clarify the above desort may seek a criminal background check at the Board office to request directions for backg	ne time of a pre-	
Requestor's Signature _		Date		
eligibility request is true pertinent or material info non-binding on the Loui at the time a full applicat	and complete. You also acknown rmation in connection with the siana Physical Therapy Board	ormation and attachments submitted in this pre- owledge that submitting false information or of his request may result in a determination that is d. A determination is binding upon a licensing of the applicant has been subsequently convicted ed criminal convictions.	omitting incorrect and authority unless,	

Note: If you hold a current LPTB license, submitting a pre-application eligibility determination request for a different license may result in an investigation into your current license regarding the reported criminal conviction. The LPTB records all pre-application eligibility determinations in accordance with state law. A determination will be made within 45 days of receiving all relevant information regarding the request, and you will receive a decision letter by electronic mail notifying you whether your criminal offenses disqualify you from the licensure you selected for analysis.

Email your completed form and any attachments to Danielle@laptboard.org.