



NMRLD

**NEW MEXICO
REGULATION &
LICENSING DEPARTMENT**

TEMPORARY PHYSICAL THERAPIST INSTRUCTOR APPLICATION

**New Mexico Physical Therapy Board
PO Box 25101, 2550 Cerrillos Rd.
Santa Fe, NM 87504**

Indicate Type of Application

- Physical Therapist Instructor \$50.00
 Physical Therapist Assistant Instructor \$50.00

What course will you be teaching while in New Mexico?

Title:
Sponsor:
Date:

****ALL LICENSING INFORMATION IS PUBLIC INFORMATION****

*****ALL FEES ARE NON-REFUNDABLE*****

PERSONAL INFORMATION

Last name:		First name:	M.I.:
Name as you wish it to appear on Official License:			
Home Address:			
Business Address:			
Home Phone:		Work Phone:	
E-mail:		Social Security Number:	
Date of Birth:		Place of birth (City/County/State/Country):	
School attended:			School Code:
Location:		Dates attended:	Degree Awarded:
Employer/City/State			
Position		Title	
BCD USE ONLY:			
Received on	Processed by	Check/ MO#	Receipt No.

Physical Therapy Board
TEMPORARY PHYSICAL THERAPIST INSTRUCTOR APPLICATION

1. Have you ever had a license denied, suspended or revoked, or have any charges pending against any licenses by any professional licensing board? Yes No

2. Have you ever been sued or have a suit pending against you for malpractice? Yes No

3. Have you ever been refused a license in another state? Yes No

If you answered yes to any of the above questions, attach a detailed NOTARIZED affidavit of explanation to this application. The Board may require that you provide supporting documentation

4. Have you been licensed in any other state(s) as a Physical Therapist? If yes, list all states, date issued, expiration date and license numbers and request for verification of licensure to be sent directly to New Mexico. If you require more space, please use a separate sheet and include with this application. Yes No

<i>New Mexico</i>	<i>Date issued</i>	<i>Expiration date</i>	<i>License number</i>
<i>State</i>	<i>Date issued</i>	<i>Expiration date</i>	<i>License number</i>

5. Are you currently licensed in any other profession(s) in New Mexico or any other state? If so, what profession(s): Yes No

6. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state? Yes No

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, complete and correct. I understand that false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure. I hereby authorize the Department of Regulation and Licensing and its agents to investigate any statements made by me in this application, including checking criminal, civil and administrative records. I hereby certify that I have read and understand the Physical Therapy Board Rules and Regulations.

Applicant Signature

Date

Physical Therapy Board
TEMPORARY PHYSICAL THERAPIST INSTRUCTOR APPLICATION

REQUIRED SUBMISSIONS

1. Completed application. *Print clearly.*
2. Fee of \$50.00 by check or money order payable to New Mexico Physical Therapy Board (NMPTB). *Application fees are not refundable.*
3. A passport quality photograph taken within one (1) year prior to filing this application.
4. Must submit an Authorization for Release of Information to the New Mexico Department of Public Safety along with a payment of \$15.00, also made payable to the New Mexico Department of Public Safety and a stamped envelope addressed to the New Mexico Physical Therapy Board, Regulation and Licensing Department, P.O. Box 25101, Santa Fe, NM 87504.
5. Verification of licensure from the state board where the instructing therapist is currently licensed.

A temporary license for an instructor shall be valid through the end of the calendar year in which the license was issued. Mail application, and fees to the top of this application. Submit an Authorization for Release of Information to the New Mexico Department of Public Safety, along with the \$15.00 fee to the New Mexico Department of Public Safety. You will receive written notification regarding the status of your application to the New Mexico Physical Therapy Board within 10-15 days of receipt.

An application for Continuing Education Approval by the New Mexico Physical Therapy Board will not be approved until a license is issued for a PT or PTA instructor who is providing hands-on instruction in New Mexico for the course.

FEES

- An application fee of \$50.00.
- A \$15.00 fee to be paid to New Mexico Department of Public Safety / PO Box 1628 /Santa Fe, NM 87504-1628.

REQUIRED SUBMISSIONS

- Completed application
- Fee in the form of a check or money order payable to the New Mexico Physical Therapy Board (NMPTB). *Application fees are non-refundable even if a license is not issued. An initial application is valid for 12 months.*
- **Must submit an Authorization for Release of Information to the New Mexico Department of Public Safety along with a payment of \$15, also made payable to the New Mexico Department of Public Safety sent to the address listed above.**

Verifications of licensure must be forwarded to this Board directly from other licensing jurisdictions.

These verifications must provide:

- Name and address of applicant
- License number and date of issuance
- Current status of the license and expiration date of license
- A statement of whether the applicant was denied a license by the agency
- A statement of whether any disciplinary action is pending or has been taken against the applicant

CHECKLIST OF DOCUMENTATION REQUIRED FOR ALL APPLICANTS:

- ___ Completed, signed, original application (no copies). Applications are valid for one year from date of receipt.
- ___ Application fee of \$50.00 payable to the New Mexico Physical Therapy Board. Application fees are non-refundable.

Physical Therapy Board
TEMPORARY PHYSICAL THERAPIST INSTRUCTOR APPLICATION

- Authorization for Release of Information form must be completed, notarized and mailed directly to the New Mexico Department of Public Safety at P.O. Box 1628, Santa Fe, NM 87504-1628 with a \$15.00 check or money order.

- Verification of license, active.