



The Commonwealth of Massachusetts  
**Division of Occupational Licensure**  
**Board of Registration of Allied Health Professions**  
1000 Washington Street, Suite 710, Boston, MA 02118-6100  
(617) 701-8605  
alliedhealth@mass.gov  
<https://www.mass.gov/orgs/board-of-allied-health-professionals>

**REINSTATEMENT OF AN EXPIRED LICENSE**

**If your license has been expired for less than 90 days**, you do not have to submit this application and may renew your license online. Please see [here](#) for information on how to renew your license online.

**If your license has been expired for more than 90 days**, you must submit:

1. A complete, notarized Application for Reinstatement of an Expired License form.
2. **Continuing Education:**
  - a. If your license has been expired for a year or less, you do not need to submit any proof of continuing education.
  - b. If your license has been expired for more than a year but less than five years, and you have not been licensed and practicing in another state during the entire period your license was expired, you must submit one continuing education credit hour for each month that your license was expired. All continuing education must be Board-approved. This includes, but is not limited to:
    - i. For Physical Therapists and Physical Therapist Assistants, continuing education approved by the Federation of State Boards of Physical Therapy or the American Physical Therapy Association.
    - ii. For Occupational Therapists and Occupational Therapy Assistants, continuing education approved by the American Occupational Therapy Association, Inc. Alternatively, Occupational Therapists and Occupational Therapy Assistants may submit an official verification of certification from the National Board of Certification in Occupational Therapy showing certification during the entire period the applicant's Massachusetts license was expired.
    - iii. For Athletic Trainers, continuing education approved by the Board of Certification, Inc. Alternatively, Athletic Trainers may submit an official verification of certification from the Board of Certification showing certification during the entire period the applicant's Massachusetts license was expired.

- c. **Massachusetts License Expired for More Than a Year but Less Than Five Years, and Licensed and Practicing in Another State for Entire Period**  
**Massachusetts License Expired:** If you are licensed in another state and have been practicing there for the entire period your Massachusetts license was expired, and your Massachusetts license has been expired for more than a year but less than five years, you must submit proof of 24 Board-approved continuing education credit hours completed within the past two years. In lieu of proof of continuing education, an Athletic Trainer, Occupational Therapist, or Occupational Therapy Assistant may submit an official verification of certification from the Board of Certification or the National Board of Certification in Occupational Therapy showing certification during the entire period the applicant's Massachusetts license was expired.
  - d. **Massachusetts License Expired Five Years or More:** If your Massachusetts license has been expired for five years or more, you may be required to re-examine. Please submit a signed statement describing your professional activities since your Massachusetts license expired. The Board will provide additional instructions after reviewing your application.
- 3. **License Verification(s):** If you are or have been licensed in another jurisdiction, or certified by a certification board (e.g., BOC or NBCOT), you must arrange for each jurisdiction or board to submit an official license verification or certification to the Board either through the mail at the address above or by email to [alliedhealth@mass.gov](mailto:alliedhealth@mass.gov).
  - 4. A complete, notarized Criminal Offender Record Information (CORI) Acknowledgement Form located at the end of this application.

If you do not know the date your license expired, please search for your license [here](#).



The Commonwealth of Massachusetts  
**Division of Professional Licensure**  
**Board of Registration of Allied Health Professions**

1000 Washington Street, Suite 710, Boston, MA 02118-6100

(617) 701-8605

alliedhealth@mass.gov

<https://www.mass.gov/orgs/board-of-allied-health-professionals>

**APPLICATION FOR REINSTATEMENT OF AN EXPIRED LICENSE**

Please return this application and required documentation to the address above. **DO NOT SEND ANY PAYMENT.** Once all materials have been reviewed and approved, the Board will notify you that a reinstatement coupon has been mailed to the address you note below for appropriate payment.

**Personal Information:**

Name: \_\_\_\_\_

Maiden/Other Name(s): \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Street/Apt. # City State Zip

E-Mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**License Information (Check One):**

- ☐ Physical Therapist      ☐ Physical Therapist Assistant  
☐ Occupational Therapist      ☐ Occupational Therapy Assistant  
☐ Athletic Trainer

MA License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Application Type (Check One):**

- ☐ Massachusetts License Expired for a Year or Less
- ☐ Massachusetts License Expired for More Than a Year but Less Than Five Years and Not Licensed and Practicing in Another State for Entire Period Massachusetts License Expired
- ☐ Massachusetts License Expired for More Than a Year but Less Than Five Years and Licensed and Practicing in Another State for Entire Period Massachusetts License Expired
- ☐ License Expired Five Years or More

**Current and Past Licenses or Certifications in Other Jurisdictions (If Any):**

State or Certification Board:    License or Certificate Number:    Profession:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you are or have been licensed or certified in another jurisdiction or by a certification body, you must arrange for each jurisdiction or certification body to submit an official license or certification verification to the Board either through the mail at the address above or by email to [alliedhealth@mass.gov](mailto:alliedhealth@mass.gov).

**If you answer YES to any of the following questions, please attach a written explanation.**

1. Has any disciplinary action been taken against a professional license or certification issued to you by a licensing/certification board located in any jurisdiction?

Yes: ☐ No: ☐

2. Have you been denied a professional license or certification by a licensing/certification board in any jurisdiction?

Yes: ☐ No: ☐

3. Have you been convicted of a felony or misdemeanor in any jurisdiction?

Yes: ☐ No: ☐

4. Have you maintained certification with BOC or NBCOT?

Yes: ☐ No: ☐

**Please check one:**

☐ I practiced as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in Massachusetts while my Massachusetts license was expired.

GO TO SECTION I BELOW.

☐ I have not practiced as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in any jurisdiction at any time while my Massachusetts license was expired.

GO TO SECTION II BELOW.

☐ I practiced as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in another jurisdiction and did not practice in Massachusetts while my Massachusetts license was expired.

GO TO SECTION III BELOW.

**I. Complete this section if you practiced as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in Massachusetts while your license was expired.**

I attest, **under the penalties of perjury**, that I am applying for reinstatement of my Massachusetts license as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant, and I practiced as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant while my Massachusetts license was expired from:

\_\_\_\_\_ to \_\_\_\_\_, at the following address:  
(Dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card  
to be the person whose name is signed on this document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: \_\_\_\_\_ Notary Commission Expires On: \_\_\_\_\_  
(Signature)

=====

**II. Complete this section if you did not practice as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in any jurisdiction at any time while your Massachusetts license was expired.**

I attest, **under the penalties of perjury**, that I am applying for reinstatement of my Massachusetts license as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant, and I did not practice as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in any jurisdiction since my license expired on \_\_\_\_\_.

(Date License Expired)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card  
to be the person whose name is signed on this document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: \_\_\_\_\_ Notary Commission Expires On: \_\_\_\_\_  
(Signature)

=====

**III. Complete this section if you practiced as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in another jurisdiction while your Massachusetts license was expired.**

I attest, **under the penalties of perjury**, that I am applying for reinstatement of my Massachusetts license as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant, and I did not practice as an athletic trainer, physical therapist, physical therapist assistant, occupational therapist, or occupational therapy assistant in Massachusetts since my license expired on \_\_\_\_\_.

(Date License Expired)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card  
to be the person whose name is signed on this document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: \_\_\_\_\_ Notary Commission Expires On: \_\_\_\_\_  
(Signature)

=====

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

**FOR LICENSING PURPOSES ONLY:**

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me.

By signing below, I provide my consent to a CORI check and a subsequent CORI check, both within one year of the date of this Form, and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.**

SUBJECT INFORMATION: (A red asterisk (\*) denotes a required field)

\_\_\_\_\_  
\*Last Name \*First Name Middle Name Suffix

\_\_\_\_\_  
\*Maiden Name (or other name(s) by which you have been known)

\_\_\_\_\_  
\*Date of Birth Place of Birth

\_\_\_\_\_  
\*Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_ ft. \_\_\_\_ in. Eye Color: \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current and Former Addresses:

\_\_\_\_\_  
Street Number & Name City/Town State Zip

\_\_\_\_\_  
Street Number & Name City/Town State Zip

**IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.**

**SECTION A: VERIFICATION BY DPL EMPLOYEE:** I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:<sup>1</sup>

☐ Passport ☐ State Issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: \_\_\_\_\_  
Name of Verifying DPL Employee (Please Print)

\_\_\_\_\_  
Signature of Verifying DPL Employee Date

**SECTION B: VERIFICATION BY NOTARY:**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:<sup>†</sup>

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
Notary Public:

\_\_\_\_\_  
Notary Commission Expires On

<sup>1</sup> If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).