

IDAHO PHYSICAL THERAPY LICENSURE BOARD
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: pht@dopl.idaho.gov

APPLICATION FOR IDAHO PHYSICAL THERAPY DRY NEEDLING CERTIFICATION

All Dry Needling applicants must hold a current, active, unrestricted license as a Physical Therapist issued by the Idaho Board. Please complete this form by providing the requested information. Signatures must be notarized and the appropriate fees must be attached. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) may delay licensure.**

CHECKLIST FOR APPLICATION - Please keep a copy of this application for your records.

- Complete application. All requested information must be provided and the form must be notarized. **If the name on your application does not match any supporting documentation, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.**
- Evidence of successful completion of 27 hours of in-person instruction of which no less than 16 hours was hands-on application of dry needling techniques, in accordance with Idaho Code § 54-2225 and Rule 180.
- Attach the required fees.

APPLICATION FEE - \$25
DRY NEEDLING CERTIFICATION FEE - \$25
TOTAL - \$50

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 service fee and will delay licensure until all fees are paid.

All applicants must review the Idaho laws & rules prior to licensure and certification. The Board's Laws and Rules may be found at: <https://dopl.idaho.gov>

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

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An application fee of \$25 and dry needling certification fee of \$25 (\$50 total) must be submitted with this application.

I hereby submit my qualifications and make application for a Physical Therapist Dry Needling Certification in the State of Idaho under the provisions of Title 54, Chapter 22, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) _____
2. **Address of Record** _____
(The above address is a public record.) Street City State Zip
3. **Mailing Address** _____
(This will be used as address of record if none provided above.) Street/PO Box City State Zip
4. **License Number** _____ **Date of Birth** ____/____/____ **Social Security No.** ____/____/____
(This is not a public record; required by I.C. § 73-122.)
mm dd yyyy
5. **Business Phone** (____) _____ **Home Phone** (____) _____ **E-mail** _____
(This number is a public record.) (This number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)
6. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**
 Yes No
7. **Do you have at least one (1) year of practice as a licensed physical therapist?**
 Yes No
8. **Have you completed the required dry needling certification education of 27 hours of in-person instruction of which no less than sixteen (16) hours was hands-on application of dry needling techniques, per the requirements of Rule 180?**
(Certificate or other evidence of successful completion must be included with application.)
 Yes No

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant
State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal) _____
Notary Public Official Signature
My Commission Expires _____