

STATE BOARD OF PHYSICAL THERAPY
P. O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7134
www.dos.pa.gov/physther

Application for **PHYSICAL THERAPIST** or **PHYSICAL THERAPIST ASSISTANT LICENSURE** by **ENDORSEMENT**

REQUIREMENTS -

1. Graduation from a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited Physical Therapist (bachelor's/master's/doctoral) or PT Assistant (associate) program. **If you are a GRADUATE OF A PT SCHOOL OUTSIDE OF THE UNITED STATES and satisfy requirements # 2 & 3 below, contact the board office for a "Foreign Educated" application. Foreign PTA graduates are not eligible to apply.**
2. Must have obtained licensure by passing the national PT or PTA examination for a state other than Pennsylvania with a "scale" score of **600** or above as recommended by the Federation of State Boards of Physical Therapy. The 600 is a criterion-referenced score equivalent to the "converted" passing score of 75 previously required.
3. Must hold a valid, unexpired, "**permanent**" license from another state. A temporary license does **not** satisfy this requirement of the Practice Act.

INSTRUCTIONS - (Check List)

- _____ 1. Complete Pages 1 & 2 of the application and sign the Verification at bottom of page 2.
- _____ 2. Contact the **FSBPT Score Transfer Service, 124 West Street S, 3rd Fl Alexandria, VA 22314** (703) 739-9420 / Fax (703) 739-9421, or www.fsbpt.org (click on "Quick Links – Score Transfer"). Arrange that your examination score be provided to the Pennsylvania PT Board.
- _____ 3. Complete the top section of Page 3 and forward the Verification of Education form to the Dean, Registrar or Chairperson of the CAPTE Physical Therapist or Physical Therapist Assistant program at the school from which you graduated. **The official must complete bottom section and affix school seal where indicated. The ORIGINAL form is then sent in an official school envelope directly to the Pennsylvania board at the above address.**
- _____ 4. Request Letters of Good Standing from each state licensing board where you have held a license to practice as a Physical Therapist or PT Assistant, whether the license is current, expired or inactive. **Letters of Good Standing must be sent directly from the state licensing board(s) to the Pennsylvania board at the letterhead address.**

- _____ 5. Attach a curriculum vitae (resume) of **all employment** activities for the past **three years** to the date of application. List the beginning / ending dates and name / address of each employment; include your position titles, and **specific details** regarding your duties / responsibilities for each position which involved physical therapy. **Sign and date the CV.**
- _____ 6. If your name appears differently on the application or documents, submit evidence of legalized name change (i.e., a copy of marriage certificate or court action authorizing the change).
- _____ 7. **FEE:** A check or money order in the amount of **\$30.00** (PT or PTA) payable to "**Commonwealth of Pennsylvania**" is submitted to the board office along with your completed, **ORIGINAL** application. Attach application fee of **\$30.00**. Payment can be made by check or money order made payable to "**Commonwealth of Pennsylvania**". Do **not** send cash. Please note: a \$20.00 processing fee will be assessed for any payment returned by your bank, regardless of the reason. If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.
In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.
- _____ 8. **MAIL TO:** State Board of Physical Therapy, P.O. Box 2649, Harrisburg, PA 17105-2649
OR for courier delivery: 2601 North Third Street, Harrisburg, PA 17110
- _____ 9. The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.
[Child Abuse Continuing Education Providers Information can be found here.](#)

INFORMATION -

- Make a copy of your completed application for your file.
- Allow 5-10 days for processing of your application AFTER receipt of all required information.
- You may not begin practicing in Pennsylvania until a license has been issued. PT/PTA licenses in Pennsylvania expire on December 31 of each even year. Renewal notices are mailed 60-90 days prior.
- There is a **continuing education requirement** to maintain your Pennsylvania PT/PTA license-refer to the regulations at www.dos.pa.gov/physther .
- Address/name changes must be reported in writing to the Board office within 10 days. A name change requires submission of the official authorizing document.
- The Practice Act and Rules/Regulations of the Pennsylvania State Board of Physical Therapy are available through the Board office or via the internet at **www.dos.state.pa.us/physther**.

PART FOUR - see Instruction #5

Attach a **curriculum vitae (resume)** of all employment for the last three years to date. Include your position titles and duties/responsibilities for each position. **Sign and date the CV.**

PART FIVE -

ANSWER THE FOLLOWING: If you answer "YES" to question(s) 3-8, give details on a separate sheet AND provide a certified copy of all related official documentation.	YES	NO
1. Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
2. If you answered yes to the above question, please provide the profession and state or jurisdiction_____.		
3. Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued o you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit, or registration in any state or jurisdiction?		
5. Have you withdrawn an application for a professional or occupational license, certificate, permit, or registration, had an application for a license denied or refused, or agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
6. Have you ever been convicted (found guilty, pled guilty, or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
8. Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics, or other drugs or substances that may impair judgment or coordination?		

VERIFICATION

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 PA C.S. § 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or registration. **I verify that I have read and am familiar with the content of the Pennsylvania Physical Therapy Practice Act and regulations of the State Board of Physical Therapy (see www.dos.pa.gov/physther).** I also verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Printed Name of Applicant

Signature of Applicant

Date

STATE BOARD OF PHYSICAL THERAPY
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VERIFICATION OF PHYSICAL THERAPY EDUCATION

Applicant by **ENDORSEMENT**

Applicant: Complete top section and send form to school of graduation.

NAME: _____
Last First M.I. Maiden

ADDRESS: _____
Street

_____ City State Zip Code

SOCIAL SECURITY # _____ DATE OF BIRTH _____

This section to be completed by Dean, Registrar, or Chairperson of the CAPTE accredited Physical Therapist / Physical Therapist Assistant Program at the school from which the applicant graduated.

I certify that _____ has successfully completed all required courses,
(Name of Applicant)

clinical experience and examinations and graduated on _____ from
(Date of Graduation)

_____ with a _____ degree in **Physical Therapy**.
(Name of Institution) (Associate/Bachelor's/Master's/Doctoral)

_____ **This degree is from a program accredited by the Commission
(City and State) on Accreditation in Physical Therapy Education (CAPTE).**

(Signature of Dean/Registrar/Chairperson of PT/PTA Program)

**SCHOOL SEAL
(Mandatory)**

(Date)

School must return completed ORIGINAL form directly to Board office in official sealed school envelope (DO NOT send copy or use envelope if provided by applicant)