

STATE BOARD OF PHYSICAL THERAPY

P. O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7134
www.dos.state.pa.us/physther

Application for **PHYSICAL THERAPIST LICENSURE** or
PHYSICAL THERAPIST ASSISTANT CERTIFICATION by
NATIONAL PHYSICAL THERAPY EXAMINATION
in the Commonwealth of Pennsylvania

This application is submitted only from a new (first-time) examination applicant seeking to obtain a PT or PTA license from the Pennsylvania State Board of Physical Therapy. ALSO, an applicant must register online with the Federation of State Boards of Physical Therapy (FSBPT). SEE INFORMATION ON LAST PAGE and the FSBPT website www.fsbpt.org for complete details. The National Physical Therapy Examinations are "computer based" and administered by Prometric Test Centers.

ELIGIBILITY REQUIREMENT for examination -

Applicant must be at least **18 years of age (PTA) or 20 years of age (PT) and have graduated** from a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited PT or PT Assistant program at a college or university **in the United States.**

INSTRUCTIONS - (Check List)

- ____ 1. Complete Pages 1 & 2 of the application and sign the Verification in Part Five on page 2.
- ____ 2. Complete the top section of Page 3 and forward the "Verification of Physical Therapy Education" to the Dean, Registrar or Chairperson of the Physical Therapist or Physical Therapist Assistant Program at the school from which you graduated, for completion of the bottom section. **The school seal MUST be affixed where indicated and the ORIGINAL form returned by the school directly to the Board office in an official school envelope.** The form must be completed AFTER you have received your degree; graduation may NOT be anticipated.
- ____ 3. **APPLICATION FEE: \$30.00 (PT or PTA)**
Fee is a personal check or money order payable to "Commonwealth of Pennsylvania".
MAIL application fee with an **ORIGINAL** page 1 and 2 of this application to ...
State Board of Physical Therapy, P.O. Box 2649, Harrisburg, PA 17105-2649.
- ____ 4. **EXAMINATION FEE: \$400.00 (PT or PTA)**
Fee is paid by credit card as part of the required online (www.fsbpt.org) registration with the FSBPT.
- ____ 5. If your name appears differently on the application or documents, or if your name changes after you submit this application, send evidence of legalized name change (i.e., a copy of marriage certificate or court order authorizing the name change).

- _____6. A **Temporary License** is available to a **Physical Therapist or Physical Therapist Assistant** applicant by submitting the "Application for Temporary License" (page 4) **AFTER** obtaining employment. **DO NOT** submit application prior to completion by your supervisor. An **ORIGINAL** application is required; **DO NOT** submit a copy. A temporary license is **not** available for an applicant who has failed the examination in Pennsylvania or in another state; nor for a "foreign-educated" applicant. **A separate, \$15.00 fee payable to "Commonwealth of Pennsylvania"** is required in addition to the two fees required in #3 and #4. **HOWEVER, the temporary license will NOT be issued prior to board receipt of your examination application AND an "after-the-fact" verification of your graduation (page 3) and board confirmation of your online FSBPT registration to take the exam for Pennsylvania.**
- _____7. If you **currently** have a **disability** and may require some accommodation in taking the examination, you may ask for special arrangements. Your application must indicate (PART FOUR) that you are requesting accommodation and must be accompanied by a **recent** (within three months preceding date of application) letter from a **health care professional** (i.e., physician, psychologist or other health care professional) **familiar with your disability**. The letter must detail the diagnosis of your disability, the basis for the diagnosis (i.e., examination, tests, etc.), the date of the diagnosis (must be within immediately preceding twelve months), how the disability will affect your examination performance and, following discussion with you, recommend an appropriate accommodation. If additional testing time is the recommended accommodation, the health care professional must indicate **how much** additional testing time is appropriate (untimed is not acceptable). If an accommodation is not requested as part of the application, it will **not** be available at the examination site. If you are requesting the same accommodation(s) for a subsequent examination, a copy of your approval letter for the accommodation must be submitted with your re-application. If you are requesting a **different** accommodation, you must submit new documentation as described. NOTE: A language barrier is not considered a disability.
- _____8. 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.](#)

THE FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY (FSBPT) ONLINE EXAMINATION REGISTRATION SITE www.fsbpt.org ALSO ALLOWS A CANDIDATE TO CHECK THE STATUS OF THEIR REGISTRATION AND TO ARRANGE FOR THEIR EXAM SCORE TO BE TRANSFERRED TO ANOTHER JURISDICTION.

- **ONE MAILING AND ONE ONLINE REGISTRATION:** (maintain a copy of all documents sent to Board; send only original documents to Board)
State Board of Physical Therapy, P.O. Box 2649, Harrisburg, PA 17105-2649 OR (for courier delivery)
2601 North Third St., Harrisburg, PA 17110; AND
FSBPT online registration www.fsbpt.org.
- The **Physical Therapist** examination is 5 hours in length, consisting of 250 multiple-choice questions.
(50 pre-test questions and 200 scored questions)
The Physical Therapist **Assistant** examination is 4 hours in length, consisting of 200 multiple-choice questions.
(50 pre-test questions and 150 scored questions)
- The passing score for either examination is the "scale" score of **600** recommended by the Federation of State Boards of Physical Therapy. Scores can range from 200 to 800.
- **NAME OR ADDRESS CHANGE:** If your name or address changes after your application is submitted, send notification to the Board office at the address shown above. A name change requires submission of the official document which authorized the change.
- The Federation of State Boards of Physical Therapy provides online information which you should find helpful in preparing for the examination. Go to www.fsbpt.org . Click on "Exam Information", then "NPTE".
- Also online are the Practice Act and Rules/Regulations of the Pennsylvania State Board of Physical Therapy at www.dos.pa.gov/physther .

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Application for **PHYSICAL THERAPIST** or **PHYSICAL THERAPIST ASSISTANT**
LICENSURE / CERTIFICATION by EXAMINATION

APPLICATION IS FOR (check one): **PHYSICAL THERAPIST** **P.T. ASSISTANT**

APPLICATION FEE A \$30 Personal Check or Money Order made payable to "Commonwealth of Pennsylvania."
Application fees are not refundable. 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.

PART ONE _____ **DAYTIME PHONE #** (_____) _____

NAME _____
Last First Middle Maiden

ADDRESS _____
(license will be sent here) Street City State Zip Code

SOCIAL SECURITY # _____ **BIRTH DATE** _____ **EMAIL** _____

PART TWO

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 to 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?		

PART THREE

SPECIAL OR PROFESSIONAL EDUCATION -

Include in chronological order all colleges, physical therapy schools and universities attended.

INSTITUTION AND LOCATION (Include city and state)	DATES ATTENDED	DEGREE	MAJOR
	From To		

PART FOUR Check here [] if you are requesting **DISABILITY ACCOMMODATIONS.**

You must comply with **all** requirements of Instruction #7. If your request is approved by the Board AND the Federation, you will be so notified.

PART FIVE

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 licensure or registration. **I verify that I have read and am familiar with the provisions 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

Note that disclosing your social security number on this application is mandatory in order for the State Board of Physical Therapy to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Human Services information prescribed by DHS about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. Reports to the HIPDB must include the licensee's social security number. BK

CHECKLIST:

(Check YES to verify completion of each item)

YES

1. Enclosed is an **ORIGINAL** State Board licensure/registration application and **\$30** fee []
2. My school will complete page 3 and return directly to Board office in official school envelope. I will NOT provide a personal envelope to my school. []
3. I will register and pay the **\$400** fee online with the FSBPT at www.fsbpt.org . []

STATE BOARD OF PHYSICAL THERAPY
P. O. BOX 2649
HARRISBURG, PA 17105-2649

VERIFICATION OF PHYSICAL THERAPY EDUCATION

Applicant for **EXAMINATION**

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 the Dean, Registrar, or Chairperson of the CAPTE accredited Physical Therapist or Physical Therapist Assistant program at the **United States** school from which the applicant **HAS GRADUATED**. DO NOT complete this form in anticipation of graduation.*

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 on Accreditation in Physical Therapy Education (CAPTE).**
(City and State)

(Signature of Dean/Registrar/Chairperson of P.T. Program)

SCHOOL SEAL
(Mandatory)

(Date)

SCHOOL SHALL RETURN AN ORIGINAL COMPLETED FORM DIRECTLY TO BOARD OFFICE IN OFFICIAL ENVELOPE. (DO NOT send a copy of this form or use envelope if provided by applicant)

Application for TEMPORARY LICENSE to practice as a Physical Therapist or Physical Therapist Assistant in the Commonwealth of Pennsylvania

An ORIGINAL application is required; DO NOT submit a copy

The Physical Therapy Practice Act, Section 6 (g) provides that a **temporary license** may be issued to a **Physical Therapist or Physical Therapist Assistant** applicant who holds a CAPTE accredited degree in physical therapy or physical therapist assisting **AND** has applied to the Pennsylvania Board and the Federation for examination. "The board shall issue only one temporary license to an applicant, and such temporary license shall expire upon failure of the first examination or six months after the date of issue, whichever first occurs. Issuance by the board of a temporary license shall permit the applicant to practice physical therapy or physical therapist assisting only while under the direct on-premises supervision of a licensed physical therapist with at least two years experience in Pennsylvania. Upon expiration, the temporary license shall be promptly returned by the applicant to the board." The supervisor must have practiced under a **permanent** Pennsylvania PT license for at least two years. **No second temporary license or extension of the first is allowed. A temporary license is NOT available for an applicant who has failed the examination in Pennsylvania or in another state; nor for a "foreign-educated" applicant.**

1. This application requires a **separate fee of \$15.00 payable to "Commonwealth of PA"**. Mail **ORIGINAL** application to above address **AFTER COMPLETION BY YOUR SUPERVISOR**.
2. The Temporary License will **NOT** be issued prior to board receipt of your exam application, board confirmation of your online registration with the FSBPT, verification (page 3) of your graduation, and verification of completion of the Act 31 mandated reporter training (instruction #8).

APPLICANT COMPLETE : Date: _____ Date of Birth: _____

Applicant name: _____ SSN: _____
(Last) (First) (Middle)

Applicant address: _____

If applicable; State in which you **failed** PT or PTA exam: _____

**** ONE TEMPORARY LICENSE PER APPLICANT UP TO 3 SUPERVISORS PER TEMPORARY LICENSE ****

SUPERVISOR COMPLETE :

I CERTIFY THAT THE APPLICANT WILL BE EMPLOYED UNDER MY DIRECT ON-PREMISES SUPERVISION UNTIL HIS/HER PERMANENT LICENSE IS ISSUED OR THE TEMPORARY LICENSE EXPIRES. I HAVE PRACTICED AS A PT IN PENNSYLVANIA FOR AT LEAST THE LAST TWO YEARS. I UNDERSTAND THAT THE TEMPORARY LICENSE WILL BE MAILED TO THE APPLICANT AND I WILL VERIFY RECEIPT OF SAME WITH THE APPLICANT BEFORE HE/SHE BEGINS WORKING.

Supervisor signature: _____ Work Phone: _____ Date: _____

Supervisor name printed: _____ PT License No.: _____

Name of Practice/Facility: _____

Address of Practice/Facility: _____

NOTE: APPLICANT'S PERMANENT CHANGE OF SUPERVISOR/FACILITY REQUIRES A NEW TEMPORARY LICENSE

COMPLETE ONLY IF YOU WILL BE WORKING UNDER MORE THAN ONE SUPERVISOR (OPTIONAL)
NO MORE THAN THREE SUPERVISORS PERMITTED

APPLICANT : Date: _____ Date of Birth: _____

Applicant name: _____ SSN: _____
(Last) (First) (Middle)

Applicant address: _____

If applicable; State in which you **failed** PT or PTA exam: _____

ALTERNATE SUPERVISOR

I CERTIFY THAT THE APPLICANT WILL BE EMPLOYED UNDER MY DIRECT ON-PREMISES SUPERVISION UNTIL HIS/HER PERMANENT LICENSE IS ISSUED OR THE TEMPORARY LICENSE EXPIRES. I HAVE PRACTICED AS A PT IN PENNSYLVANIA FOR AT LEAST THE LAST TWO YEARS. **I UNDERSTAND THAT THE TEMPORARY LICENSE WILL BE MAILED TO THE APPLICANT AND I WILL VERIFY RECEIPT OF SAME WITH THE APPLICANT BEFORE HE/SHE BEGINS WORKING.**

Supervisor signature: _____ Work Phone: _____ Date: _____

Supervisor name printed: _____ **PT License No.:** _____

Name of Practice/Facility: _____

Address of Practice/Facility: _____

ALTERNATE SUPERVISOR

I CERTIFY THAT THE APPLICANT WILL BE EMPLOYED UNDER MY DIRECT ON-PREMISES SUPERVISION UNTIL HIS/HER PERMANENT LICENSE IS ISSUED OR THE TEMPORARY LICENSE EXPIRES. I HAVE PRACTICED AS A PT IN PENNSYLVANIA FOR AT LEAST THE LAST TWO YEARS. **I UNDERSTAND THAT THE TEMPORARY LICENSE WILL BE MAILED TO THE APPLICANT AND I WILL VERIFY RECEIPT OF SAME WITH THE APPLICANT BEFORE HE/SHE BEGINS WORKING.**

Supervisor signature: _____ Work Phone: _____ Date: _____

Supervisor name printed: _____ **PT License No.:** _____

Name of Practice/Facility: _____

Address of Practice/Facility: _____

NOTE: APPLICANT'S PERMANENT CHANGE OF SUPERVISOR/FACILITY REQUIRES A NEW TEMPORARY LICENSE

General Information regarding computer based testing (CBT) of the NATIONAL PHYSICAL THERAPY EXAMINATIONS

1. **To apply for the computer based PT or PTA examination, there are TWO SEPARATE FEES AND TWO SEPARATE PROCEDURES:**
 - Complete and mail pages 1-2 of the attached licensure / registration application (your school must complete page 3, "Verification of Physical Therapy Education", and return form directly to board office in official school envelope) and the **\$30 application fee** to the Board office in Harrisburg, PA. Only **ORIGINAL** documents are submitted to the Board.
 - Register with the Federation of State Boards of Physical Therapy (FSBPT) and pay (via Visa or MC) the **\$400 examination fee ONLINE** at www.fsbpt.org.
2. Allow up to 15 days for your application and required documentation to be received and processed by Board staff. **Submission of an improperly completed application or failure to follow all directions will delay the examination / licensure process significantly. The Board will advise of application discrepancies.**
3. After processing, as an applicant is deemed eligible for examination, the Board will so notify the FSBPT. **IF** the applicant has properly registered online with the Federation, then ...

FSBPT will send information to the applicant with instructions to contact one of the nationwide **Prometric Test Centers** to schedule the exam which is given on fixed testing dates. See www.fsbpt.org for dates.

THE "STATUS OF YOUR REGISTRATION" MAY BE CHECKED ONLINE AT www.fsbpt.org. THIS WILL SHOW IF THE FEDERATION HAS E-MAILED YOUR ELIGIBILITY NOTICE INCLUDING INFORMATION FOR SCHEDULING THE EXAM.

4. Scheduling requires payment (may be by credit card) of an **additional CBT fee (\$70.60/PT; \$55.60/PTA) directly to Prometric**; the Prometric operator will explain payment options. Fees are also forfeited by an applicant who fails to give two days notice of his/her intention to reschedule an exam OR who is absent from a scheduled exam. No refunds will be given of any fees paid.
5. Applicant takes the exam and results are transmitted from the Prometric Test Center through FSBPT to the Pennsylvania Board. **EXAM RESULTS WILL NOT BE GIVEN AT THE PROMETRIC CENTER OR OVER THE PHONE BY FSBPT OR THE BOARD. The passing score is the "scale" score of 600 as recommended by the Federation of State Boards of Physical Therapy.**
6. **Free Score Reports** are available from FSBPT **10 days after the exam administration date at www.fsbpt.org**, and will remain available at no charge for **30 days**. After the 30 days, a fee will be charged. A license is issued to successful applicants 7-10 business days after the exam administration date. Please allow 7-10 days for receipt by mail. Those failing the examination receive information necessary to reapply. **HOWEVER**, note the Pennsylvania Physical Therapy Practice Act, section 6 (c): **"In case of failure of the first examination, the applicant for licensure shall have, AFTER THE EXPIRATION OF SIXTY DAYS, the privilege of a second examination."** The failure notice will indicate a date, before which an applicant MAY NOT REAPPLY TO THE PENNSYLVANIA BOARD. Board approval is required before an applicant may take the examination a **third** time as a Pennsylvania candidate. If applying to multiple state boards, the FSBPT will permit an applicant to take the exam no more than 3 times in a 12 month period.

THE ENTIRE PROCESS OF SUBMITTING THE APPLICATION, ONLINE REGISTRATION, SCHEDULING AND TAKING THE EXAMINATION, RECEIPT OF SCORES THROUGH FSBPT AND ISSUANCE OF EXAM RESULTS BY THE BOARD, MAY BE IN EXCESS OF 60 DAYS. THIS CAN BE MINIMIZED BY YOUR TIMELY AND ACCURATE COMPLIANCE WITH INSTRUCTIONS.