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 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.**

Continued

_____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 boards 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. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (**anotherapplication processing fee**) and supporting documents as necessary.

_____8. **MAIL TO:** State Board of Physical Therapy, P.O. Box 2649, Harrisburg, PA 17105-2649
OR for overnight delivery 2601 North Third Street, Harrisburg, PA 17110

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 **no continuing education requirement** to obtain / maintain your Pennsylvania PT/PTA license.
- 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.**

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

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

ENDORSEMENT FEE - **$30.00** Personal Check or Money Order made payable to **"Commonwealth of Pennsylvania."** **Application fees are not refundable.** *NOTE: A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. If the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application (another application processing fee) and supporting documentation as necessary.*

PART ONE

PT / PTA exam taken previously for Pennsylvania? (Yes or No) _____

NAME_____DAYTIME PHONE _____
Last First Middl Maiden

ADDRESS_____
Street City State Zip Code

SOCIAL SECURITY #_____BIRTH DATE_____EMAIL_____

PART TWO - Other state licensures

List state(s) where you have held a license to practice as a Physical Therapist or PT Assistant and request a letter of good standing from each state licensing board whether the license is current, expired or inactive. **These Letters of Good Standing are to be sent directly from the state licensing boards to the PA State Board of Physical Therapy.**

PART THREE - 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		
	From To		
	From To		

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 - If you answer **"YES"** to any of the following questions, give details on a separate sheet **and** provide a certified copy of all related official documentation.

ANSWER THE FOLLOWING: (✓)	YES	NO
1. Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs?		
2. Have you ever been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved, in any state or federal court? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
3. Have you ever withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification.		
4. Have you ever possessed a license to practice physical therapy or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions?		

EXAM DATA: State for which national PT/PTA exam was passed_____ Date passed_____

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 Public Welfare information prescribed by DPW 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

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.Section 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.state.pa.us/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. section 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 on Accreditation in Physical Therapy Education (CAPTE).**
(City and State)

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

SCHOOL SEAL
(Mandatory)

_____
(Date)

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