State Board of Physical Therapy
P. O. Box 2649
Harrisburg, PA 17105-2649
717-783-7134

Application for FOREIGN EDUCATED PHYSICAL THERAPIST Licensure by ENDORSEMENT

REQUIREMENTS: **Applicant must.....**

1. hold the foreign equivalent of a minimum of a baccalaureate degree in physical therapy from a school in the United States. **(not less than 120 semester credit hours are required, of which at least 42 credit hours are in General Education subjects and 69 credit hours are in Professional Education subjects) SEE PAGES 4 – 6.**

2. hold authorization to practice as a physical therapist without limitation in the country where the professional education occurred.

3. have obtained licensure for a state other than Pennsylvania by passing the national PT examination with a criterion-referenced "scale" score of at least **600** as recommended by the Federation of State Boards of Physical Therapy.

4. hold a valid, unexpired, **"permanent"** license in another state whose licensing standards are substantially the same as those of the Pennsylvania Physical Therapy Practice Act. A temporary license in another state is not acceptable.

5. have a SOCIAL SECURITY NUMBER in order to be issued a license. See Information on next page.

INSTRUCTIONS - (Check List ✓)

_____ 1. Complete pages 1 and 2 of the application; page 3 (PART SIX) **requires a current notarization. PLEASE NOTE-ALL DOCUMENTS SUBMITTED MUST BE ON 8 ½ X 11 INCH PAPER.** OBTAIN THE NOTARIZATION IMMEDIATELY PRIOR TO MAILING APPLICATION. MAIL AFTER THE FCCPT (see #4 below) COMPLETES YOUR EVALUATION.

_____ 2. With your application, include a curriculum vitae (resume) of your practice and employment activities for the past **three years**. ALL time must be accounted for, including unemployment and non-PT work. List beginning/ending dates **(not - "to present")** and name/address of each employment **(not a recruiter address)**; include your position titles, and **SPECIFIC DETAILS** regarding your duties/responsibilities for each position. USE ONLY 8½" X 11" PAPER. SIGN AND DATE THE CV. AN INADEQUATE CV WILL DELAY PROCESSING OF YOUR APPLICATION.

_____ 3. **FEE: Submit a check or money order** for **$45.00** payable to **"Commonwealth of Pennsylvania"** along with your completed, **ORIGINAL** application to: **State Board of Physical Therapy, P.O. Box 2649, Harrisburg, PA 17105-2649. Application fees are not refundable.** 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 documents as necessary. 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.

_____ 4. Contact the **Foreign Credentialing Commission on Physical Therapy (FCCPT);** address and phone number below. Request an application for evaluation of education. Instruct the FCCPT to send the original report of Evaluation of Educational Credentials to the Pennsylvania PT Board at the above address. **See pages 4 – 6.**

Foreign Credentialing Commission on Physical Therapy
124 West Street S, 3rd Floor
Alexandria, VA 22314

PHONE: (703) 684-8406
FAX: (703) 684-8715
E-mail: help@fccpt.org

_____ 5. 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 for your examination score to be transferred to the Pennsylvania PT Board.

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_____ 6. Contact each state licensing board where you have held a license to practice physical therapy, whether the license is current, expired or inactive. **Arrange for each such state to send a Letter of Good Standing directly to the Pennsylvania PT Board.**

_____ **7.** **The official agency in the country where you obtained your professional education** must send directly to the Pennsylvania PT Board and the FCCPT (see instruction 4), documentary evidence that you are authorized to practice as a physical therapist without limitation in that country.

_____ 8. 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 decisions authorizing the name change).

INFORMATION TO APPLICANTS

- **SOCIAL SECURITY NUMBER (SSN) : A SSN is required before a license will be issued.** See information at bottom of page 2. It is recommended that you do NOT submit an application until after obtaining a SSN.

- An application will expire if not completed within one year of receipt. Completion involves all required information and documentation. 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.

- Make a copy of your completed application and all attachments for your records.

- If a notification of receipt of your application is desired, please mail Certified with a Return Receipt.

- Your application will be reviewed following receipt of **ALL r**equired information/documentation. Your application may require review by the full Board at the next scheduled meeting. Meetings are held every other month.

- You may not begin practicing in Pennsylvania until a license has been issued. All PT licenses in Pennsylvania expire on December 31 of each even year. Renewal notices are mailed approximately 90 days prior.

- 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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See instruction #3 regarding **$45.00 APPLICATION FEE**

EMAIL _____

PART ONE -

NAME_____
Last First Middle Maiden

PRESENT MAILING ADDRESS_____
Street

_____ DAYTIME PHONE_____
City State Zip Code

ADDRESS PRIOR TO U.S._____

BIRTH DATE_____ BIRTH COUNTRY_____

SOCIAL SECURITY #_____ **(NO license will be issued until your SSN has been provided. See information at bottom of page 2.)**

PART TWO - OTHER LICENSURES:

1. List below **all states** where you hold or have held a **permanent** license to practice physical therapy. Request a "Letter of Good Standing" from the licensure board of each state, whether your license there is current, expired or inactive. **These letters are to be sent directly from each licensing board to the PA State Board of Physical Therapy.**

2. State for which the Physical Therapy examination was passed_____ Date passed_____

3. Are you now or have you ever been licensed in a health care profession other than physical therapy?
NO_____YES_____ Name of profession_____

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 or country)	DATES ATTENDED	DEGREE	MAJOR
	From To		
	From To		
	From To		
	From To		

PART FOUR - See Instruction #2.

Attach a curriculum vitae (resume) of your professional employment for the past three years. Include your duties and responsibilities for each position. Sign and date the CV.

PART FIVE

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/federal court or foreign country? You are not required to disclose any ARD or other criminal matter that has bee 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?		

NOTE: If you have answered **"YES"** to any of the above questions, give details on a separate 8-1/2" x 11" sheet and provide a certified copy of all related official documentation.

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.

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PART SIX - Applicant must sign below in presence of notary public. Obtain notarization immediately prior to mailing application AFTER FCCPT evaluation is completed.

AFFIDAVIT

I, _____, depose and state that I am the person referred to in the foregoing application and supporting documentation; that I am of good moral character; and that I have not treated or undertaken to treat ailments other than by physical therapy as authorized.

I hereby authorize all hospital(s), institution(s), organization(s), personal physician(s), employers (past and present), and all government agencies and jurisdictions (local, state, federal) to release to the Pennsylvania State Board of Physical Therapy any information which is material to my application for licensure.

I have carefully read all the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that my answers and all statements made by me herein 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 licensure or registration.

I further state that I have read and understand Act 110, the Physical Therapy Practice Act, and Pennsylvania Code, Title 49, Chapter 40, the rules and regulations of the Pennsylvania State Board of Physical Therapy (see www.dos.state.pa.us/physther). I 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.

I acknowledge that my license as a physical therapist will NOT be issued until I have provided my SOCIAL SECURITY NUMBER to the Pennsylvania Board of Physical Therapy.

_____
Signature of Applicant

The foregoing instrument was acknowledged before me this _____ day of _____, 20___, by

_____ , who is personally known to me or who has produced

_____ as identification and did/did not take an oath.

_____ Commission No. _____ Commission Expires _____
Signature of Notary Public

(NOTARY STAMP/SEAL)

_____
Name of Notary - Typed, Printed or Stamped

CREDENTIALS EVALUATION REQUIREMENTS

The applicant shall meet educational requirements by securing a credentials evaluation from a recognized and accredited evaluation agency **(FCCPT is the only approved agency)** approved by the Board. The credentials evaluation must demonstrate that the applicant has met the requirement of at least **120 semester credit hours** of which at least **42 credit hours must be in general education subjects and 69 credit hours must be in professional education subjects**. If an applicant has deficiencies in general education or professional education, the applicant can correct the deficiencies as follows:

(i) General education. A minimum of one semester course must be successfully completed in each of the following areas of general education unless otherwise noted:

(A) Humanities.

(B) Physical science (two courses each in chemistry and physics including laboratory sessions).

(C) Biological science.

(D) Social science.

(E) Behavioral science.

(F) Mathematics.

(ii) Professional education. The applicant shall complete 69 credit hours of professional education the content of which includes:

(A) Basic health science including:

(I) Human anatomy (specific to physical therapy).

(II) Human physiology (specific to physical therapy).

(III) Neuroscience.

(IV) Kinesiology or functional anatomy.

(V) Pathology.

(B) Medical and clinical science coursework including the following:

(I) Clinical medicine pertinent to physical therapy including:

(-a-) Neurology.

(-b-) Orthopedics.

(-c-) Pediatrics.

(-d-) Geriatrics.

(-e-) Cardiopulmonary.

(-f-) Pharmacology.

(II) Physical therapist coursework must include:

(-a-) Examination, evaluation and intervention pertaining to the integumentary, musculoskeletal, neuromuscular and cardiopulmonary systems.

(iii) Clinical education. Clinical education must include physical therapist-supervised application of physical therapy theory, examination, evaluation and intervention. The applicant shall have a minimum of two full-time clinical internships of at least 800 hours total, which are supervised by a physical therapist. The maximum number of full-time clinical education credits is 23.

(iv) Related professional coursework. Content is required in the following nine areas:

(A) Professional behaviors.

(B) Administration.

(C) Community health.

(D) Research and clinical decision making.

(E) Educational techniques.

(F) Medical terminology.

(G) Communication (related to client/patient care).

(H) Legal and ethical aspects of physical therapy practice.

(I) Psychosocial aspects in physical therapy practice.

General educational deficiencies. The applicant may correct general educational deficiencies in the areas specified in paragraph (5)(i) by either:

(A) Pursuing studies in an accredited college or university. Upon completion of studies, the applicant shall submit an official transcript to the Board.

(B) Attaining college credit through successful completion of the following examinations offered by the College Level Examination Program (CLEP). No more than 30 credits may be obtained through CLEP.

(I) The CLEP General Examination may be used to satisfy the requirements in paragraph (5)(i) for credit hours if passing scores are received in the following subjects:

General Examination	College Level Credit
English Composition with Essay	6
Mathematics	3
Humanities	6
Natural Sciences	
Biological Sciences (subscore)	3
Physical Sciences (subscore)	3
Social Sciences	6

(II) The CLEP Subject Examination may be used to satisfy the requirements in paragraph (5) for credit hours if passing scores are received in the following subjects:

Subject Examination	College Level Credit
Analysis and Interpretation of Literature	3
College Algebra	3
English Literature	3
Foreign Language	
French--Levels I and II	6
German--Levels I and II	6
Spanish--Levels I and II	6
Freshman English	3
English Composition	4
General Biology	3
General Chemistry	3
General Psychology	2
Human Growth & Development	2
Introduction to Management	2
Introduction to Sociology	2
Statistics	2
Trigonometry	2
Western Civilization	3

(III) The applicant is responsible for directing that CLEP report his examination scores to the Board.

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