



# **BOARD OF PHYSICAL THERAPY PRACTICE**

## **APPLICATION FOR LICENSURE**

### **October 2016 Edition**

Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

4052 Bald Cypress Way, Bin # C05  
Tallahassee, Florida 32399-3255  
Phone: (850) 245-4373 Fax: (954) 358-4424  
Website: [www.FloridasPhysicalTherapy.gov](http://www.FloridasPhysicalTherapy.gov)



**Board of Physical Therapy Practice**

Mailing address for application & fees:

P.O. Box 6330

Tallahassee, FL 32314-6330

Phone: (850) 245-4373 ~ Fax (954) 358-4424

Website: [www.FloridasPhysicalTherapy.gov](http://www.FloridasPhysicalTherapy.gov)

**(CLIENT 5501/PT)**

**(CLIENT 5502/PTA)**

1. APPLICATION TYPE, FEES and METHODS (Please Type or Print Legibly In Blue or Black Ink) – (Money order or check, certified or cashier preferred, payable to: The Dept. of Health.)

**A. APPLICATION** (Must check one):

- Physical Therapist - (CLIENT 5501)
- Physical Therapist Assistant - (Client 5502)

**B. METHOD** - See instructions for eligibility requirements:

- Examination with Temporary Permit - \$180.00 (see page 7)
- Examination without Temporary Permit - \$180.00
- Endorsement - \$180.00

C.  I HAVE REGISTERED WITH THE FSBPT (<https://www.fsbpt.org>) FOR THE NPTE AND/OR LAWS EXAM  
(If you do not register at this time, it may cause a delay in your application process.)

2. PROFILE INFORMATION (List your full, legal name as it should appear on license, no nicknames or shortened versions.)

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

List all names by which you are currently known or have been known in the past. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

IMPORTANT: Postal Service does not forward Government mail. You must keep your address updated during licensure process to avoid delay. If you use a P.O. Box address as mailing address we must also have a physical address.

Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

PRACTICE ADDRESS (If not applicable indicate with N/A)

Apt. No. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Mailing address will display on the Internet if you have not provided a practice location address.

DATE OF BIRTH (mm/dd/yyyy)

**CORRESPONDENCE VIA E-MAIL?**  YES  NO

**Email Notification:** If you want to be notified of the status of your application by email please check the "Yes" box and write your email address on the line provided below. If you choose this form of notification, you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the Board office at: [info@floridasphysicaltherapy.gov](mailto:info@floridasphysicaltherapy.gov). Please print legibly. By checking "yes", you agree to allow the board office to contact you with information regarding your application via e-mail. Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

PRIMARY NUMBER: \_\_\_\_\_

SECONDARY NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

3. NAME OF SCHOOL, COLLEGE OR UNIVERSITY: (List below all higher education and earned degrees)

| Name of Institution | Location | Student Last Name | Major | Degree | Date of Graduation |
|---------------------|----------|-------------------|-------|--------|--------------------|
|                     |          |                   |       |        |                    |
|                     |          |                   |       |        |                    |
|                     |          |                   |       |        |                    |

**4. EQUAL OPPORTUNITY DATA**

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX:  Male  Female

Are you a US citizen?  YES  NO

ETHNIC ORIGIN:  White  Black  Asian/Pacific  Hispanic  Other \_\_\_\_\_

**5 .EXAMINATION HISTORY** (Attach additional sheets if necessary.)

A. Have you taken the National Physical Therapy Exam?  Yes  No

Complete the following information for each jurisdiction for which the examination was taken:

| <u>Examination</u>                                       | <u>State/Country</u> | <u>Month/Year</u> | <u>Results (Pass/Failed)</u>                                |
|--|----------------------|-------------------|---|
| <input type="checkbox"/> PT <input type="checkbox"/> PTA | _____                | _____             | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| <input type="checkbox"/> PT <input type="checkbox"/> PTA | _____                | _____             | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| <input type="checkbox"/> PT <input type="checkbox"/> PTA | _____                | _____             | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

Any applicant who applies through Florida and has failed the NPTE exam three times in any jurisdiction must complete remedial training as outlined in 64B17-3.002, F.A.C., approved by the Board prior to being seated for the NPTE on the fourth time. The remedial training must be taken after the third attempt.

|  |       |       |   |
|--|-------|-------|---|
| <input type="checkbox"/> PT <input type="checkbox"/> PTA | _____ | _____ | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |
| <input type="checkbox"/> PT <input type="checkbox"/> PTA | _____ | _____ | <input type="checkbox"/> Pass <input type="checkbox"/> Fail |

**Rule 64B17-3.001, F.A.C., An applicant who has failed to pass the national physical therapy examination by or on the fifth attempt, regardless of the jurisdiction through which the examination was taken, is precluded from licensure in Florida.**

**6. APPLICANT BACKGROUND** (Attach additional sheets, if necessary.)

**A.** Do you now hold, or have you ever held, a temporary permit, a license/certification or been authorized to practice in any state, including Florida, or country as an Physical Therapist or Physical Therapist Assistant (including active or inactive licenses)?     Yes     No

| <u>State/Country</u> | <u>License No.</u> | <u>PT/PTA</u> | <u>Date of Licensure</u> | <u>If no longer licensed, state why and when</u> |
|----------------------|--------------------|---------------|--------------------------|--|
| _____                | _____              | _____         | _____                    | _____  |
| _____                | _____              | _____         | _____                    | _____  |
| _____                | _____              | _____         | _____                    | _____  |
| _____                | _____              | _____         | _____                    | _____  |

**B.** Have you ever previously applied for PT/PTA licensure in the state of Florida?     Yes     No    Date \_\_\_\_\_

If "YES", did you apply by exam or endorsement? \_\_\_\_\_

Answer questions in sections 7 through 9 "YES", "NO" or "N/A". You may be required to make a personal appearance before the Board of Physical Therapy. A "YES" answer to sections 7 through 9 must be accompanied by the following:

1. **A written statement explaining in detail the circumstances surrounding the "YES" answer.** The statement must include all pertinent information such as date(s), explanation(s), address(es), employer(s), physician(s), institution(s), agency(ies) and hospital(s). Give a brief summary in the space given below and attach any statements to the application, numbering your response according to the number of the question for which you are attaching the statement.
2. Supporting documentation must also be submitted to verify the events, including court documents for **each offense**, arrest records, restitution or current circumstances, final disposition, etc. If the records are no longer available, you must have certification of their unavailability from the court.

**Please see application instructions (Completing the Application) for additional information regarding "yes" answers on this page.**

**7. CRIMINAL HISTORY** (Attach additional sheets, if necessary.)

**A.** Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for the purposes of this question.

Yes  No

If "YES", explain

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**Note: Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.**

**8. CRIMINAL HISTORY CONTINUED**

**8.1** Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to 8.2)

Yes  No

**A.** If "yes" to 8.1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?

Yes  No  N/A

**B.** If "yes" to 8.1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).

Yes  No  N/A

**C.** If "yes" to 8.1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

Yes  No  N/A

**D.** If "yes" to 8.1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).

Yes  No  N/A

**8.2** Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

Yes  No

**A.** If "yes" to 8.2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

Yes  No  N/A

**8.3** Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 8.3A.)

Yes  No

A. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?  Yes  No  N/A

8.4 Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 8.4A or 8.4B)  Yes  No  N/A

A. Have you been in good standing with a state Medicaid program for the most recent five years?  Yes  No  N/A

B. Did the termination occur at least 20 years before the date of this application?  Yes  No  N/A

8.5 Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?  Yes  No  N/A

**9. DISCIPLINARY HISTORY** (Attach additional sheets, if necessary.)

A. Have you ever had a healthcare license revoked, suspended, or otherwise acted against, including denial of licensure, by the licensing authority of this state or another state, territory or country?  Yes  No

B. Have you ever been notified to appear before any licensing authority on a complaint of any nature, including, but not limited to, a charge or violation for unprofessional or unethical conduct?  Yes  No

C. Have you ever been named or sued for malpractice?  Yes  No

D. Have you ever been disciplined, terminated or allowed to resign, in lieu of termination, from an employment setting where employed as a Physical Therapist or Physical Therapist Assistant or in any capacity in the health care profession?  Yes  No

E. Have you ever been convicted or found guilty, regardless of adjudication, of a crime in any jurisdiction which directly relates to the practice of Physical Therapy?  Yes  No

**If you answered "YES" to any of the questions in section 9, please send a typed or printed description of the discipline. You must contact the board(s) in the states you were disciplined and request official copies of the administrative complaint and final order be sent directly to the board office. Please see application instructions for additional information regarding "yes" answers on this page.**

**NOTE: Section 456.013(3)(c), Florida Statutes:** "In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied."

**10. Section 456.38, Florida Statutes, Practitioner Registry for Disasters and Emergencies**

Will you be available to provide health care services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major disaster?  Yes  No

## CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE\*

|  |  |
|--|--|
| <b>Name:</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between;"><span><b>Last</b></span><span><b>First</b></span><span><b>Middle</b></span></div> | <b>Social Security Number:</b><br><br><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> |
|--|--|

The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

### 11. SPECIAL TESTING ACCOMMODATION:

**Are you applying for special testing?** Yes \_\_\_\_ NO \_\_\_\_

If yes, please see application instructions.

Answer questions in section 13 "YES" OR "NO" - Do not leave any blanks. **You may be required to make a personal appearance before the Board of Physical Therapy. A "YES" answer to section 13 must be accompanied by the following:**

1. **A written statement explaining in detail the circumstances surrounding the "YES" answer.** The statement must include all pertinent information such as date(s), explanation(s), address(es), employer(s), physician(s), institution(s), agency(ies) and hospital(s). Attach the statements to the application, numbering your response according to the number of the question.

### 12. PERSONAL HISTORY

- A.** In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?  Yes  No
- B.** In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?  Yes  No
- C.** During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice physical therapy within the past five years?  Yes  No
- D.** In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?  Yes  No
- E.** During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice physical therapy within the last five years?  Yes  No
- F.** During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice physical therapy?  Yes  No

**If you answered "YES" to any of the above questions, please explain the circumstances surrounding your answer, on additional sheets. You must request an evaluation letter from treating physician(s); institution(s); etc. to support your application. Please see application instructions for additional information regarding "yes" answers on this page.**

\* This page is exempt from public records disclosure.

## Request for Temporary Permit

Per section 486.0715 and 486.1065, F.S., applicants requesting a temporary permit must meet the following requirements:

- Graduate from an approved United States physical therapy educational program or a physical therapy assistant program as applicable and meet all the eligibility requirements for licensure under chapter 456, s. 486.031(1)-(3)(a) F.S., for physical therapists and chapter 456, s. 486.102(1)-(3)(a) F.S., for physical therapist assistants and related rules, except passage of the national examination. This includes passage of the Florida Laws and Rules Examination;
- Demonstrate proof of possessing malpractice insurance; and
- Submit documentation verifying that the applicant will practice under direct supervision of a licensed physical therapist.

Scheduled National Physical Therapy Exam (NPTE) date: \_\_\_\_\_

### 13. Proof of Malpractice Insurance

A. Name of Insurer: \_\_\_\_\_

B. Policy Number: \_\_\_\_\_

C. Effective Date: \_\_\_\_\_ D. Expiration Date: \_\_\_\_\_

### 14. Proof of Supervising Physical Therapist

A supervising physical therapist shall supervise only one permittee at any given time. The supervising physical therapist must be licensed for a minimum of 6 months before the supervision period begins and must cosign all patient records produced by the physical therapist practicing under a temporary permit. **It is your responsibility to ensure the supervising physical therapist is aware of his or her requirements.**

Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Issue Date: \_\_\_\_\_

**Note:** An applicant for a temporary permit may not work as a physical therapist or a physical therapist assistant until a temporary permit is issued by the board. You must practice under the direct supervision of a licensed physical therapist. A temporary permit is not renewable and is valid until a license is granted by the board. A temporary permit is void if the permittee does not pass the NPTE within 6 months after the date of graduation.

Name: \_\_\_\_\_ Applicant ID: \_\_\_\_\_



**APPLICANT STATEMENT:**

I hereby authorize all hospitals, institutions, or organizations, personal physicians, employers (past or present), business and professional associates (past or present), and all government agencies and instrumentality's (local, state, federal, or foreign) to release to the Department of Health any information, files, or records requested by the Department in connection with the processing of this application. I further authorize the Department to release to the organizations, individuals, and groups listed above any information which is material to my application.

I understand that it is my duty and responsibility as an applicant for licensure to supplement my application after it has been submitted if and when any material change in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for examination or licensure. Such supplement is required by Chapter 456.013(1)(a) F.S. Failure to do so may result in disciplinary action by the Board including denial of licensure.

I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information on this application, I hereby acknowledge that such act shall constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida the profession for which I am applying. I declare that I am the person referred to in the foregoing application. I further state that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits.

Under penalties of perjury, I declare that I have read the foregoing document, and the evidence presented herein for the purpose of demonstrating, to the satisfaction of the board, that I possess the qualifications preliminary to examination required by sections 486.041 and 486.103, or that I possess licensure in another state, the District of Columbia, or a territory as required by section 486.107, Florida Statutes, is true.

I hereby acknowledge that practice as a licensed Physical Therapist or Physical Therapist Assistant in Florida is governed by Chapters 456 and 486, Florida Statutes, and Chapter 64B17, Florida Administrative Code. I understand that I am under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 486, Florida Statutes and Chapter 64B17, Florida Administrative Code.

\_\_\_\_\_  
Signature of applicant (required)

\_\_\_\_\_  
Date signed (required)

**It is recommended that you do not make arrangements to accept employment as a Physical Therapist/Assistant in Florida until you have been issued a license by the Florida Board of Physical Therapy Practice.**

## APPLICATION CHECKLIST

Use the following checklist to help ensure that you send in all necessary documentation for your licensure application.

- \_\_\_\_\_ Application - All questions answered? If question is not applicable, mark with N/A. Questions left blank will delay processing. **NOTE:** Mailing address will display on the Internet if you do not provide a practice location address.
- \_\_\_\_\_ Fees - \$180 for PT/PTA by Exam and Endorsement
- \_\_\_\_\_ FSBPT Score transfer & license verification(s) (if applicable)
- \_\_\_\_\_ Confidential and Exempt Page
- \_\_\_\_\_ Request for Temporary Permit Page (if applicable)
- \_\_\_\_\_ Statement(s) and/or Documentation for "YES" answers in Sections 7-9, 13 (if applicable)
- \_\_\_\_\_ US Trained/CAPTE Applicants: Official transcripts
- \_\_\_\_\_ Foreign Applicants: Credential evaluation report
- \_\_\_\_\_ Foreign Applicants: Proof of U.S. clinical hours (if applicable, see instructions for more information)
- \_\_\_\_\_ Signed Third Party Consent Form (if applicable)
- \_\_\_\_\_ FSBPT Registration at [www.fsbpt.net/pt](http://www.fsbpt.net/pt), for your exam(s), **before** mailing your application is suggested.

**It takes approximately 7-10 working days for checks to be processed by the Department.  
The Board office does not receive applications until checks have been processed.  
Federal Express or special courier services will not expedite your process.**

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### **WHERE TO SEND APPLICATION AND SUPPORTING DOCUMENTS**

#### **INITIAL APPLICATION, FEES AND ANY SUPPORTING DOCUMENTS IN THE SAME ENVELOPE:**

Florida Department of Health  
Board of Physical Therapy Practice  
P.O. Box 6330  
Tallahassee, FL 32314-6330

#### **ALL DOCUMENTS NOT INCLUDED WITH APPLICATION AND FEE:**

Florida Department of Health  
Board of Physical Therapy Practice  
4052 Bald Cypress Way, BIN C-05  
Tallahassee, FL 32399-3255

#### **APPLICATION AND FEES SENT OVERNIGHT, SPECIAL DELIVERY:**

Florida Department of Health  
Licensure Services  
4052 Bald Cypress Way, BIN C-99  
Tallahassee, FL 32399-3299

**Submission of supporting documents is encouraged prior to mailing your application.**

#### **\*\*REMEMBER\*\***

**DO NOT START WORK IN FLORIDA UNTIL YOU HAVE RECEIVED A FLORIDA PERMANENT  
LICENSE OR TEMPORARY PERMIT**

# Examination Candidate Instructions

## Physical Therapist/Assistant Educated in the United States/CAPTE Accredited

It is your professional responsibility to read and understand this application package before completing your application. If another party is handling your application for you, it is still your responsibility to read, understand, and comply with all requirements for licensure. **If you would like your information released to another party, you must fill out the included Third Party Authorization Form.**

### Application by Exam is for:

- Applicants who have never passed the NPTE, or;
- Applicants who passed the NPTE within the five years immediately prior to the filing of the application and do not hold an active license in another state, or;
- Applicants who passed the NPTE more than five years ago but do not hold an active license in another state.

If you have passed the NPTE, you must have your score report transferred from the FSBPT, [www.fsbpt.net/pt](http://www.fsbpt.net/pt).

The Board of Physical Therapy Practice does not offer the examinations. Applicants must contact the Federation of State Boards of Physical Therapy (FSBPT), [www.fsbpt.net/pt](http://www.fsbpt.net/pt), to register for both the NPTE and Florida Laws & Rules exam.

To apply for licensure as a physical therapist in Florida, the applicant must meet the following requirements:

1. **Application:** Complete and return the application. The application should include the following:

- **Fees:** \$180.00 (which includes \$100 application fee, \$75 Initial licensure fee, \$5 Unlicensed activity fee)
- **Third Party Authorization Form** (if applicable)

2. **Proof of Graduation:** You must have received a degree in physical therapy/physical therapy assistant from an institution that has been approved by the appropriate accrediting agency in accordance with Section 486.031, F.S. or Section 486.102, F.S. The institution must have been approved at the time of graduation.

- **New Graduates:** Prior to the issuance of your diploma or transcript, the department will accept a "letter of completion" from the program director on the school's letterhead that states: "all fieldwork and educational requirements have been met." This completion letter will allow an applicant to sit for their exams. **However, you must make sure an official transcript with the date of graduation and the degree is received by the Board office to complete your application prior to licensure.**

3. **Social Security Number:**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.004(9), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and physical license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317). **You may apply for licensure before obtaining a social security number. However, you will not be issued a license until proof of a U.S. social security number is received.**

**Submission of supporting documents prior to mailing your application is encouraged. This will ensure the fastest possible processing time. It is the applicant's responsibility to confirm supporting documents (transcripts, credential evaluation, etc...) have been mailed from the appropriate place.**

## **THE LICENSURE EXAMS:**

**Applicants must register online with the FSBPT at <https://www.fsbpt.net/pt> to take the NPTE and Florida Laws & Rules exam. Please do this immediately. Waiting to register will only delay your application.**

**Florida Laws and Rules Exam:** All applicants are required to take and pass the Florida laws and rules examination before being issued a license. **If you are requesting a temporary permit, you must take and pass the Florida Laws and Rules exam first.** The exam will be given through FSBPT and will be on the following:

- Chapter 456, Florida Statutes, Health Professions and Occupations: General Provisions
- Chapter 486, Florida Statutes, Physical Therapy Practice Act
- Chapter 64B17, Florida Administrative Code
- Candidate Information Booklet for the Physical Therapy Laws & Rules Computer Based Testing Examination may be obtained on our website at: <http://floridasphysicaltherapy.gov/forms/pt-study-2015.pdf>

**The FSBPT Florida Laws and Rules Exam fee must be paid directly to the FSBPT.** Please visit [www.fsbpt.org](http://www.fsbpt.org) for fee and payment information.

**The Prometric Testing Center fee must be paid directly to the Prometric Testing Center at the time of scheduling.** Please visit [www.prometric.com](http://www.prometric.com) for fee and payment information.

**NPTE Exam:** Visit [www.fsbpt.org](http://www.fsbpt.org) for registration and exam information. For further assistance, contact the FSBPT Exam Services at (703) 739-9420.

- The Prometric Testing Center fee must be paid directly to the Prometric Testing Center at the time of scheduling. Visit [www.prometric.com](http://www.prometric.com) for fee and payment information.
- PT exam = 250 questions, 5 sections (50 questions each section), and 5 hours long. There will be 50 pre-test questions and 200 scored questions.
- PTA exam = 200 questions, 4 sections (50 questions each section) and 4 hours long. There will be 50 pre-test questions and 150 scored questions.

### **Special Testing Accommodations: (Forms must be completed and submitted at the time of application)**

Special testing accommodations may be requested by submitting the following:

- Application for candidates requesting special testing accommodations in accordance with the American's with Disabilities Act
- Application for special testing accommodations due to a religious conflict

The application must be submitted no later than sixty (60) days prior to sitting for the examination. Please contact Practitioner Reporting and Exam Services immediately for an application at (850) 245-4252. You may download the application at <http://floridasphysicaltherapy.gov/resources/> under Forms & Requests.

### **Retake Examination Applicants:**

An applicant who fails the NPTE and/or Florida laws & rules examinations must submit a Retake Application and the application fees to the Board of Physical Therapy in order to schedule a retake examination. If you applied for Special Testing Accommodations, you are required to resubmit the Application for Special Testing Accommodations. In addition to re-applying to the Board of Physical Therapy Practice, applicants must re-register online to FSBPT and pay the FSBPT fees to be scheduled to re-take the NPTE and/or laws and rules exam.

### **THIRD EXAM NPTE FAILURE:**

Any applicant who applies for a Florida license and **has failed the NPTE exam three times in any jurisdiction must complete remedial training** as outlined in 64B17-3.002, F.A.C., approved by the Board **prior** to being seated for the NPTE examination two more times.

#### **Important note:**

Per FSBPT, candidates will only be able to take the NPTE exam 3 times in any 12-month period.

***If you have taken and failed the NPTE exam in any jurisdiction five times or more, you are not eligible to be licensed in Florida.***

# Endorsement Application Instructions

## **Physical Therapist/Assistant Educated in the United States/CAPTE Accredited**

It is your professional responsibility to read and understand this application package before completing your application. If another party is handling your application for you, it is still your responsibility to read, understand, and comply with all requirements for licensure. **If you would like your information released to another party, you must fill out the included Third Party Authorization Form.**

### **Licensure by Endorsement is for applicants who have passed the NPTE and hold an active license in another state.**

To apply for licensure as a physical therapist in Florida, the applicant must meet the following requirements:

1. **Application:** Complete and return the application. The application should include the following:

- **Fees:** \$180.00 (which includes \$100 application fee, \$75 Initial licensure fee, \$5 Unlicensed activity fee)
- **Third Party Authorization Form** (if applicable)

2. **Proof of Graduation:** You must have received a degree in physical therapy/physical therapy assistant from an institution that has been approved by the appropriate accrediting agency in accordance with Section 486.031, F.S. or Section 486.102, F.S. The institution must have been approved at the time of graduation.

An official transcript verifying the degree and date of graduation must be received directly from the school prior to licensure. **Please request this before mailing your application.**

3. **NPTE Score Transfer:** You must contact the FSBPT at [www.fsbpt.net/pt](http://www.fsbpt.net/pt) to have your NPTE score report transferred to Florida. **Please transfer your scores before mailing your application.**

4. **State License Verification:** You must contact all state boards in which you have **ever** been issued a license and have them send verification directly to our office. **Please request this before mailing your application.**

### **5. Social Security Number:**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.004(9), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and physical license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317)

### **Florida Laws and Rules Exam**

**All applicants** are required to take and pass the Florida laws and rules examination before being issued a license.

**Applicants must register online with the FSBPT at <https://www.fsbpt.net/pt> to take the Florida Laws & Rules exam. If you register after the Board office has approved your application, you must notify the Board office otherwise your eligibility will be delayed.**

The exam will be given through FSBPT and will be on the following:

- Chapter 456, Florida Statutes, Health Professions and Occupations: General Provisions
- Chapter 486, Florida Statutes, Physical Therapy Practice Act
- Chapter 64B17, Florida Administrative Code
- Candidate Information Booklet for the Physical Therapy Laws & Rules Computer Based Testing Examination may be obtained on our web site at: [http://www.doh.state.fl.us/mqa/physical/pt\\_statutes.html](http://www.doh.state.fl.us/mqa/physical/pt_statutes.html)

**The FSBPT Florida Laws and Rules Exam fee must be paid directly to the FSBPT.** Please visit [www.fsbpt.org](http://www.fsbpt.org) for fee and payment information.

**The Prometric Testing Center fee must be paid directly to the Prometric Testing Center at the time of scheduling.** Please visit [www.prometric.com](http://www.prometric.com) for fee and payment information.

**Submission of supporting documents prior to mailing your application is encouraged. This will ensure the fastest possible processing time. It is the applicant's responsibility to confirm supporting documents (transcripts, credential evaluation, etc...) have been mailed from the appropriate place.**

## **Examination Candidate Instructions**

### **Physical Therapist/Assistant Educated Outside the United States**

It is your professional responsibility to read and understand this application package before completing your application. If another party is handling your application for you, it is still your responsibility to read, understand, and comply with all requirements for licensure. **If you would like your information released to another party, you must fill out the included Third Party Authorization Form.**

#### **Application by Exam is for:**

- Applicants who have never passed the NPTE, or;
- Applicants who passed the NPTE within the five years immediately prior to the filing of the application and do not hold an active license in another state, or;
- Applicants who passed the NPTE more than five years ago but do not hold an active license in another state.

If you have passed the NPTE, you must have your score report transferred from the FSBPT, [www.fsbpt.net/pt](http://www.fsbpt.net/pt).

To apply for licensure as a physical therapist/assistant in Florida, the applicant must meet the following requirements:

**1. PT/PTA - Educational Credentials Evaluation:** If the applicant received his or her first professional degree outside the U.S. at a school that is appropriately approved, the applicant must submit a credential evaluation in addition to the documents below. **This requirement applies even if the applicant has received a transitional Doctorate of Physical Therapy from a U.S. school.** The evaluation must be prepared by an agency approved by the Board. The Board currently accepts evaluations from:

- International Credentialing Associates (ICA) – (727) 549-8555
- International Education Research Foundation, Inc. (IERF) – [www.ierf.org](http://www.ierf.org)
- Foreign Credentialing Commission on Physical Therapy (FCCPT) – (703) 684-8406
- International Consultants of Delaware, Inc. – (215) 222-8454 ext. 603

PTA applicants must have graduated from a school giving a course for physical therapist assistants in a foreign country. Applicants cannot use a physical therapist degree to apply as a physical therapist assistant. Please refer to rule 64B17-4.001(3)(b), F.A.C.

**2. Application:** Complete and return the application. The application should include the following:

- **Fees:** \$180.00 (which includes \$100 application fee, \$75 Initial licensure fee, \$5 Unlicensed activity fee)
- **Third Party Authorization Form** (if applicable)

#### **4. Social Security Number:**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.004(9), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and physical license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act, 104 Pub.L. Section 317). **You may apply for licensure before obtaining a social security number. However, you will not be issued a license until proof of a U.S. social security number is received.**

**Submission of supporting documents prior to mailing your application is encouraged. This will ensure the fastest possible processing time. It is the applicant's responsibility to confirm supporting documents (transcripts, credential evaluation, etc...) have been mailed from the appropriate place.**

## **THE LICENSURE EXAMS:**

Applicants must register online with the FSBPT at <https://www.fsbpt.net/pt> to take the NPTE and Florida Laws & Rules exam. **If you register after the Board office has approved your application, you must notify the Board office otherwise your eligibility will be delayed.**

**Florida Laws and Rules Exam:** All applicants are required to take and pass the Florida laws and rules examination before being issued a license. The exam will be given through FSBPT and will be on the following:

- Chapter 456, Florida Statutes, Health Professions and Occupations: General Provisions
- Chapter 486, Florida Statutes, Physical Therapy Practice Act
- Chapter 64B17, Florida Administrative Code
- Candidate Information Booklet for the Physical Therapy Laws & Rules Computer Based Testing Examination may be obtained on our website at: <http://floridasphysicaltherapy.gov/forms/pt-study-2015.pdf>

**The FSBPT Florida Laws and Rules Exam fee must be paid directly to the FSBPT.** Please visit [www.fsbpt.org](http://www.fsbpt.org) for fee and payment information.

**The Prometric Testing Center fee must be paid directly to the Prometric Testing Center at the time of scheduling.** Please visit [www.prometric.com](http://www.prometric.com) for fee and payment information.

**NPTE Exam:** Visit [www.fsbpt.org](http://www.fsbpt.org) for registration and exam information. For further assistance, contact the FSBPT Exam Services at (703) 739-9420.

- The Prometric Testing Center fee must be paid directly to the Prometric Testing Center at the time of scheduling. Visit [www.prometric.com](http://www.prometric.com) for fee and payment information.
- PT exam = 250 questions, 5 sections (50 questions each section), and 5 hours long. There will be 50 pre-test questions and 200 scored questions.
- PTA exam = 200 questions, 4 sections (50 questions each section) and 4 hours long. There will be 50 pre-test questions and 150 scored questions.

### **Special Testing Accommodations: (Forms must be completed and submitted at the time of application)**

Special testing accommodations may be requested by submitting the following:

- Application for candidates requesting special testing accommodations in accordance with the American's with Disabilities Act
- Application for special testing accommodations due to a religious conflict

The application must be submitted no later than sixty (60) days prior to sitting for the examination. Please contact Practitioner Reporting and Exam Services immediately for an application at (850) 245-4252. You may download the application at <http://floridasphysicaltherapy.gov/resources/> under Forms & Requests.

### **Retake Examination Applicants:**

An applicant who fails the NPTE and/or Florida laws & rules examinations must submit a Retake Application and the application fees to the Board of Physical Therapy Practice in order to schedule a retake examination. If you applied for Special Testing Accommodations, you are required to resubmit the Application for Special Testing Accommodations. In addition to re-applying to the Board of Physical Therapy Practice, applicants must re-register Online to FSBPT and pay the FSBPT fees to be scheduled to re-take the NPTE and/or laws and rules exam.

### **THIRD EXAM NPTE FAILURE:**

Any applicant who applies for a Florida license and **has failed the NPTE exam three times in any jurisdiction must complete remedial training** as outlined in 64B17-3.002, F.A.C., approved by the Board **prior** to being seated for the NPTE examination two more times.

#### **Important note:**

Per FSBPT, candidates will only be able to take the NPTE exam 3 times in any 12-month period.

***If you have taken and failed the NPTE exam in any jurisdiction five times or more,  
you are not eligible to be licensed in Florida.***

# Endorsement Application Instructions

## Physical Therapist/Assistant Educated Outside the United States

It is your professional responsibility to read and understand this application package before completing your application. If another party is handling your application for you, it is still your responsibility to read, understand, and comply with all requirements for licensure. **If you would like your information released to another party, you must fill out the included Third Party Authorization Form.**

**Licensure by Endorsement is for applicants who have passed the NPTE and hold an active license in another state.**

To apply for licensure as a physical therapist in Florida, the applicant must meet the following requirements:

**1. PT/PTA - Educational Credentials Evaluation:** If the applicant received his or her first professional degree outside the U.S. at a school that is not appropriately approved, the applicant must submit a credential evaluation in addition to the documents below. **This requirement applies even if the applicant has received a transitional Doctorate of Physical Therapy from a U.S. school.**

**Per rule 64B17-3.001(3)(b)2, FAC, an applicant who has been educated in a foreign country may choose to demonstrate minimum qualifications by providing both of the following:**

- A certified copy of the credential evaluation used by the physical therapy board of another state. The evaluation must be completed on the appropriate coursework tool (CWT) and reflect the education criteria in place at the time of graduation.
- Proof of 1,000 clinical practice hours each year in the United States for 5 out of the last 10 years. (Full time teaching of physical therapy education may count toward 250 of the 1,000 required practice hours per year.)

The evaluation must be prepared by an agency approved by the Board. The Board currently accepts evaluations from:

- International Credentialing Associates (ICA) – (727) 549-8555
- International Education Research Foundation, Inc. (IERF) – [www.ierf.org](http://www.ierf.org)
- Foreign Credentialing Commission on Physical Therapy (FCCPT) – (703) 684-8406
- International Consultants of Delaware, Inc. – (215) 222-8454 ext. 603

PTA applicants must have graduated from a school giving a course for physical therapist assistant in a foreign country. Applicants cannot use a physical therapist degree to apply as a physical therapist assistant. Please refer to 486.102(3)(a), F.S.

**NPTE Score Transfer:** You must contact the FSBPT at [www.fsbpt.net/pt](http://www.fsbpt.net/pt) to have your NPTE score report transferred directly to Florida.

**2. State License Verification:** You must contact all state boards in which you have **ever** been issued a license and have them send verification directly to our office.

**3. Application:** Complete and return the application. The application should include the following:

- **Fees:** \$180.00 (which includes \$100 application fee, \$75 Initial licensure fee, \$5 Unlicensed activity fee)
- **Third Party Authorization Form** (if applicable)

**Submission of supporting documents prior to mailing your application is encouraged. This will ensure the fastest possible processing time. It is the applicant's responsibility to confirm supporting documents (transcripts, credential evaluation, etc...) have been mailed from the appropriate place.**



## **6. Social Security Number:**

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Section 456.004(9), 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and physical license applications and will be used for license identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub.L. Section 317). You may apply for licensure before obtaining a social security number. However, you will not be issued a license until proof of a U.S. social security number is received.

## **Florida Laws and Rules Exam**

**All applicants** are required to take and pass the Florida laws and rules examination before being issued a license.

**Applicants must register online with the FSBPT at <https://www.fsbpt.net/pt> to take the Florida Laws & Rules exam. If you register after the Board office has approved your application, you must notify the Board office otherwise your eligibility will be delayed.**

The exam will be given through FSBPT and will be on the following:

- Chapter 456, Florida Statutes, Health Professions and Occupations: General Provisions
- Chapter 486, Florida Statutes, Physical Therapy Practice Act
- Chapter 64B17, Florida Administrative Code
- Candidate Information Booklet for the Physical Therapy Laws & Rules Computer Based Testing Examination may be obtained on our web site at: <http://floridasphysicaltherapy.gov/forms/pt-study-2015.pdf>

**The FSBPT Florida Laws and Rules Exam fee must be paid directly to the FSBPT.** Please visit [www.fsbpt.org](http://www.fsbpt.org) for fee and payment information.

**The Prometric Testing Center fee must be paid directly to the Prometric Testing Center at the time of scheduling.** Please visit [www.prometric.com](http://www.prometric.com) for fee and payment information.

***If you have taken and failed the NPTE exam in any jurisdiction five times or more,  
you are not eligible to be licensed in Florida.***

## **Useful Tips for Completing the Application**

- Within 30 days of receipt of your application, you will be sent:
  - An emailed and mailed deficiency notice regarding your application status. If complete, you will be mailed your eligibility letter. You may also check the status of your application by visiting [www.flhealthsource.com](http://www.flhealthsource.com). A direct link along with your login information will be provided to you upon the initial review of your application. Please allow at least 20 days for any updates to be posted. If you do not receive any correspondence from us within 30 days of the date your application was received by the Department, do not hesitate to contact the board office. **Please do not call to check on the status of your application until at least 30 days from the date you mailed your documentation.**
- Our website, [www.flhealthsource.com](http://www.flhealthsource.com), provides a “lookup licensee” screen where licensure status (once a permanent license has been issued) may be verified.
- All questions must be answered. If an item does not apply to you, mark “N/A”. Any and all questions without an answer *will* delay the processing.
- **Do not stop payment on your check.** This could result in a “bad check charge” being filed against you.
- It is your responsibility to ensure that the board office has received all documentation to complete your application.
- The application is valid for one year from the date we receive it. After a year, the application is expired and purged from our system. A new application and new documentation would need to be submitted.
- If questions arise regarding your eligibility for licensure during the review process, the application, once it is complete, will be referred to the board for review.
- **It is very important to keep the Board office informed of any change in mailing, practice location, email addresses and phone numbers. Please note: The US Postal Service does not forward Government mail.** Failure to notify the board office of any changes will delay the receipt of your license. **NOTE:** Mailing address will display on the Internet if you do not provide a practice location address.
- It is recommended you keep these instructions and a copy of the completed application, should you need to refer to them during the processing of your application file.
- Social Security Numbers: If an applicant has met all licensure requirements, including passing the exams, the application will be held until a social security number issued. Social security numbers must be provided before a license is issued.
- Statement(s) to “YES” ANSWERS in response to the Criminal, Disciplinary or Personal History sections of the application must explain in detail the circumstances surrounding the answer. In addition to your statement(s) you must submit supporting documentation -- such as court documents providing arrest records, restitution records; evaluation letter(s) from treating physicians and/or institutions; employment records and/or employment verifications. Your answers may result in being referred to the Professionals Resource Network (PRN) for evaluation. PRN is a consultant to the State of Florida contracted to evaluate practitioners to ensure their ability to practice with reasonable skill and safety. Additionally, a “YES” answer to these questions may also require a personal appearance before the board.

**NOTE: Section 456.013(3)(c), Florida Statutes:** In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the application for licensure shall be denied.

**It is the licensee’s responsibility to comply with the following statute: 456.072(1)(x), F.S.,** states: “Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.”

As a potential licensee, we recommend that you frequently visit the Board of Physical Therapy Practice website at: [www.floridasphysicaltherapy.gov](http://www.floridasphysicaltherapy.gov). We strive to continually update the website with information including, updates and changes in the profession, laws and rules, applications, instructions, a list of frequently asked questions (FAQ’s), etc. that will assist you.

**HIV/AIDS Education Information:** You will be required to complete a one hour approved course in HIV/AIDS prior to the first licensure renewal. Once you have taken this course, you will not have to take it again.

**Please use the application checklist as a tool in completing your application**



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## Florida Board of Physical Therapy Practice

### Third-Party Authorization

If you would like someone other than yourself to act as your representative in the licensure process for this application, please complete this form and have your signature notarized. Discard this form if you are submitting the application for yourself and do not want another person to act on your behalf.

I, \_\_\_\_\_, the undersigned, do hereby

authorize \_\_\_\_\_, whose address is

\_\_\_\_\_, his/her agents, or employees, to act for me and in my name with respect to my application for licensure with the Florida Board of Physical Therapy Practice, with the exception of the withdrawal of my application and requesting a refund.

Date \_\_\_\_\_ Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ by

\_\_\_\_\_  
SEAL  
Notary Public

To withdraw your authorization of a third party representation, please submit a written request to the board office at the address below.

Florida Department of Health ▪ Division of Medical Quality Assurance ▪ Florida Board of Physical Therapy Practice  
4052 Bald Cypress Way, Bin C05 ▪ Tallahassee, FL 32399-3252  
Phone: (850) 245-4373



**LICENSURE VERIFICATION FORM**

**PART I: TO BE COMPLETED BY APPLICANT**

Complete this part and submit a copy to each state where you hold or have ever held a license to practice physical therapy, making copies of this form as necessary. **Do not submit if not applicable.**

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

License Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

I hereby authorize release of any information regarding my licensure status to the Florida Board of Physical Therapy Practice.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II: TO BE COMPLETED BY AN OFFICIAL OF THE LICENSURE ENTITY OF THE JURISDICTION**

Please complete this part and return this form to the address listed below.

APPLICANT NAME: \_\_\_\_\_ JURISDICTION: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

LICENSE BASED ON: STATE EXAM \_\_\_\_\_ NATIONAL EXAM \_\_\_\_\_  
RECIPROcity WITH \_\_\_\_\_ ENDORSEMENT \_\_\_\_\_

IS LICENSE IN GOOD STANDING? \_\_\_\_\_

HAS THE LICENSE EVER BEEN REVOKED, SUSPENDED, OR OTHERWISE ACTED AGAINST, INCLUDING LICENSE DENIAL? \_\_\_\_\_

REMARKS: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_  
Signature of Official

BOARD SEAL

DATE: \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_

**RETURN TO:**  
DEPARTMENT OF HEALTH  
MQA/BOARD OF PHYSICAL THERAPY PRACTICE  
4052 Bald Cypress Way, Bin # C05  
Tallahassee, FL 32399-3255  
(850) 245-4373 Telephone (954) 358-4424 FAX  
[www.FloridasPhysicalTherapy.gov](http://www.FloridasPhysicalTherapy.gov)