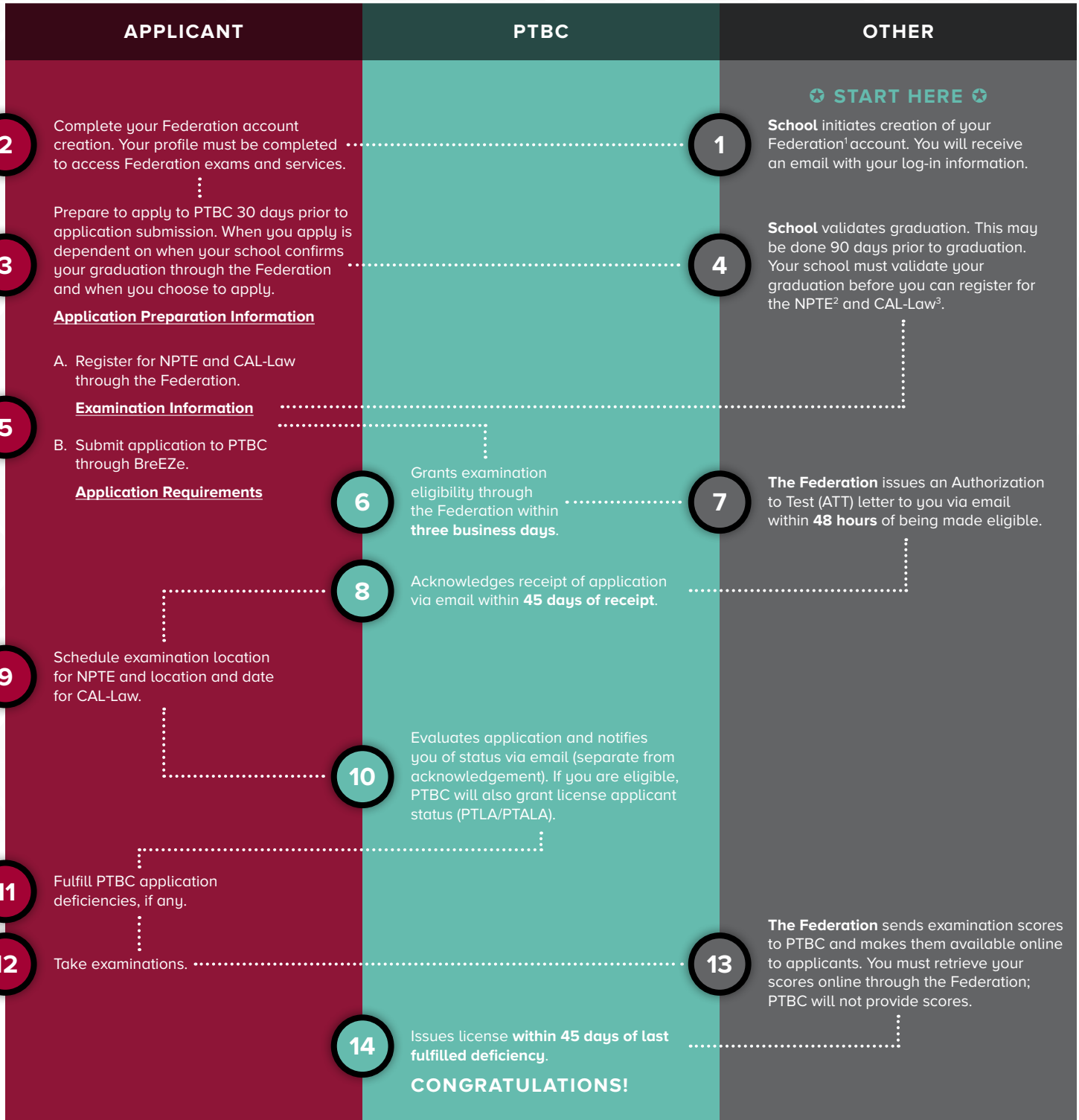




BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR  
**DEPARTMENT OF CONSUMER AFFAIRS • PHYSICAL THERAPY BOARD OF CALIFORNIA**  
 2005 Evergreen St., Suite 2600, Sacramento, CA 95815  
 P (916) 561-8200 | (916) 561-8213 | F (916) 263-2560 | E pta@dca.ca.gov  
 www.ptbc.ca.gov • facebook.com/ptbcnews • twitter.com/ptbcnews



## APPLICATION PROCESS ROADMAP



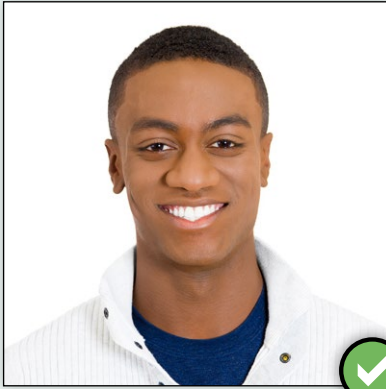
<sup>1</sup>Federation of State Boards of Physical Therapy

<sup>2</sup>National Physical Therapy Examination

<sup>3</sup>California Law Examination

The application information provided here is divided into the following sections:

1. **Application Preparation**  
Complete within the 30 days prior to submitting your application to PTBC.
2. **Examination Information**
3. **Application Requirements**  
What materials need to be submitted to PTBC and when application activities need to be completed.
4. **General Information**
5. **Attachments**

<h2 style="margin: 0;">APPLICATION PREPARATION</h2> <p style="margin: 0; font-size: small;">Complete within 30 days prior to submitting your application to PTBC</p>		
<input type="checkbox"/>	<b>Step 1</b>	<b>Review application and examination requirements, and the <u>Federation examination deadline calendar</u> (see below).</b>
<input type="checkbox"/>	<b>Step 2</b>	<b>Create a <u>BreEZe</u> account to apply to PTBC online.</b>
<input type="checkbox"/>	<b>Step 3</b>	<p><b>If you haven't already done so, complete your <u>Federation account</u>.</b></p> <p>You should have received an email from the Federation after your school initiated your account.</p>
<input type="checkbox"/>	<b>Step 4</b>	<p><b>FINGERPRINT</b></p> <p><b>Live Scan – Required if in California</b></p> <p>Take this <b><u>Request for Live Scan Service form</u></b> to an authorized Live Scan operator. A list of authorized Live Scan operators is available here: <a href="https://oag.ca.gov/fingerprints/locations">https://oag.ca.gov/fingerprints/locations</a>. Make sure the Live Scan operator requests fingerprint processing for BOTH DOJ and FBI. The Live Scan operator will keep the original Live Scan form, and you will need two copies—one for your records and one to submit to PTBC. If you are applying online, you only need one copy of the Live Scan form because you can scan a copy to PTBC. You must fingerprint for PTBC even if you have already fingerprinted for another agency.</p> <p>Fingerprint fee: \$49 (\$32 for DOJ and \$17 for FBI). There will also be a rolling fee charged by the Live Scan operator.</p> <p><b>Hard Card – Required if outside California</b></p> <p>If you are an out-of-state applicant and will be in California at any point during your application process, PTBC strongly recommends waiting until you are in California to fingerprint using Live Scan. Live Scan for California is only available in California, but you do not need to be a California resident. If you will not be in California at any point during your application process, you must use a hard card.</p> <p>To obtain a fingerprint card from PTBC, respond “yes” on the online application when asked if you need a hard card for fingerprinting. This will also allow you to pay the \$49 fingerprint processing fee to PTBC online. Once PTBC receives your application, a fingerprint card will be mailed to the address of record you provided on the application. Upon receipt of your card, take it to an authorized fingerprint roller. Do not roll your fingerprints yourself; DOJ will reject them. Return the completed fingerprint card to PTBC, and PTBC will send it to DOJ for processing.</p> <p><b>USE LIVE SCAN OR HARD CARD; DO NOT DO BOTH. DO NOT FINGERPRINT SOONER THAN 30 DAYS PRIOR TO APPLYING.</b></p>
<input type="checkbox"/>	<b>Step 5</b>	<p><b>Take a passport-style photo.</b></p> <p>Photo requirements:</p> <ol style="list-style-type: none"> <li>a. Taken within the last 30 days.</li> <li>b. Size: 2 inches by 2 inches (2" x 2").</li> <li>c. Must be in color.</li> <li>d. White background, clear image, whole head centered, and nothing covering face.</li> </ol> <div style="text-align: right;">  </div>

<input type="checkbox"/>	<b>Step 6</b>	<p><b>Prepare evidence of honorable discharge from the military (copy of DD214) if requesting expedited processing for members of the military who were honorably discharged.</b></p> <p>Pursuant to Business and Professions Code section 115.4, each DCA licensing program is required to expedite the licensure/registration process for an applicant who served as an active-duty member of the U.S. armed forces and was honorably discharged.</p> <p>For an applicant's license/registration to be expedited, the applicant must supply evidence that he or she was an active-duty member of the U.S. armed forces who was honorably discharged.</p> <p>Please note that this does not mean a license/registration must be issued, but simply requires the process to be accelerated.</p> <p>If you have a question or need further information, please contact PTBC at (916) 561-8213 or <b>PTA@dca.ca.gov</b>, or email DCA at <b>military@dca.ca.gov</b>.</p>
<input type="checkbox"/>	<b>Step 7</b>	<p><b>Complete and submit the <u>Request for Reasonable Accommodations (D1)</u> if requesting reasonable accommodations for examinations.</b></p> <p>PTBC must have this form prior to granting eligibility.</p> <p><b>SEND IN THIS FORM TWO WEEKS BEFORE YOU PLAN TO REGISTER FOR THE NPTE AND CAL-LAW.</b></p> <p>You must also indicate you are requesting reasonable accommodations when you register for the NPTE and CAL-Law through the Federation.</p>

## EXAMINATION INFORMATION

To be made eligible for the NPTE and CAL-Law, you must:

- 1) Be within 90 days of graduation.
- 2) Have registered and paid for the NPTE and CAL-Law through the Federation.
- 3) Have applied to PTBC no later than the Federation's registration and payment deadline for the exam.

### The Federation's Examination Deadline Calendar

#### **NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE)**

##### **PT**

The PT NPTE is 250 questions, and you have five hours to complete it.

You may take the NPTE three times in a 12-month period.

**Cost:** \$400 to the Federation; \$85 to the Prometric testing center. No examination fees are paid to PTBC.

##### **PTA**

The PTA NPTE is 200 questions, and you have four hours to complete it.

You may take the NPTE three times in a 12-month period.

**Cost:** \$400 to the Federation; \$70 to the Prometric testing center. No examination fees are paid to PTBC.

For information regarding examination preparation, day-of expectations, and more, please visit the **Federation's website**.

#### **CALIFORNIA LAW EXAMINATION (CAL-LAW)**

The CAL-Law tests applicants' knowledge of the laws and regulations related to the practice of physical therapy in California. It is the same for both physical therapist applicants and physical therapist assistant applicants. The CAL-Law consists of 50 questions, and you have one hour to complete it.

**Cost:** \$65 to the Federation; \$25 to the Prometric testing center. No examination fees are paid to PTBC.

The CAL-Law study materials are compiled by PTBC in the **California Laws and Regulations Related to the Practice of Physical Therapy** publication.

# APPLICATION REQUIREMENTS

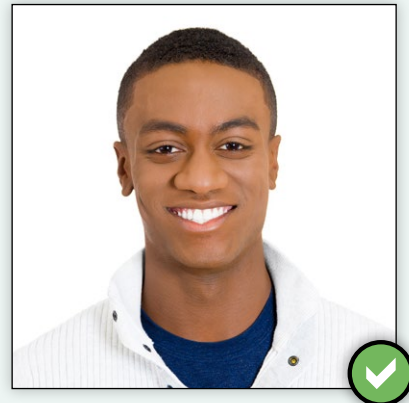
**What materials need to be submitted to PTBC and when application activities need to be completed.**

Submit the following application materials when you register for the NPTE and CAL-Law. Please be aware PTBC may request additional information based upon responses provided on the application or information obtained from other entities.

Review the list below and check the box when complete. Some items may not be applicable to you.

**Submit  
online?**

<input type="checkbox"/>	Step 1	Complete and submit PTBC application online through BreZE.	YES
<input type="checkbox"/>	Step 2	<p><b>Fees</b>  <b>PHYSICAL THERAPIST APPLICANT</b>  <b>Application Processing Fee: \$300</b>                      The application processing fee is nonrefundable.</p> <p><b>Initial License Fee (ILF): \$150</b>                      The ILF is for your initial California licensure period, which is the time between your initial license issuance and your first renewal. This fee is required of all applicants regardless if you are licensed in another jurisdiction or previously held a California license.</p> <p><b>PHYSICAL THERAPIST ASSISTANT APPLICANT</b>  <b>Application Processing Fee and Initial License Fee: \$300</b>                      This fee is nonrefundable. The ILF is for your initial California licensure period, which is the time between your initial license issuance and your first renewal. This fee is required of all applicants regardless if you are licensed in another jurisdiction or previously held a California license.</p>	YES
<input type="checkbox"/>	Step 3	<p><b>Take a passport-style photo.</b>                      Photo requirements:</p> <ol style="list-style-type: none"> <li>a. Taken within the last 30 days.</li> <li>b. Size: 2 inches by 2 inches (2" x 2").</li> <li>c. Must be in color.</li> <li>d. White background, clear image, whole head centered, and nothing covering face.</li> </ol>	YES
<input type="checkbox"/>	Step 4	<p><b>FINGERPRINT</b>  <b>Live Scan – Required if in California</b></p> <p>Take this <b><u><a href="#">Request for Live Scan Service form</a></u></b> to an authorized Live Scan operator. A list of authorized Live Scan operators is available here: <b><u><a href="https://oag.ca.gov/fingerprints/locations">https://oag.ca.gov/fingerprints/locations</a></u></b>. Make sure the Live Scan operator requests fingerprint processing for BOTH DOJ and FBI. The Live Scan operator will keep the original Live Scan form, and you will need two copies—one for your records and one to submit to PTBC. If you are applying online, you only need one copy of the Live Scan form because you can scan a copy to PTBC. You must fingerprint for PTBC even if you have already fingerprinted for another agency.</p> <p>Fingerprint fee: \$49 (\$32 for DOJ and \$17 for FBI). There will also be a rolling fee charged by the Live Scan operator.</p>	YES



		<p><b>Hard Card – Required if outside California</b></p> <p>If you are an out-of-state applicant and will be in California at any point during your application process, PTBC strongly recommends waiting until you are in California to fingerprint using Live Scan. Live Scan for California is only available in California, but you do not need to be a California resident. If you will not be in California at any point during your application process, you must use a hard card.</p> <p>To obtain a fingerprint card from PTBC, respond “yes” on the online application when asked if you need a hard card for fingerprinting. This will also allow you to pay the \$49 fingerprint processing fee to PTBC online. Once PTBC receives your application, a fingerprint card will be mailed to the address of record you provided on the application. Upon receipt of your card, take it to an authorized fingerprint roller. Do not roll your fingerprints yourself; DOJ will reject them. Return the completed fingerprint card to PTBC, and PTBC will send it to DOJ for processing.</p> <p><b>USE LIVE SCAN OR HARD CARD; DO NOT DO BOTH. DO NOT FINGERPRINT SOONER THAN 30 DAYS PRIOR TO APPLYING.</b></p>	
<input type="checkbox"/>	Step 5	<p><b>NPTE and CAL-Law registration with the Federation</b></p> <p>Please be aware that due to shared eligibility processing by PTBC and the Federation, you may receive your Authorization to Test (ATT) letter from the Federation prior to receiving your application acknowledgement letter from PTBC.</p>	YES
<input type="checkbox"/>	Step 6	<p><b>Disability Accommodation Request (D1), if applicable.</b></p> <p>If you need reasonable accommodations for your examinations and you have not already submitted your Disability Accommodation Request (D1) form, submit it now.</p> <p>The request form must include verification by a professional licensed to perform a diagnosis and provide treatment of the disability.</p>	YES
<input type="checkbox"/>	Step 7	<p><b>Evidence of an honorable discharge, if applicable.</b></p> <p>To expedite application processing, evidence of an honorable discharge from U.S. military service must be provided.</p>	YES
<input type="checkbox"/>	Step 8	<p><b>Certificate of Completion (P1E)</b></p> <p>The P1E certifies that you have completed all didactic and clinical training and internship required for graduation. This form must be completed by your school after you have completed your program requirements for graduation; it cannot be post-dated.</p> <p>Because you cannot submit the P1E until after you complete your program requirements, but may apply for examination prior to program completion, you may submit your completed P1E after submitting your application.</p> <p>There are two ways the P1E may be submitted to PTBC:</p> <ol style="list-style-type: none"> <li>1. Your school may send all students’ P1Es together directly to PTBC. If your school sends all the P1Es for your class directly to PTBC, the P1Es do not each need to be in a sealed envelope.</li> <li>2. You may obtain your P1E from your school and send it to PTBC. If you send your P1E, it MUST be a sealed envelope from your school.</li> </ol>	NO

## GENERAL INFORMATION

Carefully read all correspondence from PTBC and follow any instructions provided.

As an applicant, you are personally responsible for all information disclosed on your application form as well as all supporting materials. An application may be denied based upon omission, falsification, or misrepresentation of any item or response on the application or any attachment. PTBC considers violations of an ethical nature to be a serious breach of professional conduct.

If you would like PTBC to disclose information regarding the processing of your application to another party, you must provide PTBC a letter authorizing release of your application information to that party.

PTBC does not offer expedited application processing except for members of the military as specified by Business and Professions Code section 115.4.

### PROCESSING AND POINT OF CONTACT

PTBC will process your application in order of date received.

- If you apply online, your payment receipt will confirm receipt by PTBC.
- If you apply by mail, due to mail intake and cashiering processes, PTBC cannot confirm application receipt prior to issuing your acknowledgement notice. If you would like confirmation of receipt by PTBC, send paper applications using a tracking mailing method.

Please allow 45 days after application submission before checking the status of your application.

Once all deficiencies are fulfilled, a license will be issued within 45 days.

Your application will be assigned to a PTBC analyst who will assist you through the process. The initial communication from the PTBC analyst providing your application status (separate from the acknowledgement of receipt notice) will include his or her direct contact information. From that point forward, any questions relating to your application should be directed to your assigned analyst.

### LICENSE APPLICANT STATUS

You are not authorized to work as a physical therapist license applicant/physical therapist assistant license applicant (PTLA/PTALA) until you receive a notice from PTBC granting you license applicant status. To be eligible for license applicant status, you must have:

- A complete application with PTBC except for examination scores.
- No criminal history.

- A correctly completed P1E.
- Registered and paid for the CAL-Law and first available NPTE.

Supervision requirements for applicants practicing under PTLA/PTALA status are set forth in California Code of Regulations (CCR) §1399.10 and §1399.12.

If you pass the first available NPTE prior to the expiration of your license applicant status, you may continue to work as a license applicant until PTBC issues you a license.

License applicant status may not be issued or will be terminated for the following reasons:

- Expiration of license applicant status.
  - Once license applicant status expires, it cannot be extended.
- Failing the NPTE.
- Criminal history.
  - If criminal history is disclosed, PTBC's Consumer Protection Services program must evaluate the history to determine whether license applicant status may be granted.

The Authorization to Test (ATT) letter from the FSPBT does NOT grant you the ability to work as a license applicant.

### DUE DILIGENCE

Pursuant to CCR §1398.21, an application shall be denied without prejudice when, at the discretion of PTBC, an applicant does not exercise due diligence in the completion of his or her application, in furnishing information or documentation requested, or in the payment of fees.

### GROUNDINGS FOR DENIAL

Each applicant's credentials for licensure in California are evaluated on an individual basis. PTBC has the authority to deny licensure based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline of professional license of a jurisdiction in the United States, or inability to practice safely.

## COMMON ACRONYMS AND TERMS

<b>PTBC</b>	Physical Therapy Board of California	PTBC is the state agency charged with protecting physical therapy consumers and enforcing the Physical Therapy Practice Act.
<b>Federation or FSBPT</b>	Federation of State Boards of Physical Therapy	The Federation is a national organization comprised of the 54 U.S. physical therapy licensing jurisdictions.
<b>Prometric</b>	Prometric testing center	Prometric testing centers are where the NPTE and CAL-Law are administered.
<b>NPTE</b>	National Physical Therapy Examination	The NPTE is a standard and defensible measure of entry-level competency that applies equally to all licensure candidates.
<b>CAL-Law</b>	California Law Examination	The CAL-Law is a state-specific examination that tests applicants' knowledge of laws and regulations specific to physical therapy practice in California.
<b>CAPTE</b>	Commission on Accreditation in Physical Therapy Education	CAPTE is an accrediting agency that is nationally recognized by the U.S. Department of Education and the Council for Higher Education Accreditation, and grants specialized accreditation status to qualified entry-level physical therapy programs.
<b>Live Scan</b>	Live Scan fingerprinting	Live Scan is a method of fingerprinting that enables electronic fingerprint submission for processing.
<b>DOJ</b>	Department of Justice	For application, the DOJ conducts background checks using Live Scan fingerprint submission.
<b>FBI</b>	Federal Bureau of Investigation	For application, the FBI conducts background checks using Live Scan fingerprint submission.
<b>BreEZe</b>	BreEZe	BreEZe is a one-stop online shop for consumers, licensees, and applicants. Consumers can verify a provider's license status and file a complaint; applicants can apply for licensure; and licensees can submit a license renewal and access a variety of other services relating to licensure.





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## CERTIFICATE OF COMPLETION

### FOR GRADUATES OF CAPTE-ACCREDITED, ENTRY-LEVEL PT OR PTA PROGRAMS ONLY

PLEASE NOTE THAT TRANSITIONAL AND POST-PROFESSIONAL PT PROGRAMS ARE **NOT** ACCREDITED PROGRAMS

The Physical Therapy Board of California (PTBC) must receive the Certificate of Completion with the application for licensure in an **officially sealed school envelope**, sealed by the registrar or program director completing this form. This is to ensure that the Certificate of Completion came from the school and was not opened by the applicant. Submitting an application without a properly sealed Certificate of Completion will cause your application to be denied.

This form is to be completed in its entirety and signed by the college registrar or program director of the degree-granting program to document completion and graduation of a professional degree program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). **The entry-level PT/PTA program completed must have also included academic coursework and a clinical internship pursuant to section 2650 of the California Business and Professions Code.**

Type of Program Completed:  Physical Therapist (PT)  Physical Therapist Assistant (PTA)

**For PT graduates ONLY:** Was the program completed a transitional and/or post-professional PT program?  YES\*  NO  
\*If yes, please note transitional and/or post-professional PT programs are not accredited programs.

This certifies \_\_\_\_\_  
*First Name*
*Last Name*
*Other Last Names Used*

Completed all coursework and clinical practice on: \_\_\_\_\_  
*Date*

Graduated on or is a candidate for graduation on: \_\_\_\_\_  
*Date*

Received the following degree: \_\_\_\_\_  
*Name of Degree Obtained*

From: \_\_\_\_\_  
*Name of Academic Institution That Granted the Degree (Must be a CAPTE-Accredited Program)*

Signed and the college seal affixed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
*Month*
*Year*

I swear under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

\_\_\_\_\_  
*Signature of Registrar or Program Director*

\_\_\_\_\_  
*Type or Print Your Name and Title*





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[www.ptbc.ca.gov](http://www.ptbc.ca.gov) • [facebook.com/ptbcnews](https://facebook.com/ptbcnews) • [twitter.com/ptbcnews](https://twitter.com/ptbcnews)



## LIVE SCAN INSTRUCTIONS

1. Complete PTBC's Request for Live Scan Service form.
2. Locate a Live Scan operator and make an appointment if necessary.
3. Take the completed Request for Live Scan Service form to the Live Scan site.
4. Have a passport or state-issued photo identification.
5. Pay the processing and preparation fees at the Live Scan site.
6. Verify with the Live Scan operator that your fingerprints were submitted for both Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) processing.
7. Submit one copy of the Request for Live Scan Service form with your PTBC application.

### REASONS FOR DELAYS AND HOW TO AVOID THEM

#### 1. Issue: Fingerprint results do not include FBI.

Avoid this by verifying with the Live Scan operator that fingerprints were submitted for BOTH DOJ and FBI processing.

#### 2. Issue: Personal information is entered incorrectly.

Avoid this by asking the Live Scan operator to verify that your name, Social Security number, and date of birth are entered correctly.

#### 3. Issue: PTBC cannot send a follow-up request to DOJ because it doesn't have the Live Scan information.

Avoid this by submitting a copy of the Request for Live Scan Service form (after fingerprinting) to PTBC with your application.

### CHECKING ON THE STATUS OF FINGERPRINT SUBMISSION

PTBC cannot provide fingerprint processing status unless DOJ has communicated processing results to PTBC. To check the status of fingerprint processing, call the DOJ's 24-hour automated phone service at (916) 227-4557. You will need to enter your date of birth and the 10-digit Automated Transaction Identifier (ATI) number entered on the Request for Live Scan Service form after completion. The ATI number always appears in the following sequence: 1 LETTER; 3 NUMBERS; 3 LETTERS; and 3 NUMBERS.



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

A0432  
ORI (Code assigned by DOJ)

License  
Authorized Applicant Type

#### Physical Therapist

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Physical Therapy Board of California  
Agency Authorized to Receive Criminal Record Information

05633  
Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 1350  
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento CA 95815  
City State ZIP Code

(916) 561-8200  
Contact Telephone Number

### Applicant Information:

First Name  
Middle Initial Suffix

Last Name  
Other Name: (AKA or Alias)

First Name Suffix

Last Name  
Sex  Male  Female

Driver's License Number

Date of Birth

Billing Number  
(Agency Billing Number)

Height Weight Eye Color Hair Color

Misc. Number  
(Other Identification Number)

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

City State ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number  
(Must provide proof of rejection)

### Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

### Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed



## REQUEST FOR LIVE SCAN SERVICE

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov), or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170



## REQUEST FOR LIVE SCAN SERVICE

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### Privacy Act Statement

**Authority.** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose.** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses.** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



## REQUEST FOR LIVE SCAN SERVICE

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### Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification<sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.<sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.<sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>4</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b)

<sup>4</sup> See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)



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## DISABILITY ACCOMMODATION REQUEST FOR EXAMINATION

*Print or Type*

### ALTERNATIVE ARRANGEMENTS

The Americans with Disabilities Act (ADA) requires this agency to make “reasonable accommodation” for applicants with disabilities in giving this examination. If you are a person with a disability that may affect your ability to take any portion of the examination, the ADA may require the agency to provide alternative examination arrangements. We are not required to do so if we are unaware of your need for alternatives. We ask that you inform us of any alternative arrangements you may require to take this examination by providing the board with the information requested below. This information and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential; however, your signature on this form is authorization for the release of this information to the provider of the national examination to document the need for an accommodation.

Application Type:  Physical Therapist  Physical Therapist Assistant

Name of Applicant: \_\_\_\_\_  
*Last First Middle*

Applicant’s Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone No. ( ) \_\_\_\_\_

Please respond to the following three questions. Attach additional sheets if needed.

1) My disability is (e.g., visual impairment, arthritis, etc.):

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2) My disability impairs my ability to accurately exhibit my knowledge and skill under standardized examination conditions in the following way:

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3) The accommodation(s) I am requesting is (be specific):

*Note: If the requested accommodation(s) involves additional time for the examination, indicate the amount of additional time required.*

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**VERIFICATION BY A PROFESSIONAL, LICENSED TO PERFORM A DIAGNOSIS AND PROVIDE TREATMENT OF THE DISABILITY, MUST BE COMPLETED ON THE SECOND PAGE OF THIS FORM.**

**SOME ACCOMMODATION REQUESTS MAY REQUIRE ADDITIONAL DOCUMENTATION.**

I certify under penalty and perjury under the laws of the state of California that the foregoing is true and correct. I authorize the Physical Therapy Board of California to contact and discuss the information provided by the professional who has completed the reverse side of this form.

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

*Date*

**D1**

# PROFESSIONAL VERIFICATION OF NEED FOR ACCOMMODATION

Applicant's Full Name: \_\_\_\_\_, a candidate for examination by the Physical Therapy Board of California, has made a request for accommodation of disability. The request is described on the reverse side of this form.

The purpose of this form is to request your professional opinion concerning the disability and the accommodation requested. Please read the instructions for this form, answer the questions below, and sign the certification. The opinion you provide will be used in evaluating the request.

The information obtained on this form will be treated as a confidential medical record except that exam proctors and exam providers may be informed regarding necessary modifications to exam procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.



Please provide your diagnosis, the nature and extent of the candidate's disability, and if applicable, the tests used to diagnose the disability (attach additional sheets if needed).

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What effect does the disability and/or medical condition have on the candidate's ability to perform under standardized testing conditions?

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In your opinion, what examination accommodation(s), if any, does the candidate require?

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This is a  permanent disability  temporary disability

If this is a temporary disability, indicate the anticipated end of the disability: \_\_\_\_\_



I certify under penalty of perjury under the laws of the state of California that I have the necessary specialized training and I am currently licensed as specified below. I can also legally diagnose based on my employment by the below institution to make the above diagnosis, that I personally examined the candidate named above, and that the above diagnosis and assessment of accommodation request is my professional judgment. I understand the candidate has authorized me to provide the information on this form, and to provide further information if necessary. The board may also obtain an independent assessment by a second professional.

\_\_\_\_\_  
*Signature of Professional* *Date*

\_\_\_\_\_  
*Typed or Printed Name of Professional*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*License Number* *Expiration Date*

\_\_\_\_\_  
*Name of the Institution of Practice*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

( \_\_\_\_\_ )  
*Phone Number*



# INSTRUCTIONS FOR EVALUATORS

## I. POLICY OF THE PHYSICAL THERAPY BOARD OF CALIFORNIA

The Physical Therapy Board of California recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable, appropriate, and effective accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the board will not fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

All examination sites will be physically accessible to individuals with disabilities.

A disability is defined as a physical or mental impairment that substantially limits one or more of the major life activities of an individual. Mental impairment includes any mental or psychological disorder such as organic brain syndrome, emotional or mental illness, and specific learning disabilities.

A candidate who seeks an accommodation has the responsibility to make the request and provide reasonable documentation of the need for accommodation by the application deadline established for all applicants. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. However, your signature on this form is authorization for the release of this information to the provider of the national examination to document the need for an accommodation. The board will evaluate each request individually, in accordance with the guidelines set forth herein, in order to provide an appropriate and effective accommodation. Any request for accommodation must be submitted to the board on the form provided by the board.

## II. FORMAT OF EXAMINATION

An applicant for licensure as a physical therapist or physical therapist assistant is required to pass a written examination.

All written examinations contain objective multiple-choice questions. The candidates sit at a computer and select the appropriate box. The number of questions has traditionally consisted of 150 to 200, with a maximum time limit of three to four hours in which to take the examination. All written examinations are designed to measure job-related knowledge, skills, and abilities as defined in the results of an occupational analysis for the particular profession for which licensure is sought.

In order to protect the integrity and fairness of the testing process, the board requires documentation of the existence of a disability and how the accommodation

sought is necessary to provide the candidate with an equal opportunity to exhibit his/her knowledge, skills, and ability through the examination.

## III. DOCUMENTING THE NEED FOR ACCOMMODATION

### A. CONDITIONS APPLICABLE TO ALL CANDIDATES REQUESTING ACCOMMODATION

The board requires documentation of the existence of a disability and how the accommodation sought is necessary to provide the candidate with an equal opportunity to exhibit his/her knowledge, skills, and ability through the examination.

Beginning with the initial submission, all candidates requesting a reasonable accommodation must complete Form D1 and have a professional certify the disability. If a candidate has previously received the same or similar accommodations for one or more prior administrations of this examination, the candidate may submit a signed statement under penalty of perjury that the disabling condition has not changed in any way that would modify the accommodation that was previously provided. This prior documentation shall be deemed acceptable; however, for candidates who claim a learning disability, the prior documentation will be acceptable only if it meets the criteria set forth in subsection B below.

An evaluation and supporting documentation of a disability shall be valid for a period of three years from the date on which it was submitted to the board, except that no further documentation will be required in cases where the evaluation clearly states that the disability will not change in any way over time.

### B. CANDIDATES WITH LEARNING DISABILITIES

A learning disability is defined as individual evidence of significant learning problems that substantially affect or limit one or more major life activities and that are not primarily due to cultural, emotional, or motivational factors. [NOTE that while an emotional factor may be involved in other types of disabilities, such a factor is excluded from the determination of a learning disability.] The individual must demonstrate (a) at least average overall intellectual functioning, and (b) show evidence of a significant impairment in one or more of the following areas of intellectual functioning: attention and concentration, reception (perception and verbal comprehension), expression, memory (ability for new learning), and cognition (thinking).

Significant impairment is generally determined by a discrepancy of 1.5 standard deviations between the individual's expected level of achievement and actual

performance on reliable standardized measures of attention and concentration, memory, language reception and experience, cognition, reading, spelling, writing, and mathematics.

Further, determination of the learning disability shall be based on reliable standardized psychometric tests and a complete clinical history including medical, family, education, and occupational information. Attached is a list of the most commonly used reliable standardized psychometric tests to assess learning disabilities. If a measurement instrument is used that is not on this list, it will be considered if it is published in the *Buros Mental Measurements Yearbook* and is being used for the purpose for which it was developed.

### **C. REQUIRED INFORMATION NECESSARY TO EVALUATE DISABILITIES**

A candidate who requests an accommodation and/or auxiliary aid must provide the board with the necessary information to assist it in evaluating the request. The board will, of course, evaluate each request on an individual basis. The following is intended to provide guidance as to the type of documentation that will be necessary.

1. Identification of the type of disability (e.g., physical, mental, learning disability).
2. Credential requirements of the evaluator. The board will accept evaluations from qualified evaluators. A qualified evaluator cannot be the spouse of the candidate and cannot be related to the candidate by blood or marriage. A qualified evaluator is one of the following:
  - (a) For purposes of physical or mental disabilities, not including learning disabilities, the evaluator must be a licensed physician or psychologist with special expertise in the area of the disability.
  - (b) In the case of learning disabilities, a qualified evaluator must be one of the following;

A licensed psychologist or physician who possesses a minimum of three years of experience working with adults with learning disabilities and who has training in all of the areas described below;

**or**

A professional who possesses a master's or doctorate degree in special education or educational psychology from a regionally accredited institution and who has at least three years of equivalent training and experience in all of the areas described below:

- Assessing intellectual ability level and interpreting tests of such ability.
- Screening for cultural, emotional, and motivational factors.

- Assessing achievement level.
- Administering tests to measure attention and concentration, memory, language reception and expression, cognition, reading, spelling, writing, and mathematics.

3. Professional verification of the disability, which must include:
  - (a) The nature and extent of the disability.
  - (b) The test(s) performed to diagnose the disability (if applicable).
  - (c) The effect of the disability on the candidate's ability to perform under standard conditions.
  - (d) The accommodation recommended and how the accommodation is related to the candidate's disability, given the format of the examination.
  - (e) The professional's name, title, phone number, professional license or certification number, educational credential, and original signature of the professional.
  - (f) A description of the professional's experience that qualifies them to make the determination.

## MOST COMMONLY USED, RELIABLE, STANDARDIZED PSYCHOMETRIC TESTS

If a measurement instrument is used that is not on this list, it will be considered if it is published in the *Buros Mental Measurements Yearbook* and is being used for the purpose for which it was developed.

AREA OF FUNCTIONING		TESTS
<b>Attention and Concentration (Arithmetic)</b>		Wechsler Adult Intelligence Scale, aka WAIS-R (Digit Symbol) (Digit Span)
		Wechsler Memory Scale (Attention/Concentration Subset)
		Halstead-Reitan Seashore Rhythm
		Test of Variables of Attention
		Learning Efficiency Test (LET)
<b>Memory/New Learning Ability</b>		Wechsler Memory Scale–Revised
		Learning Efficiency Test (LET)
		Woodcock-Johnson Tests of Cognitive Ability
		Detroit Tests of Learning Aptitude (DTLA)
<b>Reception</b>		Wechsler Adult Intelligence Scale, aka WAIS-R (Verbal Subset: Comprehension) (Perception and Basic Comprehension)
		Reitan Aphasia Screening Test
		Peabody Picture Vocabulary Test–Revised
<b>General Cognitive Ability</b>		Stanford-Binet Intelligence Scale (Recognizing, Thinking, Problem Solving)
		Wechsler Adult Intelligence Scale–Revised, aka WAIS-R
		Wechsler Intelligence Scale for Children–III, aka WISC-III
		Woodcock-Johnson Tests of Cognitive Ability
		Test of Nonverbal Intelligence, aka TONI
		Ravens Standard Progression Matrices
		Halstead-Reitan Category Test
<b>Expressive Abilities</b>	<b>Verbal Expression</b>	Wechsler Adult Intelligence Scale–Revised, aka WAIS-R
		Reitan Aphasia Screening Test
	<b>Writing</b>	Peabody Individual Achievement Test–Revised/Written Expression
		Test of Written Language–2, aka TOWL-2
	<b>Other</b>	Development Test of Visual-Motor Integration
		Woodcock-Johnson Revised-Writing Samples
<b>Processing Speed/Efficiency</b>		Wechsler Adult Intelligence Scale–Revised, aka WAIS-R (Digit Symbol)
		Halstead-Reitan Trail Making Test
		Woodcock-Johnson Visual Cluster (Spatial Relations/Visual Matching)
<b>Academic Achievement</b>	<b>Reading</b>	Woodcock-Johnson Tests of Achievement
		Wide Range Achievement Test–Revised, aka WRAT-R
		Peabody Individual Achievement Test–Revised (Reading Comprehension) (Reading Recognition)
		Gilmore Oral Reading Test
		Nelson-Denny Reading Test (Vocabulary) (Comprehension)
		Degrees of Reading Power (DRP)
	<b>Spelling</b>	Woodcock-Johnson Tests of Achievement
		Wide Range Achievement Test–Revised, aka WRAT-R
		Peabody Individual Achievement Test–Revised (Spelling)
	<b>Math</b>	Arlin Test of Formal Reasoning, aka ATFR
		Key Math Test
		Woodcock-Johnson Tests of Achievement
		Wide Range Achievement Test–Revised, aka WRAT-R
		Peabody Individual Achievement Test–Revised (Math)