

*****FOR OFFICE USE ONLY*****

Physical Therapy Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- BCI - RI Atty General
- BCI - State of Residence (Endorsement)
- Transcript
- Exam Results from FSBPT
- Lic. Verification from other States
- TOEFL English Exam (Foreign Only)
- Credentialing Verification FCCPT Proof
- of Licensure in Country where Education
- Received (Foreign Only)



*****FOR OFFICE USE ONLY*****

Application Approved:
License Number:
Issue Date:
Grad License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island
Board of Physical Therapy**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

License As A

- Physical Therapist
- Physical Therapist Assistant

Endorsement
(From Another State)

Examination
Graduate Status - Exam Only
 Yes No

License # _____

Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **(\$155.00-Physical Therapist) OR (\$50.00 Physical Therapy Assistant)** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All licenses expire biennially on June 30th of the even numbered years.
- A Full Bureau of Criminal Identification (BCI) report from the RI Attorney General's Office at <http://www.riag.ri.gov/BCI/> Tel. (401) 274-4400. Endorsement applicants must obtain your full Background Check (BCI) report from your state of residence.
- If you are a **U.S. Graduate** - Official transcript from an accredited School of Physical Therapy. No student copies will be accepted. **(Telephone 1-703-739-9420)**
- If you are **Foreign Trained** - Education credentialed by the Foreign Credentialing Commission on Physical Therapy (FCCPT)
- If you are **Foreign Trained** - Compliance with the Rules and Regulations for the Licensing of Physical Therapists and Physical Therapist Assistants
- Score/Certification sent directly from the Federation of State Boards of Physical Therapy (FSBPT). **(Telephone 1-703-739-9420)** Please refer to the FSBPT website at <https://www.fsbpt.net/pt> for online registration and payment for the National Physical Therapy Examination.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Graduate Status

If you are a new graduate you can apply for a graduate license. The application must be submitted within 30 days of graduation. These permits are valid for 90 days and may not be renewed. Failure to pass the certification exam results in the revocation of the graduate status permit. Foreign-educated graduates are not eligible for Graduate status.

- Submit this application with all requirements listed above with the exception of scores from FSBPT. If your transcript is not yet available, a certified statement may be **sent directly FROM** the Dean or Registrar of the Physical Therapy School verifying your completion of **ALL GRADUATION REQUIREMENTS**. A completed official transcript must be **sent directly FROM the school** to the Board of Physical Therapy as soon as it is available. A license cannot be issued without receipt of an official transcript.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island Board of Physical Therapy

Application for License as a Physical Therapist or Physical Therapist Assistant

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/Permit/Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

 - -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / /

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

 -

Home Phone

State

 -

Zip Code

Postal Code, if NOT U.S.

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, if NOT U.S.

 -

Business Phone

State

 -

Zip Code

Postal Code, if NOT U.S.

 -

Business Fax

Extension

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address
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8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Type of School (University, College, Technical School, etc.)</td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Name of School</td> </tr> <tr> <td style="padding: 2px;">Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table> <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table></td> </tr> <tr> <td style="font-size: 8px; text-align: center;">Month Year</td> </tr> <tr> <td style="border: 1px solid black; height: 15px; width: 100%;"></td> </tr> <tr> <td style="font-size: 8px;">Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</td> </tr> </table>		Type of School (University, College, Technical School, etc.)		Name of School	Date Graduated: <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table> <table style="display: inline-table; border-collapse: collapse; margin-left: 20px;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>					Month Year		Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)
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Month Year													
Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)													

9. Other State License(s) Please answer the question and list state(s), if applicable	Have you ever held, or do you currently hold, a license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to this question is “yes” , enter all other state licenses in Question 10 (below):
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10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">State/Country:</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> <td style="width:50%; border-bottom: 1px solid black;">State/Country:</td> <td style="width:10%;"><input type="checkbox"/> Active</td> <td style="width:10%;"><input type="checkbox"/> Inactive</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> <td style="border-bottom: 1px solid black;"></td> <td><input type="checkbox"/> Active</td> <td><input type="checkbox"/> Inactive</td> </tr> </table>	State/Country:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive	State/Country:	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive
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	<input type="checkbox"/> Active	<input type="checkbox"/> Inactive		<input type="checkbox"/> Active	<input type="checkbox"/> Inactive														

11. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Abbreviation of State and Conviction ¹ (e.g. CA - Illegal Possession of a Controlled Substance): <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 80%;"></td> <td style="width: 10%; text-align: center; font-size: 8px;">Month</td> <td style="width: 10%; text-align: center; font-size: 8px;">Year</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> <td style="text-align: center;"><table border="1" style="width: 20px; height: 15px;"></table></td> </tr> </table>		Month	Year		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>		<table border="1" style="width: 20px; height: 15px;"></table>	<table border="1" style="width: 20px; height: 15px;"></table>
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12. Disciplinary Questions Check either Yes or No for each question.	1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending? <input type="checkbox"/> Yes <input type="checkbox"/> No <hr style="border-top: 1px dashed black;"/> 2. Have you ever been denied a license, certificate, registration or permit in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: If you answer “Yes” to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

13. Affidavit of Applicant

Complete this section and sign.

Make sure that you have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully 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 in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Physical Therapist/Physical Therapist Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Physical Therapy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)



Rhode Island Board of Physical Therapy

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

Substitute forms are not acceptable, copy this form as needed.

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Physical Therapist/Physical Therapist Assistant in the State of Rhode Island. The Rhode Island Board of Physical Therapy requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Physical Therapy at the above address.

_____ Print/Type Full Name	_____ Signature	_____ Date
_____ Previous Names Used	_____ Social Security Number	_____ Date of Birth
_____ License Number	_____ Date Issued	

THIS SECTION TO BE COMPLETED BY THE PHYSICAL THERAPY BOARD

Physical Therapy Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

- Has this licensee ever been investigated by your Board? Yes No
- Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
- Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

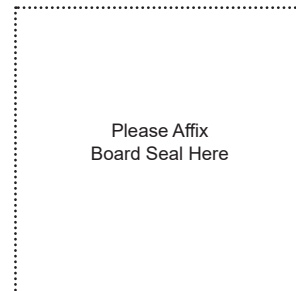
Signature

Date

Type or Print Name

Title

Full Name of Licensing Board



Please Affix Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.