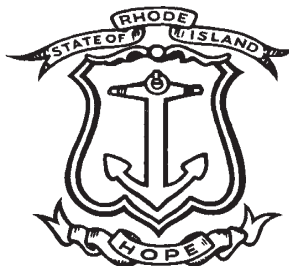


FOR OFFICE USE ONLY

Physical Therapy Checklist

- Endorsement Examination
- App. & Fee
- Date: _____ Check _____
- Birth Certificate/Legal Entry
- Photo
- 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)



**Rhode Island
Board of Physical Therapy**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

FOR OFFICE USE ONLY

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

**Instructions and Application For
License As A**

- Physical Therapist
- Physical Therapist Assistant

- Endorsement** **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

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

Application Process Overview.....	3
Instructions for Completing Application.....	4
Application Materials	
Application.....	5-8
Application Checklist.....	9
Interstate Verification Form - Other State License(s).....	10

Licensure Requirements

U.S. Graduates

- Fee of **\$155.00** for Physical Therapist, **\$50.00** for Physical Therapist Assistant.
- Recent passport type photograph.
- Birth certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status, (**original or a copy notarized as being a true copy of the original**).
- Official transcript from an accredited School of Physical Therapy.
- License Verifications from the state(s) in which applicant holds or has held a license.
- Score/Certification sent directly from the Federation of State Boards of Physical Therapy (FSBPT).

Graduate Status

- Requirements listed under U.S. Graduates with the exception of scores from FSBPT. Foreign-educated graduates are not eligible for Graduate Status
- Application for graduate status must be filed within 30 days of date of graduation. Graduate status permits are issued for a period of 90 days and may not be renewed. **Failure to pass the certification examination results in the revocation of a graduate status permit.**

Foreign-Trained

- Requirements as listed under U.S. Graduates with the exception of official transcript.
- Education credentialed by the Foreign Credentialing Commission on Physical Therapy (FCCPT)
- Compliance with Section 5.4 or 12.4 of the Rules & Regulations for Licensing of Physical Therapists and Physical Therapist Assistants (See link to Rules & Regulations, Below).

Military Expedited

- 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.

APPLICATION PROCESS OVERVIEW

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/licenses>

Title 5, Chapter 40, entitled: Physical Therapists can be downloaded at the following web site:

www.rilin.state.ri.us/statutes/title5/5-40/INDEX.HTM

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board of Physical Therapy (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the "checklist" (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$155.00(PT)** or **\$50.00(PTA)** payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE .
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself in the space provided.
5. A completed official transcript **sent directly** from the accredited school of **Physical Therapy** to the Board of Physical Therapy. No student copies will be accepted.
6. If you are a new graduate and applying for Graduate Status and 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.
7. Scores **sent directly** from the **FSBPT** (**Telephone 1-703-739-9420**) to the Board of Physical Therapy.
8. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.
9. **(Examination Candidates):** Online registration and payment for the National Physical Therapy Examination is now available: Please refer to the FSBPT website at <https://www.fsbpt.net/pt>.
10. Mail the application and documentation to:

**Rhode Island Department of Health
Board of Physical Therapy, Room 104
3 Capitol Hill
Providence, RI 02908-5097**



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

 / / 1 9

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

State

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

State

Postal Code, If NOT U.S.

 -

Business Fax

7. Preferred Mailing Address

Please check ONE

- Please use my **Home Address** as my preferred mailing address
- Please use my **Business Address** as my preferred mailing address

8. Qualifying Education

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (University, College, Technical School, etc.)

Name of School

Date Graduated:
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? Yes No

If the answer to this question is "yes", enter all other state licenses in Question 10 (below):

10. Licensure

List all states or countries in which you are now, or ever have been licensed to practice your profession.

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
	_____	<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		_____	<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
	_____	<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?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month		Year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

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 in the presence of a notary public.

Make sure that you and the notary public 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)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)



14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Application".
- I have completed the Rhode Island Board application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 13, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- I have attached a photograph to Section 14, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status, (**original or a copy notarized as being a true copy of the original**), and understand that submitted documents will not be returned.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: "**Rhode Island General Treasurer**" in the amount of **\$155.00 (PT) or \$50.00 (PTA)** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Physical Therapy.

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Interstate Verification Form(s) - Other State License(s).

Other Documents

- I have requested a school transcript and my certification score (FSBPT) as instructed.



Rhode Island Board of Physical Therapy

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

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:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. 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	Please Affix Board Seal Here
Type or Print Name		
Title		
Full Name of Licensing Board		

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