



Janet Napolitano
Governor

ARIZONA STATE BOARD OF PHYSICAL THERAPY
4205 NORTH 7TH AVENUE, SUITE 208 PHOENIX, ARIZONA 85013
(602) 274-0236 Fax (602) 274-1378
E-mail: paula.brierley@ptboard.state.az.us

Dear Applicant for Physical Therapist Assistant Certification:

Enclosed are the application forms for certification to work as a physical therapist assistant in the State of Arizona. **Pursuant to state law, you must be certified before starting work in Arizona as a physical therapist assistant.**

Applicants for physical therapist assistant certification who are graduates of a professional physical therapist assistant education program accredited by a national accreditation agency approved by the Arizona Board of Physical Therapy and who are verified to have achieved a passing score on the national examination may be approved for certification by the Board.

Procedures for Application:

- Step 1: Complete the application. Ensure no questions are left blank, and that you have **signed and notarized** the last page.
- Step 2: Attach all documentation relevant to any questions answered with a "yes" in the Good Moral Character section of the application.
- Step 3: Enclose the required application fee made payable to the Arizona State Board of Physical Therapy. **The fee must be in the form of a cashiers check or money order only. If submitting the application before August 31, 2007, the fee must be in the amount of \$160.00. If submitting the application between September 1, 2007 and August 31, 2008 the partial year fee is \$120.00**
- Step 4: Affix a passport photograph (approximate dimensions are 1½" by 2"). Affix using glue or tape – NO STAPLES.
- Step 5: Arrange for **official transcripts with your degree(s) posted** from your educational program to be mailed directly to the Arizona Board of Physical Therapy from the institution. The Board will also accept a letter **signed and sealed by the registrar** of your college (NOT the program director).
- Step 6: Arrange for official verification of licensure or certification from each state in which you have ever been or are currently licensed/certified to be mailed to the Arizona Board of Physical Therapy, if applicable. Verifications may either be recorded on the enclosed forms or on the forms used by the jurisdiction. **Verifications must be original documents, dated and stamped with an official seal.**
- Step 7: If you have taken and passed a national examination for physical therapist assistants, request a Score Transfer Report from the Federation of State Boards of Physical Therapy (FSBPT) to be sent to Arizona Board of Physical Therapy. Website: <https://www.fsbpt.net/pt>. If you have not taken the national examination, you will need to register to take the exam with FSBPT: <https://www.fsbpt.net/pt>
- Step 8: Register and sit for the Arizona Laws (or Jurisprudence) Examination. You may download the Candidate Handbook from the Board's website for more information on this Examination (Links: Application process). (Note: the NPTE and the Jurisprudence Examination may be scheduled either on the same date or on different dates; do not try to schedule your exams until you have received your Authorization to Test letter from FSBPT).

Upon receipt of the application and fee, you will be mailed a copy of the statutes and rules so that you may study for the Laws (Jurisprudence) examination. The Board office will also monitor the status of your application and notify you in writing when your application is complete. The office may notify you one time in writing of an incomplete application by sending you a statement of deficiencies. Please note that the Board meets only once per month to review applications and the office maintains deadlines for each monthly review. Please refer to the Calendar on the Board's web-site to confirm these deadlines. Once the Board has reviewed your application at a Regular Session public meeting, you will be notified in writing of approval or denial of certification. An applicant denied a certificate may request a hearing under Arizona Revised Statutes, Title 41, Ch. 6, Art.10.

It is imperative for you to maintain a current address with the Board office; you may update us of address changes by e-mail, facsimile or U.S. mail. Please contact us if you have any questions. We look forward to assisting you with the application process.

Regards,

Paula Brierley

Paula Brierley Licensing Administrator

PRACTICE IS PROHIBITED BY LAW PRIOR TO ISSUANCE OF A CERTIFICATE. APPLICANTS ARE URGED TO NOT ENTER INTO IRREVOCABLE CONTRACTS, PURCHASE, OR SALES AGREEMENTS ON THE ASSUMPTION THAT CERTIFICATION WILL BE GRANTED ON A CERTAIN DATE.

EDUCATION: List the name and address of the university or college where you completed an accredited educational program and dates of attendance. An **OFFICIAL TRANSCRIPT**, with degree posted, from the university or college **where the physical therapist assistant education was completed** must be sent directly to the Board by the educational institution.

Name of Institution and Location	Years (From – To)	Date of Graduation	Degree or Diploma

PROFESSIONAL EXPERIENCE: List your professional employment history for the past 5 years, including the name address, and telephone number of each employer, job title, and description of the work done. You must explain any gaps in employment during the past five years.

Date (From – To)	Work Place	Address	Job Title / Position

PREVIOUS CERTIFICATION/LICENSURE HISTORY: List all states in which you are, or have been licensed/certified to work as a physical therapist assistant including license/certificate number, and status. Attach additional page if necessary.

State / License/Certificate #	Status (ex: active, expired, etc.)	State / License/Certificate #	Status (ex: active, expired, etc.)

NATIONAL PHYSICAL THERAPY EXAMINATION:

Have you taken the national physical therapy examination? Yes No (Please circle)

If yes, give date(s) and location(s): _____

You are responsible for notifying the FSBPT to transfer your examination score directly to the Board.

Do you need special accommodations to take the examination? Yes No N/A (If yes, attach documentation.)

GOOD MORAL CHARACTER QUESTIONS:

<p>If you answer “YES” to any of these questions, please submit a written explanation and attach any legal or medical documentation supporting your answer.</p>	
<p>1) Have you ever been convicted of, pled guilty or no contest to, or entered diversion in lieu of prosecution for any criminal offense in any jurisdiction of the United States or foreign country?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>2) Have you ever had an application for a professional or occupational license, certificate, or registration other than a driver’s license, denied, rejected, suspended, or revoked by any jurisdiction of the United States or foreign country?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>3) Are you currently or have ever been under investigation, suspension, or restriction by a professional licensing board in any jurisdiction of the United States or foreign country for any act that occurred in that jurisdiction that would be subject to discipline under the Board’s statutes and rules?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4) Have you ever been the subject of disciplinary action by a professional association or postsecondary educational institution?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5) Have you ever committed any of the actions referenced in the definition of good moral character in R4-24-101(20) ““ Good Moral Character” means the applicant has not taken any action that is grounds for disciplinary action against a licensee or certificate-holder under A.R.S. § 32-2044.”</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>6) Have you ever had a malpractice judgment, has a lawsuit currently pending for malpractice, or entered into settlement from a malpractice suit?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>7) Are you currently more than 30 days in arrears for payment required by a judgment and order for child support in Arizona or any other jurisdiction?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>8) Do you have an impairment to your cognitive, communicative, or physical ability to engage in the practice of physical therapy with skill and safety?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>9) Have you, within the past 10 years, used alcohol, any illegal chemical substance, or prescription medications, that in any way has impaired or limited the applicant's ability to participate in therapeutic interventions with skill and safety?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>10) Have you, within the past 10 years, been diagnosed as having or is being treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder that in any way has impaired or limited the applicant's ability to participate in therapeutic interventions with skill and safety?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>11) Have you ever violated A.R.S. § 32-2044(10) ”Engaging in sexual misconduct. For the purposes of this paragraph, "sexual misconduct" includes: (a) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual, while a provider-patient relationship exists. (b) Making sexual advances, requesting sexual favors or engaging in other verbal conduct or physical contact of a sexual nature with patients. (c) Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment under current practice standards.”?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

AFFIDAVIT OF APPLICANT: Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including notarized documentation, are true, complete and correct. I understand that any false or misleading information in my application may be cause for denial, disciplinary action or loss of license.

Signature of Applicant

State of _____

County of _____

Sworn to before me this _____ day of _____, 20_____.

Notary Public

Did you remember to:

- Attach Passport Photo
- Enclose Money Order or Cashier's Check
- Attach additional documents if appropriate
- Complete all questions
- Notarize Application

All applicants are required to notify the Board immediately in writing of any change of address or phone number.

Title II of the Americans with Disabilities Act (ADA) prohibits the Arizona State Board of Physical Therapy from discriminating on the basis of disability in the provision of its programs, services, and activities.



ARIZONA STATE BOARD OF PHYSICAL THERAPY
4205 NORTH 7TH AVENUE, SUITE 208
PHOENIX, ARIZONA 85013
Phone (602) 274-0236 Fax (602) 274-1378

VERIFICATION OF PHYSICAL THERAPY LICENSURE/CERTIFICATION

TO BE COMPLETED BY APPLICANT:

NAME _____

ADDRESS _____

LICENSE NUMBER _____

TO BE COMPLETED BY STATE BOARD WHERE APPLICANT HOLDS A CURRENT OR EXPIRED LICENSE:

The above applicant has requested licensure by endorsement with the Arizona State Board of Physical Therapy. In order to meet the requirements of our Physical Therapy Law, please complete this form and return it to the Board at the address above.

NAME OF LICENSEE _____

LICENSE NUMBER _____ **DATE ISSUED** _____

LICENSE IS: CURRENT _____ **LAPSED** _____

EXPIRATION DATE: _____

Has licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? If yes, please provide details. YES ___ NO ___

SEAL

Signed _____

Title _____

State of _____
Board of Physical Therapy

Date _____

APPLYING FOR THE NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE) AND THE JURISPRUDENCE EXAMINATION

The Arizona Board of Physical Therapy requires that applicants sit for and pass the appropriate National Physical Therapy Examination (NPTE) and Jurisprudence Examination as a prerequisite for licensure/certification. **The Federation of State Boards of Physical Therapy (FSBPT)** is the organization responsible for administering and developing these examinations. Although Arizona neither administers nor develops these examinations, it is responsible for assuring that only eligible candidates sit for the exams.

Application Process:

- The **Candidate Handbooks** are excellent resources; the NPTE Handbook is found at www.fsbpt.org and the Jurisprudence Examination Handbook is found at www.ptboard.state.az.us on the Publications page
- The applicant IS STRONGLY ENCOURAGED to use the **Online registration by FSBPT** to register for the examinations. The website is as follows: <https://www.fsbpt.net/pt>
- The examinations may be scheduled either on the same day or on different days; please note that examination fees and sitting fees are changed by FSBPT and by Prometric for each examination.
- If you are not able to use the online registration, please contact the Board office at 602-274-0236.

Eligibility to Sit for the NPTE and the Jurisprudence Examinations

The Arizona State Board of Physical Therapy determines your eligibility to sit for the exams, based on educational requirements and other guidelines listed in the state licensing application packet. If you are eligible to sit for the exams, the Arizona State Board of Physical Therapy will inform FSBPT via the online services. You will be notified by FSBPT in writing when they have received both your application and payment with instructions on how to schedule your examination. If you are not eligible, the Arizona Board will inform you in writing of outstanding requirements that you must complete before you are eligible to sit for the examinations.

Scheduling Questions

Please do not call the Arizona State Board of Physical Therapy about scheduling your examinations. Scheduling questions should be addressed to FSBPT, which will send you confirmation and information about scheduling the examination in the form of the Authorization to Test (ATT) letter. You may call the Prometric Testing Center at 1-800-796-9857 to confirm your appointments and receive directions to the testing center.

Exam Results

The Arizona State Board of Physical Therapy will notify you in writing of examination results. You may also review the results of your examinations (pass or fail) at <https://www.fsbpt.net/pt>.