



Janet Napolitano  
Governor

**ARIZONA STATE BOARD OF PHYSICAL THERAPY**  
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Dear Applicant for Physical Therapist Licensure by Endorsement:

Enclosed are the application forms for licensure to practice physical therapy in the State of Arizona. **Pursuant to state law, you must be licensed before starting work in Arizona as a physical therapist.**

Applicants for physical therapist licensure who are graduates of a professional physical therapy 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 licensure by the Board.

**Procedures for Application:**

**Step 1:** Complete the application. Ensure that no questions are left blank and that you have **signed and notarized** the back page of the form.

- Enclose the required application fee. ***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 \$260. If submitting the application between September 1, 2007 and August 31, 2008 the partial year fee is \$190.***
- Affix a passport photograph (approximate dimensions are 1½" by 2"). Affix with glue or tape – NO STAPLES.

**Step 2:** Register to sit for the Jurisprudence Examination with the Federation of State Boards of Physical Therapy (FSBPT) at <https://www.fsbpt.net/pt>. *Please note that FSBPT and Prometric (the company providing the testing sites) charge separate fees for the examination and for the sitting fee. Also note that the Federation is a separate entity from the Arizona Board of Physical Therapy.*

**Step 3:** 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.

**Step 4:** Arrange for official verification of licensure from each state you hold a **current or expired license**, to be mailed to the Arizona Board of Physical Therapy. Verifications may be recorded on the enclosed forms or on the forms used by the jurisdiction. ***Forms must be stamped with an official seal.***

**Step 5:** Arrange for an on-line Score Transfer Report of your national examination scores to be transferred to Arizona by the Federation of State Boards of Physical Therapy (FSBPT): <https://www.fsbpt.net/pt>

**Step 6:** Schedule your appointment to sit for the Jurisprudence Examination with the Prometric Center of your choice. You may download the Candidate Handbook from the Board's web-site for more information on the examination. Do not try to schedule your examination until you have received your authorization to test (ATT) 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*

Licensing Administrator

**PRACTICE IS PROHIBITED BY LAW PRIOR TO ISSUANCE OF A LICENSE. APPLICANTS ARE URGED TO NOT ENTER INTO IRREVOCABLE CONTRACTS, PURCHASE, OR SALES AGREEMENTS ON THE ASSUMPTION THAT LICENSURE 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 therapy 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 place of employment, job title, and description of the work done. Please explain any breaks in employment during the past five years.

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

**PREVIOUS LICENSURE HISTORY:** List all U.S. jurisdictions and foreign countries in which you hold an active or expired license to practice physical therapy include the license number and status. Attach another page if necessary.

State / License #	Status (ex: active, expired, etc.)	State / License #	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><b>If you answer “YES” to any of these questions, please submit a written explanation and attach any legal or medical documentation supporting your answer.</b></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 practice physical therapy 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 practice physical therapy 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.

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Signature of Applicant

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

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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Notary Public

**Did you remember to:**

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

**All applicants are required to notify the Board immediately 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.



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**VERIFICATION OF PHYSICAL THERAPY LICENSURE**

**TO BE COMPLETED BY APPLICANT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

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**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\_\_\_\_

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SEAL

Signed \_\_\_\_\_

Title \_\_\_\_\_

State \_\_\_\_\_

Board of Physical Therapy

Date \_\_\_\_\_

## **APPLYING FOR THE NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE) AND THE JURISPRUDENCE EXAMINATION (AZ LAW)**

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](http://www.fsbpt.org) and the Jurisprudence Examination Handbook is found at [www.ptboard.state.az.us](http://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 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>