



Janet Napolitano
Governor

ARIZONA STATE BOARD OF PHYSICAL THERAPY
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Dear Foreign Educated Applicant/Graduate of a Non-CAPTE Accredited Program:

Enclosed are the application forms for licensure to practice physical therapy in the State of Arizona for foreign educated applicants who graduated from programs not accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE). **Pursuant to state law, you must be licensed before starting work in Arizona as a physical therapist.**

Procedures for application:

- Step 1: Complete the application. Ensure no questions are left blank and that you have signed and notarized the back page of the application form. Attach all official documentation relevant to any questions answered with a "yes" in the **Good Moral Character** section of the application. Affix a passport photograph to the application (approximate dimensions must be 1 ½" x 2")
- Step 2: Enclose the required application fee made payable to "Arizona Board of Physical Therapy". The fee must be in the form of a cashier's check or money order. ***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 fee is \$190.***
- Step 3: Arrange to have an evaluation of your education credentials by an Arizona Board of Physical Therapy approved agency sent to the Board office. The approved agencies are:

Agency Name	Address	Contact numbers
Foreign Credentialing Commission on Physical Therapy, Inc. Attn: Susan Lindeblad, Director	511 Wythe Street Alexandria, VA 22314	Phone (703) 684-8406 Fax (703) 684-8715
International Credentialing Associates, Inc. Attn: Gary L. Garrett, MPH, PT	7245 Bryan Dairy Road Largo, FL 33777	Phone (727) 549-8555 Fax (549) 8554
Commission on Graduates of Foreign Nursing Schools Attn: Barbara L. Nichols, CEO	3600 Market Street, Suite 400 Philadelphia, PA 19104-2651	Phone (215) 349-8767 Fax N/A
Graduate and International Admissions Center – The University of Texas at Austin Attn: Robert Watkins	2608 Whitis Avenue Austin, TX 78712	Phone (512) 475-7409 Fax (512) 475-7395
International Education Research Foundation, Inc. Attn: Susan Bedil, Executive Director	Post Office Box 3665 Culver City, CA 90231-3665	Phone (310)258-9451 Fax (310) 342-7086

If the credential evaluation identifies educational deficiencies, an applicant must either:

- complete application of college level examination program scores toward semester credit hours for a limited number of courses, or
- complete college courses in the deficiency area(s) with a minimum grade average of C or its equivalent; ***as directed by the Board.***

This determination is made by the Board at a regularly scheduled monthly meeting once all appropriate documents have been received.

- Step 4: Arrange for official transcripts signed by the registrar's office from your school of physical therapy to be sent directly to the Arizona Board of Physical Therapy.
- Step 5: Submit official written proof your school of physical therapy education is recognized by its own Ministry of Education.

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.

- Step 6: Submit official documentation establishing you have authorization to practice physical therapy without limitation in the country where you were educated.
- Step 7: Submit official documentation you are legally authorized to reside and seek employment in the United States or its territories.
- Step 8: If English is not your primary language, submit official documentation indicating you have passed the Test of English as a Foreign Language (TOEFL), the Test of Written English (TWE) and the Test of Spoken English (TSE) examinations or the iBT examination: <http://www.toefl.org> See passing scores below:

TOEFL	Test of Spoken English (TSE)	Test of Written English (TWE)	iBT (Total of 100)
Paper-based score of 560 or greater; OR	Score of 50 or more	Score of 4.5 or more	Writing section minimum of 25
Computer-based score of 220			Speaking section minimum of 25
			Reading section minimum of 25
			Listening section of minimum of 25

- Step 9: Arrange to have a letter of verification from each jurisdiction within the United States in which you have a current or expired license be submitted to the Board office, if applicable. You may either use copies of the enclosed verification form or have the state(s) mail us a letter with the required information. Licensure verification forms must be stamped with an official seal signed by the issuing authority.
- Step 10: If you have taken and passed the National Physical Therapy Examination previously in the United States, request a Score Transfer from the Federation of State Board of Physical Therapy (FSBPT) Website: <http://www.fsbpt.org>. If you have not passed the Examination, the Arizona Board of Physical Therapy will determine approval to sit for the examination upon receipt of a complete application file: <http://www.fsbpt.org>
- Step 11: Register and sit for the Jurisprudence Examination. Refer to the Candidate Handbooks for more information on this Examination. (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 confirmation letter from FSBPT).

Foreign educated physical therapist who graduated from programs not accredited by the CAPTE must also complete a Board approved supervised clinical practice period for a minimum of 20 hours per week for 180 days or 40 hours per week for 90 days. The Board will direct how arrangements for the supervised clinical practice period will be made (i.e. where, under whom, reporting and evaluating criteria, etc.) only after all other application documents have been reviewed and approved by the Board.

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. Note that the Board meets only once per month to review applications and the office maintains deadlines for each monthly review. Once the Board has reviewed your application at a Regular Session public meeting, you will be notified in writing of approval or denial of licensure. An applicant denied a license 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.

If you have any questions, please call me at 602-542-3095.

Regards,

Paula Brierley

Paula Brierley
Licensing Administrator

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 employer, job title, and description of the work done. Please explain any gaps in employment during the past five years.

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

PREVIOUS LICENSURE HISTORY: List all U.S. jurisdictions in which you hold an active or expired license to practice physical therapy include the license number and status.

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 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>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>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>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>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>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>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>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>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>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>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>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>

LICENSURE HISTORY IN FOREIGN COUNTRY: List all foreign countries in which you hold an active or expired license to practice physical therapy include the license number and status.

Country	License #	Status (active, expired, etc.)	Was your practice limited?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, arrange for the following documents to be submitted to the Board:

1. The name, address, and telephone number of the entity that limited the applicant's practice of physical therapy;
2. A description of the action or lack of action that led to the limitation on the applicant's practice as a physical therapist;
3. A description of the limitation on the applicant's practice of physical therapy.

LANGUAGE: Is English your native language? Yes No If "yes" Skip to **CREDENTIAL EVALUATION**. If "No", native language is _____ Arrange for the Educational Testing Services (ETS) to directly send TOEFL, TWE and TSE scores, or the iBT scores, to our office.

CREDENTIAL EVALUATION: Have you arranged for a credential evaluation report? Please list the name of the agency preparing the report:_____ . The report must be prepared within 18 months from the date of application.

LEGAL AUTHORIZATION TO RESIDE AND SEEK EMPLOYMENT IN THE UNITED STATES:

Submit copy of work visa to the Board.

All documents submitted to the Board office must meet the following requirement:

A.A.C. R4-24-203 (A)(2) "The applicant shall ensure that a document required by R4-24-201 or this subsection is:

- a. Submitted to the Board in English; or
- b. Accompanied by an original English translation by a qualified translator if the document is submitted to the Board in a language other than English and includes an affidavit of accuracy by the qualified translator affirming:
 - i. The qualified translator has translated the entire document,
 - ii. The qualified translator has not omitted anything from or added to the translation, and
 - iii. The translation is true and accurate."

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 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.

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 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>.



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VERIFICATION OF PHYSICAL THERAPY LICENSURE

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 _____