



**North Dakota State Examining Committee for Physical Therapists
Application for Licensure As A Physical Therapist**

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA), APPLICANTS REQUIRING SPECIAL ACCOMMODATIONS DURING AN EXAMINATION SHOULD NOTIFY THE COMMITTEE AT THE TIME OF APPLICATION.

4. **CONVICTIONS OR DISCIPLINARY ACTIONS:** If the answer to any of the following questions listed below is “yes”, send an official certified copy of the charge(s) and conviction(s), including penalty, to the Committee office.
- a. Have you been convicted of a felony or any crime? (Do not include information on minor traffic violations which do not involve substance abuse). YES NO
 - b. Have you ever had your license to practice as a physical therapist in another states disciplined, or is your license under current disciplinary review in another states? YES NO
 - c. Have you ever had a malpractice settlement or civil judgement entered against you? YES NO
5. Do you currently have any condition or impairment that prevents you from practicing as a physical therapist? YES NO
6. To be considered for licensure as a physical therapist in North Dakota, a person must successfully complete the National Physical Therapy Examination (NPTE). Have you previously taken, or are you registered to take the NPTE, in another state? YES NO If yes, list state(s):

Number of times NPTE has been taken: _____ Date: _____ State _____

If yes, request that your examination scores be sent to the North Dakota Board of Physical Therapy from:

FSBPT
509 Wythe Street
Alexandria VA 22314
(800) 200-3031



**North Dakota State Examining Committee for Physical Therapists
Application for Licensure As A Physical Therapist**

8. Have you ever been licensed/registered as a physical therapist in any state? ____ YES ____ NO

If yes:

STATE	LICENSE #	ORIGINAL DATE OF ISSUE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Have you ever had an application for licensure as a physical therapist rejected? ____ YES ____ NO
If yes, please attach a full explanation.

10. EDUCATION:

	SCHOOL NAME	CITY/STATE	DATES ATTENDED	TYPE OF DEGREE/DIPLOMA
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
POST GRADUATE	_____	_____	_____	_____
	_____	_____	_____	_____

11. Employment History in Physical Therapy. Begin with current employment and account for all time.

FACILITY	CITY/STATE	INCLUSIVE DATES OF EMPLOYMENT	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**North Dakota State Examining Committee for Physical Therapists
Application for Licensure As A Physical Therapist**

12. APPLICANT EDUCATED OUTSIDE THE UNITED STATES:

- a. Submit an original evaluation of your educational credentials to the following credentialing agency recognized by the North Dakota Board of Physical Therapy:

FCCPT
509 Wythe Street
Alexandria VA 22314
(800) 200-3031

- b. Foreign educated physical therapists must practice in a Committee-approved facility in the USA for six (6) months, under the direct supervision of a physical therapist, as a condition of licensure application. The physical therapist supervisor must then certify the clinical competence of the applicant and recommend licensure. If you have not worked under supervision as required in the North Dakota Administrative Rules and Regulations, Section 61.5-02-02-03, that condition must be met in North Dakota or another state before licensure can be granted.

SITE OF SUPERVISED PRACTICE/FOREIGN EDUCATED PHYSICAL THERAPIST:

Facility	Street/Number	City/State/Zip Code
----------	---------------	---------------------

() _____ Phone #	_____	_____
	Inclusive Date of Practice	Physical Therapist Supervisor



**North Dakota State Examining Committee for Physical Therapists
Application for Licensure As A Physical Therapist**

AFFIDAVIT TO BE COMPLETED BEFORE NOTARY PUBLIC

I, _____, being duly sworn, state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true. I certify that I have not, am not, and will not practice, be classified or hold myself out as being able to practice as a physical therapist in North Dakota until authorization to do so has been granted by the North Dakota Board of Physical Therapy. In the event that I am licensed by the North Dakota Board of Physical Therapy, I hereby agree to adhere to and abide by the statutes, rules and regulations governing the practice of physical therapy in North Dakota.

Applicant's Signature

County of _____ State of _____

Signed and sworn to before me this _____

date of _____, _____
(year)

Signature: _____
Notary Public

SEAL

My Commission Expires: _____

Return application and non-fundable fee(s) to:	
NORTH DAKOTA BOARD OF PHYSICAL THERAPY	
PO BOX 69	
GRAFTON ND 58237	
(701) 352-0125	
(701) 352-4526 (TDD)	
(701) 352-3093 (FAX)	
Bruce Wessman, PT Executive Officer	Tami Anderson-Egeland, Administrative Assistant