APPLICATION FOR LICENSURE AS A PHYSICAL THERAPIST ASSISTANT

NORTH DAKOTA BOARD OF PHYSICAL THERAPY

SFN 59622 (9-2013)

Attach photo taken within last 6 months here.

Must be head and shoulders only.

Photo should not be a proof or Polaroid picture (except a passport).

I hereby make application to practice as a physical therapist assistant in North Dakota subject to the provisions of the law and the rules and regulations in the North Dakota Board of Physical Therapy by:

Method of Application

☐ Examination ☐ Endorsement From State - List State: ☐ Reinstatement

Applicant should submit in typewritten form or print clearly. Do not abbreviate or omit any information.

Name (Last, First, MI, Maiden)		Social Security Number	
Address	City	State	ZIP Code
Email	Telephone Number	Date of Birth	
Name of Present Employer	Telephone Number	Fax Number	
Address	City	State	ZIP Code

In compliance with the Federal Privacy Act of 1974, applicants are advised that the disclosure of an individual's social security number on this form is mandatory under §43-50-02 of the North Dakota Century Code. The number is used for identification purposes and for testing and licensing through the Federation of State Boards of Physical Therapy. The penalty for not including the number is the inability of the applicant to be tested and licensed as a physical therapist.

FOR OFFICE USE ONLY

Examination	Endorsement	Reinstatement
☐ Application Fee $200	☐ Application Fee $200	☐ Application Fee $200
☐ Exam Fee $370	☐ Credential Evaluation ☐ NA	☐ Credential Evaluation
☐ Credential Evaluation ☐ NA	☐ Juris Prudence	☐ Juris Prudence
☐ Juris Prudence	☐ Exam Scores	☐ Copy of License(s) _____
☐ Transcript	☐ Copy of License(s) _____	☐ Verification(s) _____
☐ NPTE Application	☐ Transcript	☐ Letters from 2 past employers
☐ Permanent License Issue on _____	☐ Letters from 2 past employers	☐ Permanent License Issue on _____
☐ 2nd NPTE	☐ Verification(s) _____	
☐ Remediation Plan	☐ Permanent License Issue on _____	
☐ 60-Day Wait		
☐ Remediation Complete		

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.

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.

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
Have you ever had your license to practice as a physical therapist assistant in another state disciplined, or is your license under current disciplinary review in another state?	☐ Yes ☐ No
Have you ever had a malpractice settlement or civil judgement entered against you?	☐ Yes ☐ No

Do you currently have any condition or impairment that prevents you from practicing as a physical therapist assistant?	☐ Yes ☐ No

To be considered for licensure as a physical therapist assistant 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				Number of Times NPTE Taken
Date Taken	State		Date Taken	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
(703) 739-9420

Have you ever been licensed/registered as a physical therapist assistant in any state? ☐ Yes ☐ No If yes, complete the following information:			
State	License Number	Original Date of Issue	Expiration Date
Have you ever had an application for licensure as a physical therapist assistant rejected? ☐ Yes ☐ No If yes, please attach a full explanation.			

Education

	School Name	City/State	Dates Attended	Type of Degree/Diploma
High School				
College				
Post Graduate				

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

Facility	City/State	Inclusive Dates of Employment	Position

Employment History in Physical Therapy (continued)

Facility	City/State	Inclusive Dates of Employment	Position

Affidavit

To be completed before Notary Public

State
County

Being duly sworn, I 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 assistant 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

Subscribed to and sworn before me.

SEAL

Date
Notary Public
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)