



Douglas A. Ducey
Governor

Charles D. Brown
Executive Director

ARIZONA STATE BOARD OF PHYSICAL THERAPY

4205 N. 7th Ave, Ste 208 ♦ Phoenix, AZ 85013
(602) 274 - 0236 Option 1 ♦ Fax (602) 274 - 1378

Web site: www.ptboard.az.gov ~ Email: veronica.cardoza@ptboard.az.gov

CAPTE ACCREDITED PROGRAM

**Foreign Educated Applicant / Graduate of a Program Accredited by the
U.S. Commission on Accreditation of Physical Therapy Education**

Pursuant to state law, you must be licensed in Arizona as a Physical Therapist before starting work in Arizona as a physical therapist.

NOTICE OF APPLICATION FILE CONFIDENTIALITY: The Board office advises all applicants for physical therapist licensure that no information concerning any application file will be disclosed to any third party unless otherwise required by law. This policy has been implemented to protect sensitive information. For further information regarding confidential / public information, review Arizona Administrative Rule: R4-24-104 at www.ptboard.az.gov.

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

Step 1: Submit a completed application form making sure it is properly notarized and all questions have been answered. If a section does not apply to you, use the initials N/A on all lines.

- ❑ Enclose the required application fee with the completed application. The fee must be submitted as a *cashier's check or money order only and made out to "Arizona State Board of Physical Therapy. **A personal check will not be accepted.***
- ❑ Attach a passport-sized photograph to the application using either glue or tape in the section of page one as indicated. The photograph approximate dimensions are 1½" by 2" and taken not more than 6 months before the date on which the application is received.
- ❑ Attach all official documentation relevant to any questions answered with a "yes" in the Good Moral Character section of the application. (Court Documents, Police Records, State Board Orders, etc)
- ❑ Complete the attached form, "Arizona Statement of Citizenship and Alien Status for State Public Benefits." All applicants for licensure / certification are required to submit this completed document along with the appropriate documentation to accompany the completed application form. **If proof of U.S. Citizenship or Alien status does not contain a photograph** of the individual, the individual shall also present a U.S. government issued document that contains a photograph of the individual. (A.R.S. 41-1080 -E)
 - i. As an example, a copy of a driver's license or copy of a passport.

Step 2: *If English is not your native language:* Submit official documentation indicating passing scores on 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. See passing scores below. Note: R4-24-203 (A) (4): *Exams must be passed no more than 18 months before the date on which the application is administratively complete*

Column 1	Column 2	Column 3	Column 4
TOEFL: <ul style="list-style-type: none"> • Paper-based score of 560 or more or • a computer based score of 220 plus TSE - See column 2 <i>and</i> plus TWE – See column 3 	Test of Spoken English (TSE) Score of 50 or more plus TWE	Test of Written English (TWE) Score of 4.5 or more	iBT Total of 100 with no less than a score of 25 in each of the four sections as listed: <ul style="list-style-type: none"> • Writing section minimum of 25 • Speaking section minimum of 25 • Reading section minimum of 25 • Listening section minimum of 25

Continued on Following Page

Step 3: CHECK LIST: *All documentation on the following check list must be received by the deadline indicated on our Website. All documentation must be sent from the issuing entity directly to the Arizona State Board of Physical Therapy.*

- **Verification of Licensure/Certification:** A letter of verification from any jurisdiction in which you have or ever have had a license or certificate in any medical related field *to be sent directly to this Board from the licensing entity.* You may either make copies of the enclosed verification form or have the jurisdiction(s) mail us a letter with the required information as found on the enclosed verification form. Licensure verification forms must be stamped with an official seal and signed by the issuing authority.
- **National Physical Therapy Examination (NPTE)** Successful completion of the NPTE
 - ◆ **If you have PASSED the NPTE,** the score must be transferred at your request from the Federation of State Board of Physical Therapy (FSBPT) website: <http://www.fsbpt.org> directly to AZSBPT.
 - ◆ **If you have NOT PASSED the NPTE,** AZSBPT requires registration be done on line at www.fsbpt.org. Once all other documents in this list have been received, approval will be given to sit for this exam. You will be notified by email of approval. If there is a Yes answer to any of the Good Moral Character questions on the application, approval will be given to sit for this exam by the Board at a regularly scheduled board meeting when all other documentation has been received.
 - ◆ AZSBPT will notify you by letter of any failing score with instructions for scheduling a follow-up exam.
- **AZLAW Exam:** Successful completion of the **AZLAW exam:** AZSBPT requires registration for the AZLAW (Jurisprudence) exam and the NPTE (If you have not already passed this exam) be done on line at www.fsbpt.org. Study material for the AZLAW will be mailed to you when your application is received. Refer to the Candidate Handbook for more information on this examination.
 - ◆ Notification of Board approval to take exam(s) is sent via email and/or surface mail. Scheduling is done at www.prometric.com/fsbpt.
 - ◆ FSBPT and Prometric (the company providing testing sites) charge separate fees for the exam.
 - ◆ Within approximately 48 hours after taking the exam, you may check whether you have passed the exam by going to the FSBPT website www.FSBPT.org. Passing scores will be mailed along with notification of Board meeting.
 - ◆ AZSBPT will notify you by letter of any failing score with instructions for scheduling a follow-up exam.
- **Application:** Completed and notarized with fee as a money order or cashier's check. Application expires 360 days after application is received in our office.
- **TOEFL/iBT** score sent directly from ETS to this Board if your native language is not English. Applicant must pass the exams no more than 18 months before the date on which the application submitted is administratively complete and ensure that the test scores are sent directly to the Board by the testing entity.
- **Authorization to practice in country of education without limitation.** This document expires 1 year after receipt of document.
- **Official transcript** with date of graduation and degree earned listed and sent from college/university directly to this Board. This document does not expire,
- **Necessary English translation(s)** by authorized and official translator of any document received in a language other than English. Documentation does not expire.

CHECK LIST CONTINUED ON FOLLOWING PAGE

- **Verification of Licensure**, if licensed in any U.S. state or territory. This document expires 1 year after receipt or when application expires 360 after receipt of application whichever occurs first.
- **Documentation of any and all Yes answers** on the Good Moral Character page of the application. See page 3 of application. This document does not expire
- **Copy of legal authorization to reside and seek employment in the U.S.** Must be current.
- **Proof of U.S. issued Social Security Number.** Mandatory before license will be issued.

Step 4: Successful completion of the Supervised Clinical Practice Period if required. Requires the Board's approval to participate. Determination of approval or waiver of this requirement is made at a regularly scheduled public Board meeting held once a month.

Maintain a current address with the Board office; you may update your address by e-mail, fax or U.S. mail. *You may contact our Licensing Administrator, Paula Brierley, at 602 297-0276 (or email her at veronica.cardoza@ptboard.az.gov) if you have any questions regarding the application process.* We look forward to assisting you with the application process.

Please note that the Board meets only once a month to review applications; therefore, it is imperative that you access the official Board calendar from our website to verify deadlines and dates of Board meeting at www.ptboard.az.gov.

APPLICATION FOLLOWS THIS PAGE. Please print single sided only



Arizona State Board of Physical Therapy
 4205 N. 7th Ave, Ste 208 ♦ Phoenix AZ 85013
 Telephone (602) 274-0236 Fax (602) 274-1378
 E-Mail: veronica.cardoza@ptboard.az.gov

**APPLICATION TO OBTAIN A PHYSICAL THERAPIST LICENSE
 APPLICANT EDUCATED IN A FOREIGN COUNTRY
 SCHOOL ACCREDITED BY CAPTE**

Check one: 1st Application Submitted 2nd Application Submitted Other _____

Check the type of license you are seeking (check one):

- Licensure by examination **OR** Licensure by endorsement (Applicant currently holds a valid unrestricted license from another Jurisdiction in the United States and has passed the NPTE)

Application must be accompanied by a **MONEY ORDER OR CASHIER'S CHECK** payable to the Arizona State Board of Physical Therapy. A personal check cannot be accepted. The application fee is non-refundable. The Board will notify the applicant of eligibility.

Designate the appropriate application fee:

- \$260.00 Application fee for an application submitted between September 1 of an even numbered year and August 31 of the following odd numbered year. [A.R.S. §32-2029(1)] [R4-24-107].
- \$190.00 Application fee for an application submitted after September 1 of odd numbered year to August 31 of the following even numbered year. [A.R.S. §32-2029(1)] [A.A.C. R4-24-107].

Name: Mr./Ms. _____
Last First Middle Other name(s) previously used

Current home information: It is required that you maintain a current address with the Board office; you may update your address by email, fax or US mail.

Mailing address: _____
Number/P. O. Box Street Apt. # City or Town State Zip Code

Telephone numbers: Residence: () _____ Mobile/Pager: () _____

Required: Email Address: _____

Date of Birth: _____
(Month, Day, Year)

Social Security Number: _____
SSN required for licensure

Affix photo here; must be taken within the last 6 months

(head & shoulders)
Affix with Glue or Tape
– No Staples

Current employment information (Facility or Employment Agency) – Use N/A if not employed at this time

Business Name: _____

Business Address: _____
Number/P. O. Box Street Ste # City or Town State Zip Code

Business Telephone Number: () _____

Position Description and Title: _____

Federal and State laws require the Arizona State Board of Physical Therapy to obtain an applicant's social security number in connection with an application for a license. 42 U.S.C. §666(a)(13); A.R.S. §§25-320(K) and 25-502(E). The social security number, which will be kept confidential from the public, will be used "to aid the Department of Economic Security in locating parents or their assets or to enforce child support orders." A.R.S. §§ 25-320(K), 25-502(E). **Note:** A.R.S. §32-2003(10) requires the Board to maintain a list of business and residential addresses and telephone numbers. A.R.S. §32-2051(B) provides that the Board keep residential information confidential unless it is the only address or telephone number of record.

EDUCATION: Complete all requested information as indicated. If the information is not complete, it may result in a delay of licensure. False or misleading information may be cause for denial, disciplinary action or loss of license. An official transcript from your school of physical therapy with date of graduation and degree earned must be received directly from the college/university where you received your physical therapy education.

Name of College or University -Physical Therapy Education-	City and State	Dates of Attendance	Date of Graduation	Degree or Diploma

PROFESSIONAL EXPERIENCE:

List your professional employment history *for the past 5 years* as indicated. **DO NOT LIST TRAVEL AGENCY OR EMPLOYMENT AGENCY in this section. USE FACILITY INFORMATION ONLY. Explain ALL gaps in employment during the PAST FIVE YEARS. Attach another page if necessary. DO NOT LEAVE ANY LINE BLANK. USE N/A IF NOT APPLICABLE.**

Date (From – To)	Name of Work Place	Address and phone number	Job Title / Position

PREVIOUS LICENSING HISTORY: List all U.S. jurisdictions and foreign countries in which you are, or have been licensed to practice physical therapy or other medical-related profession. Include the license/certificate number and status. You may attach a separate page if necessary.

Name of State	Type of License, License Number and Status (i.e. active, expired, etc.)	Name of State	Type of License, License Number and Status (i.e. active, expired, etc.)

EMPLOYMENT BY A STAFFING / TRAVELING AGENCY: Circle if not applicable N/A

Name of Agency <small>If more than one agency, use a separate sheet.</small>	Address	State	Were you licensed in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Have you practiced in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No

NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE): Have you taken the NPTE? Yes No (Check one)

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

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

Do you require ADA accommodations to take the examination? (Check one) Yes No N/A
 If yes, documentation will be required. Contact the Arizona State Board of Physical Therapy for specific information required or refer to our Substantive Policy Statement adopted by AZSBPT *Americans with Disabilities Act* located on our website: www.ptboard.az.gov.

GOOD MORAL CHARACTER QUESTIONS

<p>If you answer “YES” to any of these questions, please submit a written explanation and attach legal or medical documentation supporting your answer. When all documents required with this application are received by this Board, your application file will be presented to the Arizona State Board of Physical Therapy at a regularly scheduled Board meeting for approval to take the AZLAW exam and the NPTE if you have not already passed the NPTE.</p>	
<p>1) Have you been convicted of, pled guilty or no contest to, or entered into 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 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 you 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 the subject of discipline under this Chapter? (See A.R.S. § 32-2044)</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>4) Have you been the subject of disciplinary action by a professional association or post-secondary educational institution?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>5) Have you had a malpractice judgment against you or do you have a lawsuit currently pending for malpractice?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>6) 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>7) Have you failed to adhere to the recognized standards of ethics of the physical therapy profession? (See Board rules at A.A.C. R4-24-101 (33)).</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>8) Have you committed any of the actions referenced in the definition of good moral character in R4-24-101? Good moral character means the applicant has not taken any action that is grounds for disciplinary action under A.R.S. §32-2044.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>9) Have you been the subject of any criminal investigation by a federal, state, or local agency or had criminal charges filed against you?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>10) Do you have any 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>11) Have you used alcohol, any illegal chemical substance, or prescription medicine that in any way has impaired or limited your ability to practice physical therapy with skill and safety?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>12) Have you been diagnosed as having or are you being treated for bipolar disorder, schizophrenia, paranoia, or other psychotic disorder that in any way has impaired or limited your ability to practice physical therapy with skill and safety.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>13) Have you ever violated A.R.S. § 32-2044 (10) “Engaging in sexual misconduct”?</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

LICENSURE HISTORY IN FOREIGN COUNTRY

- 1) List all foreign countries in which you hold an active or expired license to practice physical therapy and include the license number and status for each license.

Country	License Number	Status (example: <i>active, expired</i>)	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 you have answered **yes** to the above question “Was your practice limited?” you must arrange for the following documents to be submitted to the Board:

- a) The name, address, and telephone number of the entity that limited your practice of physical therapy;
- b) A description of the action or lack of action that led to the limitation of your practice as a physical therapist;
- c) A description of the limitation on your practice of physical therapy.

- 2) **LANGUAGE:** Is English your native language? Yes No

If you have answered NO, what is your native language? _____.

You must arrange for the Educational Testing Service (ETS) to directly send your TOEFL, TWE and TSE scores or the iBT scores to our office.

- 3) **LEGAL AUTHORIZATION TO RESIDE AND SEEK EMPLOYMENT IN THE UNITED STATES:**

You must complete the form included in this packet “Arizona Statement of Citizenship and Alien Status for State Public Benefits”. Verifying documentation must be included with this form. U.S. Government issued picture identification required before licensure

- 4) **All documents submitted to the Board office must meet the following requirements: 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 the 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.”

~THE FOLLOWING MUST BE COMPLETED ~

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

Arizona law requires an applicant who, after submitting an application, is charged with a felony or a misdemeanor involving conduct that may affect patient safety, to notify the Board within 10 days after the charge is filed. A.R.S. §32-3208. For a list of reportable misdemeanors, please contact the Board. *All felonies are reportable.*

~ 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.

~ All applicants are required to notify the Board immediately of any change of address, phone number or name.



ARIZONA STATE BOARD OF PHYSICAL THERAPY
4205 NORTH 7TH AVENUE, SUITE 208
PHOENIX, ARIZONA 85013
Phone (602) 274-0236, Option 1 ♦ Fax (602) 274-1378

**VERIFICATION OF PHYSICAL THERAPIST LICENSE
OR OTHER HEALTH RELATED LICENSE**

TO BE COMPLETED BY APPLICANT:

NAME _____

ADDRESS _____

LICENSE NUMBER _____ CERTIFICATE NUMBER _____

**TO BE COMPLETED BY THE PHYSICAL THERAPY OR OTHER HEALTH RELATED STATE BOARD WHERE APPLICANT
HOLDS OR HAS HELD A LICENSE.**

The above applicant has requested licensure 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: _____

TYPE OF LICENSE: _____ **LICENSE NUMBER:** _____

DATE ISSUED: _____ **EXPIRATION DATE:** _____

Has the Licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? YES ___ NO ___ If yes, please attach documents.

(SEAL) Signed _____
Title _____
State of _____
Country of: _____
Board of _____
Date _____

**ARIZONA STATEMENT OF CITIZENSHIP
AND ALIEN STATUS FOR STATE PUBLIC BENEFITS**
Professional License and Commercial License
Arizona State Board of Physical Therapy

Form 1: LONG FORM APPLICANT STATEMENT (revised) REQUIRING SUBMISSION OF
DOCUMENTATION OF STATUS

Arizona Revised Statute §41-1080 and A.A.C. R4-24-201(A)(3) requires, in general, that a person applying for a license, certificate or registration must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Directions: All applicants must complete Sections I, II, III and V. Applicants educated outside the United States must complete section IV. Submit this completed form and copy of one or more documents that evidence your citizenship or alien status with your application for license or renewal. (A.R.S. §32-2022(B)(5))

SECTION I –APPLICANT INFORMATION

APPLICANT’S NAME (Print or type) _____ DATE _____

Note: If you are submitting a birth certificate to prove citizenship and your name is different than what is on the birth certificate, please include the document that resulted in the name change – ie marriage license, divorce decree.

TYPE OF APPLICATION. (check one): _____ INITIAL APPLICATION _____ RENEWAL

TYPE OF LICENSE _____ LICENSE # _____

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Directions: Attach a legible copy of the front and the back (if any) of a document that demonstrates U.S. citizenship or nationality from the list in Section III. Name of document provided: _____

A. Are you a citizen or national of the United States? (check one) Yes No

SECTION III – DOCUMENTATION

Directions: To be completed by all applicants. Attach a legible copy of the front and the back (if any) of a document from the list below. A.R.S. § 41-1080(A).

1. An Arizona driver license issued after 1996 or an Arizona nonoperating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport.
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

In accordance with A.R.S.§41-1080(E) if you provide a form of documentation listed in A.R.S. §41-1080(A) that does not have a photo, you must submit a copy of a government issued photo ID along with the document.

**SECTION IV – PROOF OF LEGAL STATUS TO WORK IN THE UNITED STATES
Foreign Educated Physical Therapist Applicants Only**

Directions: Applicants for licensure as a physical therapist who were educated outside of the United States must provide proof of legal authorization to reside and to seek employment in the United States in accordance with A.R.S. §32-2022(B)(5). In accordance with A.A.C. R4-24-203(A)(6):

1. Have you been issued a work visa to allow you to seek employment in the United States? Circle Yes or No
2. If yes, attach a copy of the front and back of your work visa. Your application is not complete without the required documentation.
3. If you have not yet received the work visa you cannot be issued a license until a copy of your work visa is provided. Please sign below indicating you understand your application is not complete until the required documentation has been received.
 - a. I, _____ understand my application for licensure as a physical therapist is Arizona is not complete until proof of legal authorization is provided.

SECTION V – DECLARATION

All applicants must complete this section. I declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE