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

PHYSICAL THERAPIST APPLICATION BY EXAMINATION

For an applicant who has not taken and passed the National Physical Therapy Examination (NPTE).

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 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.

STEPS TO LICENSURE:

1. **Complete** all sections of the following application including your email address as it is required so that you may receive updates to your process for licensure. Do not leave any section blank. If a section does not apply, add "N/A" in that section. The completed application must be notarized. An incomplete application will be returned for completion.
2. **Arizona Statement of Citizenship and Alien Status for State Public Benefits:** Must be submitted along with proof of United States citizenship or Alien Status by every applicant for licensure. See form /instructions following the application document.
3. ***If proof of U.S. Citizenship or Alien status for Public Benefits does not contain a photograph*** of the individual, the individual shall also present a government issued document that contains a photograph of the individual. (A.R.S. 41-1080 -E)
   a. As an example, a copy of a driver's license or copy of a passport.
4. **Mail:** Application with the fee enclosed *only in the form of a cashier's check or money order. No personal checks are accepted.*
5. *If you have answered "Yes" to any of the Good Moral Character questions on page 3 of the application, include required documentation with the application. See the box at the top of page 3 of the application.*
6. **Request:** Final official transcript (with date of graduation and degree earned) to be mailed directly to Arizona State Board of Physical Therapy (AZSBPT) by college or university **OR if you have not yet received your degree**, a letter of Candidate for Graduation on school letterhead signed by the Program Director of your school stating that you are a candidate for a degree as a physical therapist at the next scheduled graduation date, or have completed all the program requirements and the date of graduation. ***Please note that licensure will not be issued without the final transcript.***
7. **Request:** Verification of licensure or certification from *every* state in which you hold or have ever held a license or certificate in physical therapy or in *any* medical related field regardless of whether current and including a statement of whether the applicant was ever denied a license by the agency and if so, an explanation.
8. **Register:** When prepared to take the NPTE and / or the AZLAW (Jurisprudence) exam register and pay for the exam(s) at www.fsbpt.org. Study material for the AZLAW exam will be mailed upon receipt of Arizona application for licensure. If you are unable to register online contact FSBPT* at 703-299-3100.
9. **Receive Clearance to Test**: Completed electronically by Board staff through the Federation of State Boards of Physical Therapy (FSBPT) website once all required documentation (i.e. transcript or letter of completion, verifications, citizenship) has been received.
10. **If a yes answer is given on page 3 of the application "Good Moral Character Questions",** Board staff cannot clear an applicant to test. The members of the Board must approve the request during a public session of the Arizona State Board of Physical Therapy which meets the fourth Tuesday of every month. All documentation relating to the Yes answer must be received before the Board may determine approval to test. See the box at the top of page 3 of the application.
11. **Schedule:** Once cleared to test by AZSBPT, an email will be sent to the applicant by Board staff indicating when the applicant may schedule the exam(s) at www.prometric.com/fsbpt.
12. **Score Report:** Passing scores must be received electronically from FSBPT. Arizona Board staff is not responsible for the length of time it takes to transfer scores to our office *Exam scores will not be given via phone, email, or fax.*
13. **Board Meeting:** The Board meets the 4th Tuesday of the month (Subject to change)

STEPS TO LICENSURE CONTINUED ON PAGE 2

14. **Verify Arizona Licensure**: Issuance of physical therapy license may be verified at www.ptboard.az.gov > PT/PTA Search (Top of Home Page).
    a. **If your application was preapproved for licensure at a Board meeting**: The license will be mailed to the home address of record upon receipt of passing scores ***IF*** the Board has preapproved your application for certification.
    b. If your application was not preapproved for licensure at a Board meeting: Issuance of the license will occur approx. 48 hours after the Board meeting
15. An applicant denied licensure may request a hearing under Arizona Revised Statutes, Title 41, Ch. 6, Art. 10.

Checklist

☐ **Complete and mail the application: See page 1 - Numbers 1 through 5**

a. **National exam (NPTE):**
   i. **Register for the NPTE at www.fsbpt.org - *NOW*. Be aware of all deadlines. See the Calendar mailed to you with your deficiency letter or review the calendar for fixed-date testing at www.fsbpt.org.**
   ii. **Be aware the letter will include all items currently missing from your application including test score(s).**

☐ **Register for the AZLAW at www.fsbpt.org when you feel you are ready to take the exam. Study material will be mailed to you with your deficiency letter.**

☐ **Wait for a response regarding your application from this Board. Your deficiency letter will be sent via email. Study material for the AZLAW is sent via mail only along with the deficiency letter.**

☐ **Board Staff will notify you *BY EMAIL ONLY* when you are eligible to take the NPTE and/or the AZLAW but only *IF* you have registered for the exam(s).**

☐ **You may contact the Board at any time to check on status. Please contact our licensing administrator at veronica.cardoza@ptboard.az.gov**

When all required documentation is received (See 1 – 8 on page one), your application will be presented to the Board. The Board will then determine whether to grant licensure as a PT in Arizona. After this decision AND when passing scores are received, the license will be issued. You cannot work as a PT in Arizona until the certificate is issued. You may verify issuance at www.ptboard.az.gov > PT/PTA Search (Top of Home Page).

Definitions and other information

AZSBPT: Arizona State Board of Physical Therapy
FSBPT: Federation of State Boards of Physical Therapy
Prometric: Testing Agency
Register for Exam(s): Applicant must go to www.fsbpt.org to register and pay for the exam(s). Your registration will arrive in our office electronically
Cleared to Test: Notification of approval to take the AZLAW and/or NPTE has been electronically sent to FSBPT by AZSBPT
Schedule: Applicant may now choose a date, time and location for the exam(s) at www.prometric.com/fsbpt.
Deadline: All required documentation must be received by deadline.
Dates of Board meetings and their preceding deadline can be viewed at www.ptboard.az.gov.
Board meeting: 4th Tuesday of every month – subject to change

FSBPT and Prometric are separate entities from AZSBPT and each must be paid separately from the application fee to AZSBPT..

- FSBPT will charge a fee for registering for the exam.
- Prometric will charge a sitting fee for the exam.

Contact our Licensing Administrator, Paula Brierley, at 602 297-0276 or email her at **veronica.cardoza@ptboard.az.gov** if you have any questions. We look forward to assisting you with the application process.

APPLICATION FOLLOWS THIS PAGE: Print Only as a Single-Sided Document

Arizona State Board of Physical Therapy
4205 N. 7th Ave. Ste 208 ♦ Phoenix, AZ 85013
Telephone (602) 297-0276 ♦ Fax (602) 274 1378
Web Site: www.ptboard.az.gov ♦ E-Mail: veronica.cardoza@ptboard.az.gov

EXAMINATION: APPLICATION TO OBTAIN A PHYSICAL THERAPIST LICENSE (CAPTE Approved Physical Therapy Program)

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

APPLICATION FEE: Application must be accompanied by a **MONEY ORDER OR CASHIER'S CHECK** payable to the Arizona Board of Physical Therapy. **Personal checks will not 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 (2011, 2013) to August 31 of even numbered year (2012, 2014). [A.R.S. §32-2029(1)] [A.A.C. R4-24-107].

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

Home: *It is required that you maintain a current address with Board Office; update by email, fax, or letter*
Mailing address: _____
Number/P. O. Box Street Apt. # City or Town State Zip Code

It is required that you maintain a current address with the Board office; you may update your address by email, fax, or U.S. mail.

Telephone numbers ***with area code***: _____ _____ _____ _____ _____
Residence Mobile/Pager

Required: Email Address: _____

Date of Birth: _____ Social Security Number: _____
(Month, Day, Year)

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 Apt. # City or Town State Zip Code

Business Telephone number with Area Code: _____

Position Description and Title: _____

Federal and State laws require the Arizona 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 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 indicted. ***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 / Phone Number	Job Title / Position

PREVIOUS LICENSURE HISTORY: List all U.S. jurisdictions and foreign countries in which you are, or have ever been licensed to practice physical therapy or other medical-related license whether or not current. Include the license / certificate number and status. You may attach another 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 If additional agencies, use a separate sheet.	Address	State	Were you licensed in this state? Yes No Have you practiced in this state? Yes 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 to request 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

If you answer "YES" to any of these questions, submission of a written explanation and legal (i.e. police report and court records) or medical documentation supporting your answer is required. When all documents required with this application are received by the 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.

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?	YES □ NO □
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?	YES □ NO □
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).	YES □ NO □
4) Have you been the subject of disciplinary action by a professional association or post-secondary educational institution?	YES □ NO □
5) Have you had a malpractice judgment against you or do you have a lawsuit currently pending for malpractice?	YES □ NO □
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?	YES □ NO □
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).*	YES □ NO □
8) Have you 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 under A.R.S. §32-2044.	YES □ NO □
9**)** Have you been the subject of any criminal investigation by a federal, state, or local agency or had criminal charges filed against you?	YES □ NO □
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?	YES □ NO □
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?	YES □ NO □
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.	YES □ NO □
13) Have you ever violated A.R.S.§ 32-2044 (10) "Engaging in sexual misconduct"?	YES □ NO □

~ 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.*

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

~ 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.

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 or CERTIFICATE

TO BE COMPLETED BY APPLICANT and MAILED TO THE LICENSING AGENCY IN STATE OF LICENSURE OR CERTIFICATION FOR ANY AND ALL MEDICAL RELATED FIELD(S) BOTH CURRENT AND PREVIOUSLY HELD:

NAME _____

ADDRESS _____

TITLE OF LICENSE / CERTIFICATE (i.e. PT, PTA, MT, AT) _____

LICENSE / CERTIFICATE NUMBER _____

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

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 directly to the Board at the address above.

NAME of LICENSEE / CERTIFICATE HOLDER: _____

TYPE OF LICENSE or CERTIFICATE: _____ **LICENSE or CERTIFICATE NUMBER:** _____

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

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.**

Has the Licensee ever been denied a license? **YES_____ NO _____ If yes, please attach documents**

Signed _____

(SEAL)

Title _____

State 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