

- V. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS: YES NO
1. Have you ever used a name other than the one on the front of the form?
If yes, give name(s) _____
 2. Have you ever taken the physical therapist assistant licensing examination
If YES, list ALL state(s) and ALL date(s) of exam (failed and passed): _____
If NO, list state where you will take exam and exam date: _____
 3. Have you ever been denied the privilege of taking a physical therapist assistant
licensing examination?
If yes, give state(s): _____

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, GIVE DETAILS ON A SEPARATE SHEET AND ATTACH.

4. Has disciplinary action ever been taken or is pending against you by a PT
Licensing board? _____
5. Have you ever used drugs or alcohol to the extent it adversely affects
professional competence? _____
6. Have you ever been convicted for violating any narcotic or controlled
substance law? _____
7. Have you ever been convicted of a felony or other public offence involving moral
turpitude? _____
8. Have you ever been found to have committed an act or acts of malpractice,
gross negligence or incompetence in the practice of physical therapy? _____
9. Have you ever had an adjudication of insanity or incompetence? _____

VI. FEES: **Certified check or money order** payable to: NC Board of Physical Therapy Examiners must accompany application. Personal or business checks will be returned.
Application fee is NOT refundable

- Check One:
- Applying for licensure by endorsement \$150.00
 - Applying for licensure by examination in another state \$150.00
 - Applying for licensure by examination in North Carolina: \$150.00
(examination cost \$370.00 to be paid directly to FSBPT)

Exam Candidates: List preferred examination date: _____

If you have a disability and need an accommodation at the exam, check here _____. You will receive a Request for Accommodation Form which must be submitted at least 60 days before the examination.

VII. AFFIDAVIT

By signing the application I, _____, do hereby state that I am the person referred to in this application for a license to practice as a physical therapist in North Carolina and to the best of my knowledge and belief the statements in my application are true in every respect. The attached photograph is a true likeness of me. I authorize former employers, schools, references, testing services and other licensing boards to give any job related, personal or licensing information they may have regarding me. I hereby release them from all liability for issuing such information.



_____ *Sign in the presence of a Notary Public*

Sworn to me before this _____ day of _____, 20____

Signature of Notary Public (affix seal): _____

My commission expires: _____

SEND FORM AND CERTIFIED CHECK OR MONEY ORDER TO:
N.C. Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, NC 27705



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CERTIFICATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION

To be completed by applicant

Name: Mr. Ms. Mrs. Dr. _____		Maiden Name: _____	
Address: _____			
City: _____	State: _____	Zip code: _____	Class of: _____

(APPLICANT MUST NOT COMPLETE ANY OF THE SECTIONS BELOW)

To be completed by the school:

If the didactic and clinical work has been completed and the degree is assured, but will not be conferred until a later date, the applicant will be considered to have been graduated.

Complete the section that pertains to the applicant as of this date.

A. GRADUATE:

I hereby certify that: _____
(name of applicant)

successfully completed the didactic and clinical education requirements of the physical therapist assistant program at

_____ (name of school)
on: _____ The date of the: _____ is _____
(month) (day) (year) (type of degree, certificate) (month) (day) (year)

OR

B. CURRENTLY ENROLLED:

(When the program is completed, the Director will be sent a form to verify the applicant's graduation.)

I hereby certify that: _____
(name of applicant)

is expected to complete the didactic and clinical education requirements of the physical therapist assistant program at

_____ (name of school)
on: _____, and a _____ will be granted _____

(impress Seal of institution over signature)

S E A L

Signature of authorized representative of school

School address

Type name and title

City State zip code

Date: _____

If school does not have a seal, form must be notarized.

I, _____ do hereby state that this institution does not have an official seal and that the statements on this form are true in every respect. Signed: _____ Sworn to before me this _____ day of _____, 20____. Signature of Notary Public (affix seal): _____ my commission expires: _____

Do not give this form back to applicant. Form must be returned directly by the school to:

**N.C. Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, NC 27705**



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CHARACTER REFERENCE

Check One Applying for Licensure <input type="checkbox"/> by Endorsement <input type="checkbox"/> by Exam in _____
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PTA Web Form

To be completed by applicant

Name: Mr. Ms. Mrs. Dr.		Maiden Name:
Address:		
City:	State:	Zip code:

To be completed by a person who has known the applicant for at least one year and is not a relative:

This certifies that I have been acquainted with _____
 (name of applicant)

for _____ years, from _____ 19____, 20____ to _____, 20____

as _____
 (type of association)

Personal Statement: *(Please include comments on the applicant's moral character)*

signature

print or type name and title

address

city, state and zip code

Do not give this reference to the applicant. Reference must be returned directly by person writing it to:
 NC Board of Physical Therapy Examiners
 18 West Colony Place, Suite 140
 Durham, NC 27705



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CHARACTER REFERENCE

Check One Applying for Licensure ___ by Endorsement ___ by Exam in ___
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PTA Web Form

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city, state and zip code

date

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NC Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, NC 27705

Score Transfer Request

Instructions on back of form.

To transfer your scores online, visit our website <https://www.fsbpt.net/pt>

For FSBPT Use Only

Date Received: _____

Date Processed: _____

Processed By: _____

Fee Charged: _____

CANDIDATE INFORMATION

Current Last Name	First Name	Middle Name	SSN or AIN
Name at time of Exam, if different		Other Names	Date of Birth
Current Address	City	State	Zip
Email	Work Telephone	Home Telephone	
School From Which Physical Therapy Degree Was Obtained			Graduation Date (month/year)

EXAMINATION INFORMATION

*****ALL FIELDS ARE REQUIRED*****

Type of Examination

Physical Therapist Physical Therapist Assistant

Date of Examination _____

State that authorized examination _____

Candidate ID Number (SSN as of November, 1996) _____

TRANSFER INFORMATION

States* that scores are to be transferred to:

	FEE	EXPEDITED FEE	SUBTOTAL
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*If appropriate FCCPT may be entered

1 st _____	<input type="checkbox"/> \$80 <input type="checkbox"/> \$10	\$ _____
2 nd _____	<input type="checkbox"/> \$55 <input type="checkbox"/> \$10	\$ _____
3 rd _____	<input type="checkbox"/> \$55 <input type="checkbox"/> \$10	\$ _____
Individual Score Report (Copy for personal records)	<input type="checkbox"/> \$55 <input type="checkbox"/> \$10	\$ _____
	Total	\$ _____

PAYMENT METHOD

Credit card: VISA MasterCard (When paying by credit card, a 2.4% processing fee will apply.)

Credit Card Number	Expiration Date
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Card Holder's Name (Printed)	Card Holder's Signature
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I certify that the information, which I have provided above, is correct.

Signature	Date
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Your request will not be processed without a signature.

MAIL TO

FSBPT Score Transfer Service, 124 West Street South, 3rd Floor, Alexandria, VA 22314

FSBPT Score Transfer Service

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

<https://www.fsbpt.net/pt>

Note: Omissions or errors will result in delays. Please follow the instructions.

General Information

The purpose of the FSBPT Score Transfer Service is to facilitate the endorsement of licenses from one state to another. In offering this service, FSBPT makes no guarantees that any licensing board will accept a score transfer in lieu of other state requirements for the purposes of licensure.

You may transfer your scores on the National Physical Therapy Examination any time after taking the examination. Your scores are automatically reported to the board in the state (jurisdiction) in which you are seeking licensure and which you paid to take the examination. There is a reporting fee only when you transfer your scores to other states (jurisdictions).

You may submit an application for the FSBPT Score Transfer Service on the Internet at <https://www.fsbpt.net/pt> (note the "s" after "http"). It can also be printed from Score Transfer Service web site or you can complete and mail this form. You may also request this application form from the board of the state (jurisdiction) in which you seek endorsement/licensure. You may reach the Score Transfer Service at 703-739-9420 or scoretransfer@fsbpt.org.

Candidate Information

You must provide your current name, social security number, the complete name under which you took the examination (if different from your current name), date of birth, current address, daytime telephone number, physical therapy school, and month and year graduated.

Examination Information

You must provide the date (month, day, year) of the examination, the state to which you applied and paid to take the examination, and your candidate ID number. For those who tested in 1997 and later, the candidate ID number would be the same as their Social Security Number. If you do not know the date of your examination or your candidate ID number, you may contact the board of the state to which you applied and which you paid to take the examination.

Transfer Information

The purpose of a score transfer is to transfer your score on a given examination from the jurisdiction that originally approved your registration to take the examination, to another jurisdiction in which you are seeking licensure.

The first time a score transfer is requested for a given examination date, the transfer fee is \$80.00. The fee for any subsequent requests for transfers of that score is \$55.00. If on your first request for a score transfer, you request transfers to multiple jurisdictions, the transfer to the first jurisdiction is \$80.00 and each additional jurisdiction is \$55.00. If you request transfers to multiple jurisdictions on subsequent requests, the fee is \$55.00 for each jurisdiction.

You may request expedited service for an additional \$10.00 for each licensing board to which you want your PT or PTA scores transferred. This fee is in addition to the transfer fee. Processing time is 2 business days after we receive your completed request form. (Note: There is no additional expedite fee if the request for transfer is made via our web site.)

If you would like to have a copy of your score report for your personal records, you may request an Individual Score Report. The fee for this service is \$55.00 per examination.

Payment Method

We accept payment by MasterCard and VISA for this service. **(A 2.4% credit card processing fee rounded to the nearest dollar will apply.)**

Processing Your Request

The FSBPT processes score transfer requests within 5 business days. If you choose to have your request expedited, it will be processed within 2 business days. **Please note that score transfer requests cannot be processed unless all required information has been provided.** If you submit your transfer request via the Internet, the request should be processed within 2 business days. First time score transfers for examinations prior to 1986 cannot be requested online.

Mail requests to:

FSBPT Score Transfer Service
124 West Street South, 3rd Floor
Alexandria, VA 22314