

PTA EXAMINATION APPLICATION

- | | | |
|--|-------|-------|
| 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 <u>ALL</u> state(s) and <u>ALL</u> 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 offense 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:
- | | |
|---|----------|
| <input type="checkbox"/> Applying for licensure by endorsement | \$150.00 |
| <input type="checkbox"/> Applying for licensure by examination in another state | \$150.00 |
| <input type="checkbox"/> Applying for licensure by examination in North Carolina: (examination cost \$370.00 to be paid directly to FSBPT) | \$150.00 |

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: (month) (day) (year) The date of the: (type of degree, certificate) is (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)

SEAL

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 ___ by Endorsement ___ by Exam in ___ |
|---|

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

date

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



PTA EXAMINATION APPLICATION

NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CHARACTER REFERENCE

| |
|--|
| Check One Applying for Licensure ___ by Endorsement ___ by Exam in ___ |
|--|

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

date

| |
|--|
| <p>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</p> |
|--|

Federation of State Boards of Physical Therapy (FSBPT)

FSBPT COMPUTERIZED TESTING PAYMENT - Payment of \$370.00 will need to be made to the FSBPT for the examination cost.

For Complete Instructions:

Log onto the FSBPT web site, <https://www.fsbpt.org>