

Name: _____ <input type="checkbox"/> End: _____ <input type="checkbox"/> Ex: _____ <input type="checkbox"/> Rev by End: _____ <input type="checkbox"/> Exost: _____ Board Approved by: _____ _____ _____	Examination Date: _____ / _____ / _____ ID Number: _____ / _____ / _____ Exam Form Number: _____ / _____ / _____ SCORES: Scaled: _____ / _____ / _____ Raw: _____ / _____ / _____ NC Passing: Scaled: _____ / _____ / _____ Raw: _____ / _____ / _____	Date Received: _____ / _____ / _____ Fee: _____ Dep#: _____ License No: _____ Issued Date: _____ Granted By: <input type="checkbox"/> End: _____ <input type="checkbox"/> Ex: _____ <input type="checkbox"/> Rev by End: _____ <input type="checkbox"/> Exost: _____
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North Carolina Board of Physical Therapy Examiners Application for Physical Therapist Assistant Licensure

Name: Mr. Ms. Mrs. Dr. /				First Name:	Middle Name:	Last Name:	Maiden Name:
Present Address: Until ()							
City:		State:			Zip code:		
Telephone Area Code: ()	Social Security No.			Birth Place:	Birth Date:		
Email Address:							

I. PRINT your name exactly as you want it to appear on your certificate of licensure.

Professional Education

II. List physical therapist program conferring degree or certificate.

SCHOOL AND LOCATION	DATES ATTENDED	DEGREE OR CERTIFICATE
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Professional Licensure

III. List ALL states in which you have ever been licensed regardless of status of license at this time.

<u>STATE</u>	<u>License #</u>	<u>DATE OF ORIGINAL LICENSE</u>	<u>METHOD OF LICENSE (EXAM, ENDORSEMENT, etc.)</u>	<u>IS LICENSE CURRENT</u>
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1. _____
2. _____
3. _____

(list additional licenses on a separate sheet and attach)

Professional Employment

IV. When and where do you anticipate employment in North Carolina? Please enter "NONE" if unknown.

a. DATE	PLACE	SUPERVISOR
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b. If employed as a contract therapist, list name and address of employer.

c. Starting with PRESENT position list your professional employment.

DATES	NAME AND ADDRESS OF INSTITUTION	SUPERVISOR
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1. _____
2. _____

(list other places of employment on a separate sheet and attach)

OVER

- 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? _____
 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? (Do not include convictions that have been expunged.) _____
7. Have you ever been convicted of a felony or other public offence involving moral turpitude? (Do not include convictions that have been expunged.) _____
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 \$400.00 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 90 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
8300 Health Park Suite 233
Raleigh, NC 27615



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

Employee Misclassification

Public Notice Statement

Required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat §§ 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act, 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919) 715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. (N.C. Gen. Stat. § 143-762(5))

Please read the public notice statement above and then check the box below to certify that you have read it. (failure to answer this question will result in a denial of (licensure/renewal) per N.C. Gen. Stat. 143-765(b)).

I have read and understand the public notice statement above.

In the past five (5) years have you been investigated for employee misclassification as defined in the public notice statement above? If yes, please list the result of each occurrence (if additional space is required, please attach separate pages to this document).

Yes

No

List Each Occurrence:

Signature/Date: _____



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. Assured Graduation (see Definition attached)

(When the program is completed, the Director should verify the applicant's graduation.)

I hereby certify that: _____
 (name of applicant)
 is **assured** of completing the didactic and clinical education requirements of the physical therapist assistant program at _____
 (name of school)
 by: _____, and a _____ will be granted on _____

(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 8300 Health Park Suite 233 Raleigh, NC 27615



North Carolina Board of Physical Therapy Examiners

Character Reference

Check One

Applying for Licensure
PT____ or PTA____

____ 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)

from _____ (month / year) to _____ (month / year)

in the following capacity: _____

I can attest to the good moral character of

(name of applicant)

Good moral character means a "personal history of honesty, fairness, and respect for the rights of others and the laws of the state and nation." If there is any additional information concerning the good moral character or technical fitness of the applicant that you feel the Board should know, please attach a written explanation.

Do not give this reference to the applicant.

Reference must be returned directly by person writing it to:

**NC Board of PT Examiners
8300 Health Park Suite 233
Raleigh, NC 27615**

(Signature)

(Print or type name and title)

(Address)

City, State, and Zip Code

Date



North Carolina Board of
Physical Therapy Examiners

Character Reference

Check One

Applying for Licensure
PT____ or PTA____

____ 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)

from _____ (month / year) to _____ (month / year)

in the following capacity: _____

I can attest to the good moral character of

(name of applicant)

Good moral character means a "personal history of honesty, fairness, and respect for the rights of others and the laws of the state and nation." If there is any additional information concerning the good moral character or technical fitness of the applicant that you feel the Board should know, please attach a written explanation.

Do not give this reference to the applicant.

Reference must be returned directly by person writing it to:

**NC Board of PT Examiners
8300 Health Park Suite 233
Raleigh, NC 27615**

(Signature)

(Print or type name and title)

(Address)

City, State, and Zip Code

Date



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CERTIFICATION OF VALID PHYSICAL THERAPIST ASSISTANT LICENSE IN ANOTHER STATE

To be completed by applicant

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

To be completed by Licensing Board of State in which applicant holds a current physical therapist license:

A. Name of Licensee: _____	
License to practice as a physical therapist assistant in: _____	
License number: _____	Date issued: _____
B. Licensure Status: Current: _____ Expiration Date: _____	
Lapsed: _____ Date: _____	
C. Licensure Method	
<input type="checkbox"/> National Exam (Date): _____	<input type="checkbox"/> Endorsement (State) _____
<input type="checkbox"/> Board Exam (Date): _____	<input type="checkbox"/> Waiver/Grandfather _____
<input type="checkbox"/> Other Exam (Date): _____ Specify Exam Name: _____	<input type="checkbox"/> Other (Please specify) _____
D. If licensed by examination, list score:	
National Exam (prior to July, 1993) RAW Total Score _____	Board / Other Examination Subject _____ Score _____
National Exam (after July, 1993) SCALED Total Score _____ (based on 200-800scale)	_____
E. Has this licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? Yes _____ No _____ If yes, please give full details on reverse side.	

Signature / title

Name of State Board

Address

City

State

zip code

Date

BOARD SEAL

Return form to: NC Board of Physical Therapy Examiners
8300 Health Park Suite 233 Raleigh, NC 27615

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY
Score Transfer Request

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

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).

To have your NPTE scores electronically transferred to the North Carolina Board of Physical Therapy Examiners, please go to <https://www.fsbpt.org>, click on Score Transfer Service on the home page, and follow the directions.