

Name: _____ Examination Date: _____ Date Received: ___/___/___
Fee: _____ Dep#: _____
ID Number: _____
Exam Form Number: _____
SCORES: Scaled: ___/___/___ Raw: ___/___/___
NC Passing: Scaled: ___/___/___ Raw: ___/___/___
License No: _____
Issued Date: _____
Granted By: [] End: _____ [] Ex: _____ [] Rev by End: _____ [] Exost: _____



North Carolina Board of Physical Therapy Examiners
Application for PTA Licensure for Military Trained Personnel

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.

Education or Training

II. List physical therapy technician training program conferring degree or certificate.
PROGRAM / LOCATION DATES ATTENDED DEGREE OR CERTIFICATE

Professional Licensure (if applicable)

III. List ALL states in which you have ever been licensed regardless of status of license at this time.
STATE License # DATE OF ORIGINAL LICENSE METHOD OF LICENSE (EXAM, ENDORSEMENT, etc.) IS LICENSE CURRENT

- 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? (If unknown, enter U.K.)
a. DATE PLACE SUPERVISOR

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

- 1. _____
2. _____

(list other places of employment on a separate sheet and attach) ----- (form updated 05-08-13)

- 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? _____
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: FEES: Application Fees are waived for Military

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
 8300 Health Park Suite 233
 Raleigh, NC 27615



North Carolina Board of Physical Therapy Examiners

Application for PTA Licensure for Military Trained Personnel

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: _____



Certification of Employment

Application for Physical Therapist Assistant Licensure of Military Trained Personnel North Carolina Board of Physical Therapy Examiners

"§ 93B-15.1. Licensure for individuals with military training and experience; proficiency examination; licensure by endorsement for military spouses; temporary license.

(a) Except as provided by subsection (a2) of this section, and notwithstanding any other provision of law, an occupational licensing board, as defined in G.S. 93B-1, shall issue a license, certification, or registration to a military-trained applicant to allow the applicant to lawfully practice the applicant's occupation in this State if, upon application to an occupational licensing board, the applicant satisfies the following conditions

- (2) Has engaged in the active practice of the occupation for which the person is seeking a license, certification, or permit from the occupational licensing board in this State for at least two of the five years preceding the date of the application under this section."

(To be completed by applicant)

Name:

Address:

City:

State:

Zip Code:

Email address:

Telephone number:

(To be completed by employer)

Name:

Facility / Clinic

Address:

City:

State:

Zip code

Email address:

Telephone number:

Attestation: I, _____, do hereby attest that _____
was engaged in the active practice of physical therapy from _____, 201_ through _____ 201_.

Signature

Date

**Return to: North Carolina 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

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



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.

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**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

Application for PTA Licensure for Military Trained Personnel

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

Federation of State Boards of Physical Therapy (FSBPT)

FSBPT COMPUTERIZED TESTING PAYMENT - Payment of \$400.00 will need to be made to the FSBPT for the examination cost. (\$485.00 beginning 1/1/2019).

For Complete Instructions:

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