

## **Physical Therapist or Physical Therapist Assistant License Application Packet**

### **Contents:**

1. 664-040 ...Contents List/SSN Information/ Mailing Information ..... 1 page
2. 664-046 ...Application Instructions Checklist ..... 2 pages
3. 664-037 ...License Requirements ..... 5 pages
4. 664-002 ...Physical Therapist or Physical Therapist Assistant Application..... 5 pages
5. 664-038 ...Permit Checklist, RCW—WAC Interim Permits, Interim Permit Form,  
Sponsor Form ..... 2 pages
6. FSBPT Score Transfer Service Instructions and Application..... 2 pages
7. 664-039 ...Employment Verification/Affidavit..... 1 page
8. 664-047 ...Out-of-State Credential Verification Form ..... 1 page
9. RCW/WAC Links, AIDS Courses and Online Web Sites ..... 1 page

### **Important Social Security Number Information:**

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### **In order to process your request:**

**Mail your application with initial  
documentation and your check  
or money order payable to:**

Department of Health  
PO Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent  
with initial application to:**

Physical Therapy Credentialing  
PO Box 47877  
Olympia, WA 98504-7877

**Contact us:**

360.236.4700

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## Application Instructions Checklist

**Important background check Information:** Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in ink. It is your responsibility to submit the required forms required.

**Application Fee.**

**This fee is non-refundable.** You can check the [fee page](#) for current fees.

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

**Legal Name:** List your full name, first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide the month, day, and year of your birth.

**Birth place:** Provide the city, state and country where you were born.

**Address:** List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax and Cell Numbers:** Enter your phone, fax and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Education:**

List in date order your educational preparation and post-graduate training. If you need more space, attach a piece of paper.

**4. Experience:**

List in date order all professional experience and practice from date of graduation from professional college. If you need more space, attach a piece of paper.

**5. Other License, Certification, or Registration:**

List all states where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. If you need more space, attach a piece of paper.

**6. AIDS Education and Training Attestation:**

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of seven hours of education and training is required. Course content can be found in [WAC 246-12-270](#).

**7. Applicant's Attestation:**

You must sign and date this for us to process the application. Read to ensure you understand this section.

**8. Applicant's Photograph:**

Attach a current photograph in the box provided or attach it to the application. Indicate date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be a clear, close up and a front view. Your application will not be processed without a current photograph.

## **Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington**

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at <http://www.doh.wa.gov/hsqa/professions/military/> and include supporting documentation with your application.

## License Requirements

Thank you for applying to become a licensed Physical Therapist or Physical Therapist Assistant in Washington State. To expedite the license process, please be sure the following information has been included with your application.

In order to qualify for licensure, you must complete the following requirements:

**Application and fee.**

**Education for physical therapists:**

- Have a baccalaureate degree in physical therapy from an institution of higher learning approved by the board; **OR**
- Have a baccalaureate degree from an institution of higher learning and a certificate or advanced degree from a school of physical therapy approved by the board;

**Official transcripts:** Your transcripts must indicate the degree and date conferred.

**Education for physical therapist assistants:**

- Have completed a board approved United States physical therapist assistant education program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education or a United States military physical therapy technician program that is substantially equivalent to an accredited United State physical therapist assistant program.

**Official transcripts:** Your transcripts must indicate the degree and date conferred.

**National exam scores:** If you have taken the NPTE, you must have the Federation of State Boards of Physical Therapy (FSBPT) send verification of having passed the NPTE directly to us. Online requests and downloadable forms are available at [www.fsbpt.org](http://www.fsbpt.org). Please refer to [WAC 246-915-030](http://WAC 246-915-030) for information on Washington's passing exam scores.

**\*\*Special Note To Exam Applicants\*\***

- Contact FSBPT for exam registration and instructions at [www.fsbpt.org](http://www.fsbpt.org), 703.739.9420, or email at [examregistration@fsbpt.org](mailto:examregistration@fsbpt.org).
- Testing dates are fixed dates for physical therapists and are ongoing for physical therapy assistants.
- Applicants who do not pass the exam after two attempts must obtain additional clinical training and/or coursework approved by the board before being permitted two more attempts.

**Jurisprudence Exam:** [Exam Web page](#).

Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](#) and [WAC 246-915](#)). After you take the jurisprudence exam print your certificate of successfully passing the exam and include with application packet.

- Letter from your school:** If you are an exam applicant and your transcripts are not yet available, you will be permitted to take the exam upon completion of required documents and submission of a letter from your program director verifying successful program completion and date of graduation. A full license will not be issued to you until an official transcript has been received;
- AIDS Education and Training Attestation:** Seven hours of AIDS education and training is required;
- Licenses Verification** (if applicable): A completed license certification form must be received for every state where you hold or have held a health care practitioner license; and
- Employment Verification:** Have each employer complete an employment verification form for every physical therapy position held within the past two years. Verifications will only be accepted if mailed to this office from the employer.

## Interim Permit

You may be issued an Interim Permit if you are:

1. A recent graduate from an approved program and your transcripts are not available, and
2. Awaiting the National Physical Therapy Examination (NPTE) through the Federation of State Boards of Physical Therapy FSBPT), and
3. Applying for an Interim Permit

In order to qualify for an interim permit, you must complete the following requirements:

- Application and fee.**
- Education:**
  - Have a baccalaureate degree in physical therapy from an institution of higher learning approved by the board; **OR**
  - Have a baccalaureate degree from an institution of higher learning and a certificate or advanced degree from a school of physical therapy approved by the board;

**Letter from your program director:** Verifying successful program completion and date of graduation.

A full license will not be issued to you until an official transcript has been received. Please refer to [RCW 18.74.075](#) and [WAC 246-915-078](#).

- Jurisprudence Exam:**  
[Exam Web page](#). Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](#) and [WAC 246-915](#)). After you take the jurisprudence exam, print your certificate of successfully passing the exam and include with application packet.
- Checklist and Sponsor Form:**  
Provide checklist and sponsor form; and

**Interim Permit Sponsor Form:**

Provide written confirmation from the licensed supervising physical therapist attesting that he or she will:

- Ensure that a licensed physical therapist will remain on the premises at all times to provide “graduate supervision” as specified in [RCW 18.74.075](#).
- Report to the board any change in supervision or any change in location where services are provided;
- Ensure that the holder of the interim permit wears identification showing his or her clinical title and/or role in the facility as a graduate physical therapist; and
- Ensure that the holder of the interim permit ceases practice immediately upon notification of examination failure; or
- Ensure that the holder of the interim permit obtains his or her physical therapist or physical therapist assistant license immediately upon notification of having passed the examination.

**Interstate Endorsement:**

A 90 day temporary permit is available for interstate endorsement applicants. The permit allows you to work as a physical therapist or physical therapist assistant until you receive your seven hours of AIDS training.

**Internationally Educated Applicants** (For Physical Therapists only)

In order to qualify for licensure, you must complete the following requirements:

**Application and fee;**

**Jurisprudence Exam:**

[Exam Web page](#). Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](#) and [WAC 246-915](#)). After you take the jurisprudence exam, print your certificate of successfully passing the exam and include with application packet.

**Education:**

- Have a baccalaureate degree in physical therapy from an institution of higher learning approved by the board; **OR**
- Have a baccalaureate degree from an institution of higher learning and a certificate or advanced degree from a school of physical therapy approved by the board;

**Official transcripts:** Your transcripts must indicate the degree and date conferred. If you were internationally educated, see instructions below.

**Note:** If information is not in English, an English translation signed by the translator must be submitted with the official document. Be advised that further documentation may be required in addition to the documents listed below:

The Washington State Board of Physical Therapy recognizes the following credential evaluation services for the purpose of authenticating documents and providing credential evaluation reports directly to the Board. The Board requires each credential evaluation service to complete the Foreign Credentialing Commission on Physical Therapy (FCCPT) Coursework Evaluation Tool.

International Credentialing Associates, Inc. (ICA)  
7245 Bryan Dairy Road  
Largo, FL 33777  
1.727.549.8555 Fax 1.727.549.8554 Link: [icaworld.com](http://icaworld.com)

Foreign Credentialing Commission on Physical Therapy, Inc. (FCCPT)\*  
124 West Street South, 3rd Floor  
Alexandria, VA 22314  
1.703.684.8406 Fax 1.703.684.8715 Link: [fccpt.org](http://fccpt.org)

\* This evaluation service is **only** accepted if the evaluation was completed after 03/21/2006.

International Consultants of Delaware, Inc. (ICD)\*\*  
3600 Market Street, Suite 450  
Philadelphia, PA 19104-26511  
1.215.222.8454, ext. 510  
Fax 1.215.349.0026 Link: [www.icdeval.com](http://www.icdeval.com)

\*\* This evaluation service is **only** accepted if the evaluation was completed after 03/21/2006.

International Education Research Foundation (IERF)\*\*\*  
P.O. Box 3665  
Culver City, CA 90231-3665  
1.310.258.9451 Fax: 1.310.342.7086 Email: [www.ierf.org](http://www.ierf.org)

\*\*\* This evaluation service is **only** accepted if the evaluation was completed after 03/21/2006.

The cost of the evaluation is your responsibility. There may be additional charges for materials you wish to have reviewed once the initial evaluation is complete. Therefore, please make sure the information they receive from your school accurately reflects your educational program.

**Verification of TOEFL and TSE:** If your school of training was located in a country where English is not the official language, the board requires written verification of having passed the Test of English as a Foreign Language (TOEFL) with a minimum score of 560 (written exam) :

**\_OR**

- A minimum score of 220 (computerized exam)

**\_OR**

- TOEFL Internet-Based Test (IBT) with the following scores:
  - 24 on the writing section
  - 26 on the speaking section
  - 21 on the reading section
  - 18 on the listening section
  - 89 on the overall examination.

If you wish to be scheduled for these examinations or want to have verification of your scores sent to this office, contact the TOEFL/TSE Registration Office at P.O. Box 6152, Princeton, NJ 08541-6152 or call 609.771.7100. Fax: 1.610.290.8972. Email: [toefl@ets.org](mailto:toefl@ets.org). The "TOEFL code" for Washington State is 9783.

- Jurisprudence Exam:** [Exam Web page](#).  
Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](#) and [WAC 246-915](#)). After you take the jurisprudence exam, print your certificate of successfully passing the exam and include with application packet.
- AIDS Education and Training Attestation:**  
Seven hours of AIDS education and training is required;
- License Verification (if applicable):** A completed license certification form must be received for every state where you hold or have held a health care practitioner license; and
- Employment Verification:** Have each employer complete an employment verification form for every physical therapy position held within the past two years. Verifications will only be accepted if mailed to this office from the employer.

## **Other Information**

- The application is incomplete if requested information is left blank. State N/A or place a line through a section.
- The initial license will expire on your birthday unless the license is issued within 90 days of your next birthday. See [WAC 246-12-020\(3\)](#).
- A courtesy renewal notice will be mailed to your address of record. You must keep your current address with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- Information regarding the physical therapy program is also available on our [Web site](#).

**Note:** You cannot practice as a physical therapist or physical therapist assistant until your license is issued.

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## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions (cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction .....

**Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.**

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete? .....

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....

## 3. Education

List in date order your educational preparation. If you need more space, attach a piece of paper.

Request your school or program to send an official transcript to this office.

Schools Attended Full Name, City and State	Degree Earned	Attendance Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 4. Experience

List in date order all of your experience and practice from date of graduation from professional college. Include the month/day/year. If you need more space, attach a piece of paper.

Name of Business	Total Number of Months	Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 5. Other License, Certification, or Registration

List all states (including Washington) where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. If you need more space, attach a piece of paper.

State/ Jurisdiction	License Number	License		Method of License
		Issue Date	Expiration Date	

A "License Verification" form is enclosed and must be sent to each state listed above. Enter your full name at the top of the form so the state may identify you. Also, contact each state board listed for any fees they might charge you for processing the verification form.

## 6. AIDS Education and Training Attestation

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

**I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. I understand that if I provide any false information, my license may be denied, or if issued, suspended or revoked.**

Applicant's Initials	Date
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## 7. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of  
(Print applicant name clearly)  
the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_  
(Signature of applicant)

## 8. Applicant's Photograph

**Photo Here**



Attach Current Photograph Here.  
Indicate Date Taken and Sign in  
Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

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## **Physical Therapy Interim Permit**

### **Checklist and Sponsor Form**

Interim permits are available to graduates of CAPTE approved physical therapy programs. Interim permits expire immediately upon notification of exam failure and are not renewable.

- Complete and submit the attached Interim Permit Sponsor form.
- Request that your school send an official transcript indicating degree and date conferred, or ask your program director to submit a letter verifying successful program completion and date of graduation. Documents must be sent directly from the issuing institution to the address listed above.
- You may begin to work as a graduate physical therapist or physical therapist assistant only upon receipt of your interim permit.
- Post your interim permit in a conspicuous place at your place of employment.
- Wear identification stating your clinical title and role in the facility as a “graduate physical therapist or physical therapist assistant.” A Washington State licensed physical therapist must be on the premises at all times to provide supervision.
- A physical therapy license will be issued to you upon receipt of a passing score on the physical therapy examination and official transcripts with degree posted has been received. Destroy your interim permit immediately and replace it with your license.
- Cease practice as a graduate physical therapist or physical therapist assistant immediately upon notification of examination failure. Mail your interim permit to the Department of Health, Physical Therapy Credentialing, P.O. Box 47877, Olympia, WA 98504-7877.



Washington State Department of

Health

Physical Therapy Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360.236.4700

## Interim Permit Sponsor Form

To be completed by applicant and supervising physical therapist. Detach and return this page only to the address above:

Please check one:  Physical Therapist Interim Permit  
 Physical Therapist Assistant Interim Permit

Applicant's Full Name \_\_\_\_\_  
(Must hold a current Washington State Physical Therapy License)

Sponsoring Physical Therapist \_\_\_\_\_

Sponsor's License Number \_\_\_\_\_

Sponsor's Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Facility Name \_\_\_\_\_  
Street City State Zip

Facility Mailing Address \_\_\_\_\_

Facility Telephone \_\_\_\_\_

### Supervisor's Statement

I have read the attached [RCW 18.74.075](#) and [WAC 246-915-078](#) and understand that failure to adhere to these rules pertaining to my sponsoring the above-referenced new graduate physical therapist or physical therapist assistant could result in disciplinary action being taken against my physical therapy license.

\_\_\_\_\_  
Signature of sponsoring physical therapist

\_\_\_\_\_  
Date

### Applicant Statement

I have read the attached [RCW 18.74.075](#) and [WAC 246-915-078](#) and understand that failure to adhere to these rules pertaining to interim permits could result in the revocation of my interim permit and disciplinary action against any future Washington license I may hold.

\_\_\_\_\_  
Signature of physical therapist or physical therapist assistant

\_\_\_\_\_  
Date

FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

**Score Transfer Request**

Instructions on back of form

<b>For FSBPT Use Only</b>	
Date Received:	_____
Date Processed:	_____
Processed By:	_____
Fee Charged:	_____

To transfer your scores online, visit our website [www.fsbpt.org](http://www.fsbpt.org)

**CANDIDATE INFORMATION**

Current Last Name	First Name	Middle Name	SSN or AIN
Name at time of Exam, if different		Mother's Maiden Name	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	SUBTOTAL
*If appropriate FCCPT may be entered		
1 <sup>st</sup> _____	<input type="checkbox"/> \$80	\$ _____
2 <sup>nd</sup> _____	<input type="checkbox"/> \$55	\$ _____
3 <sup>rd</sup> _____	<input type="checkbox"/> \$55	\$ _____
<b>Individual Score Report</b> (Copy for personal records)	<input type="checkbox"/> \$55	\$ _____
	<b>Total</b>	<b>\$ _____</b>

**PAYMENT METHOD**

Credit card:       VISA     MasterCard    (A 2.1% processing fee, rounded to the nearest dollar, will apply.)

\_\_\_\_\_

Credit Card Number      Expiration Date

\_\_\_\_\_

Card Holder's Name (Printed)      Card Holder's Signature

**I certify that the information, which I have provided above, is correct.**

Signature      Date

**Your request will not be processed without a signature.**

**MAIL TO**

FSBPT Score Transfer Service, 124 West Street South, 3<sup>rd</sup> Floor, Alexandria, VA 22314

Rev. 11/10 FSBPT

# 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 extension 210 or [scoretransfer@fsbpt.org](mailto: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 and 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 Federation at [scoretransfer@fsbpt.org](mailto:scoretransfer@fsbpt.org) for instructions on where to find this information.

## 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.

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 2.1% processing fee rounded to the nearest dollar will apply.)**

## Processing Your Request

The FSBPT processes score transfer requests within 5 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, 3<sup>rd</sup> Floor  
Alexandria, VA 22314



Physical Therapy Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360.236.4700

## Employment Verification For Physical Therapy Applicants

To be completed by your supervisor or personnel manager and returned to the above address.

I certify \_\_\_\_\_  
Name of physical therapist or physical therapist assistant  
satisfactorily provided services at this facility in the capacity of a \_\_\_\_\_  
during the time period from \_\_\_\_\_ to \_\_\_\_\_  
and was supervised by \_\_\_\_\_  
Name of Supervising Licensed Physical Therapist

Facility Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
Name and title of person completing this form

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## **RCW/WAC and Online Web Site Links**

### **RCW and WAC Links**

Uniform Disciplinary Act.....	<a href="#"><u>UDA RCW 18.130</u></a>
Administrative Procedure Act .....	<a href="#"><u>APA RCW 34.05</u></a>
Administrative procedures and requirements .....	<a href="#"><u>WAC 246-12</u></a>
Physical Therapy RCW .....	<a href="#"><u>RCW 18.74</u></a>
Physical Therapy WAC.....	<a href="#"><u>WAC 246-915</u></a>

### **On-Line**

AIDS Training Resources .....	<a href="http://www.doh.wa.gov/cfh/hiv/prevention/training/default.htm"><u>http://www.doh.wa.gov/cfh/hiv/prevention/training/default.htm</u></a>
Board of Physical Therapy .....	<a href="#"><u>Web Page</u></a>
Federation of State Boards of Physical Therapy, (FSBPT) .....	<a href="https://staff.fsbpt.net/pt/"><u>https://staff.fsbpt.net/pt/</u></a>