

**STATE OF UTAH  
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

**APPLICATION FOR LICENSURE**

**PHYSICAL THERAPIST**

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

**Address of Record:** The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

**Social Security Number:** Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

**SUPPORTING DOCUMENTS AND FEES:**

**If you are applying to take the National Physical Therapy Examination (NPTE), complete the following, in addition to submitting a completed application:**

1. Submit an original copy of your college transcript or an original letter from the Dean of the Physical Therapy Education Department documenting graduation from a physical therapy education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

**OR**

If you are a foreign educated applicant and have not completed a CAPTE accredited physical therapy education program, submit the original letter from the Foreign Credentialing Commission on Physical Therapy (FCCPT) documenting that your foreign education is equal to a CAPTE accredited program and documentation that you are licensed as a physical therapist from the country where you completed your physical therapy education program. **If you are foreign educated, see #4 of the “Additional Important Information” section for details on meeting the educational requirement.**

2. Submit a completed take-home Utah Physical Therapy Law and Rule Examination. (See page 9.)
3. At the time you submit your complete license application and fee to DOPL, register for the NPTE and pay the NPTE examination fee by credit card via the FSBPT (Federation of State Boards of Physical Therapy) Internet site at [www.fsbpt.net/pt](http://www.fsbpt.net/pt).
4. Submit a **\$70.00** non-refundable application-processing fee, made payable to “DOPL.”

**If you currently hold an unrestricted license in another state and are applying for the physical therapist license by endorsement of that state, complete the following items in addition to submitting a completed application:**

1. Using the “Request for Verification of License” form (attached to this application), obtain verification of licensure from the state in which you currently hold an unrestricted physical therapist license.
2. Submit a completed take-home Utah Physical Therapist Law Examination (attached to this application).
3. Submit a \$70 non-refundable application-processing fee, made payable to “DOPL.”
4. Submit a “Score Transfer Request” to FSBPT in order to have them officially transfer your passing score on the NPTE exam to DOPL. You can submit the request online at [www.fsbpt.org](http://www.fsbpt.org).

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Law Examination:** Enclosed as part of this application is the take-home Utah Physical Therapist Law Examination. Return the completed examination with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov):

- Division of Occupational & Professional Licensing Act – 58-1
- General Rules of the Division of Occupational & Professional Licensing – R156-1
- Physical Therapist Practice Act – 58-24b
- Physical Therapist Practice Act Rules – R156-24b

Additionally, the American Physical Therapy Association “Code of Ethics” and the “Guide for Professional Conduct” is on the Internet at [www.apta.org](http://www.apta.org).

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to [www.dopl.utah.gov](http://www.dopl.utah.gov) to ensure you have the most recent version of these documents.
3. **The National Physical Therapy Examination (NPTE):** At the same time you submit your license application and fee to DOPL you must register for the NPTE and pay the examination fee by credit card via the FSBPT Internet site: [www.fsbpt.net/pt](http://www.fsbpt.net/pt).

**FSBPT:** 509 Wythe St, Alexandria, VA 22314-1917, 1-800-881-1430, fax 800-981-3031

Approximately 2 to 4 weeks after you submit your complete license application and fee to DOPL, register directly with FSBPT, and pay the NPTE exam fee, you will receive a packet of examination information and instructions on how and where to take the NPTE.

After taking the NPTE, FSBPT will submit your test scores to DOPL. If you passed the NPTE, DOPL will issue your license. If you failed the NPTE, DOPL will send you notice of your failing score, and you will then be permitted to re-register with FSBPT via the Internet to retake the examination.

You may apply to take the FSBPT during the final semester of your CAPTE accredited program. To do so, you must submit, along with your complete application for licensure, a letter from the Dean of your college or university stating that you are currently enrolled in the last semester of a CAPTE accredited program. If you choose to take the exam in your final semester, be advised that it is your responsibility to submit documentation of graduation (official transcripts) to DOPL before your license will be issued. DOPL will not send you a reminder. Also be advised that it is a criminal violation of statute to engage in the practice of physical therapy without first becoming licensed. Passing the examination does not entitle you to practice or engage in physical therapy.

4. **Foreign Educated Applicants:** If your physical therapy education was obtained in a foreign country and you are licensed in the foreign country where you obtained your education, you must contact the Foreign Credentialing Commission on Physical Therapy (FCCPT) at the address below to have your education evaluated to determine if the education is equal to a CAPTE accredited physical therapy program.

FCCPT: PO Box 25827, Alexandria, Virginia 22313-9998, (703) 684-8562

**You must have your foreign education evaluated by FCCPT before submitting an application to DOPL. You should only submit your application if FCCPT determines that your education is equal to a CAPTE accredited physical therapy program. If FCCPT determines that your education is not equal to a CAPTE accredited physical therapy program, do not submit an application to DOPL until you meet the educational requirements listed in this application. If your education is not CAPTE equivalent, you will be denied licensure, and you will likely have to reapply and repay the fees once you meet the educational requirements.**

5. **Transcripts:** DOPL will accept official transcripts released directly to the applicant. Submit the official transcripts with your application. Do not send them separately.
6. **Temporary Licenses:** Utah does not issue a temporary physical therapist license.
7. **License by Endorsement:** To qualify for licensure by endorsement, you must currently hold a physical therapist license in good standing in another state. To verify licensure in another state, submit the "Request for Verification of License" form found later in this application with a complete application and the \$60 application fee. If you qualify for

license by endorsement, you do not need to submit your school transcripts, but you must request that FSBPT transfer your NPTE exam score to DOPL.

8. **License Renewal:** All physical therapy licenses expire May 31 of each odd-numbered year. Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

9. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
10. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (i.e. copy of a marriage license or divorce decree).
11. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at [www.dopl.utah.gov](http://www.dopl.utah.gov).
12. **Mail Complete Application to:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

12. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
13. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION

License Applying For:  **PHYSICAL THERAPIST**

**PHYSICAL THERAPIST BY ENDORSEMENT** *(If Currently Licensed In Another State)*

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before?  Yes  No

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### ***DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY***

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_/\_\_\_\_/\_\_\_\_

Denied By: \_\_\_\_\_

Reason for Denial/Other Comments: \_\_\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a physical therapist in the state of Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**LICENSES**

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held as a physical therapist. *(Use additional sheets if necessary.)*

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

**EDUCATION REQUIREMENT** *(Attach additional sheets if necessary.)*

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Degree Received: \_\_\_\_\_

School Name: \_\_\_\_\_

Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_

Degree Received: \_\_\_\_\_

**EXAMINATION REQUIREMENT**

Answer “Yes” or “No.”

\_\_\_\_\_ National Physical Therapy Examination for PTs – Date(s) Taken: \_\_\_/\_\_\_/\_\_\_

# PHYSICAL THERAPIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. \_\_\_\_\_ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
7. \_\_\_\_\_ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
8. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
9. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
10. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

*(Continued on the next page.)*

11. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
12. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
13. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
14. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
15. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
16. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
17. \_\_\_\_\_ Have you been terminated from a position because of drug use or abuse within the past five (5) years?
18. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
19. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
20. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
21. \_\_\_\_\_ Do you currently have any criminal action pending?
22. \_\_\_\_\_ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?  
*(Continued on the next page.)*

24. \_\_\_\_\_ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
25. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



**If you answered “yes” to questions 21, 22, 23, 24, or 25 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

**If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.**

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# UTAH PHYSICAL THERAPY LAW and RULE EXAMINATION

The references have been provided to assist you in selecting your response. Answer “**true**” or “**false**” for each statement. Do not leave any statement blank.

1. \_\_\_\_\_ Under certain conditions a physical therapist may diagnose disease. 58-24b-102 (11)(b).
2. \_\_\_\_\_ A physical therapist assistant may design a plan of care for a patient. 58-24b-402 (2).
3. \_\_\_\_\_ A physical therapist assistant must work under either the “general supervision” or “on-site supervision” of licensed physical therapist. General supervision means supervision of a person when the physical therapist is immediately available in person, by telephone, or by electronic communication to assist the physical therapist assistant. 58-24b-401(2) and 58-24b-102(4).
4. \_\_\_\_\_ It is unethical for a physical therapist to engage in any sexual activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists. APTA Guide for Professional Conduct 2.1.C.
5. \_\_\_\_\_ A physical therapist may not invite, accept, or offer gifts, monetary incentives or other considerations that affect or give an appearance of affecting his/her professional judgment. APTA Guide for Professional Conduct 4.4.
6. \_\_\_\_\_ A physical therapy aide must be under the “on-site supervision” of either a licensed physical therapist or a licensed physical therapist assistant at all times. 58-24b-401(3)(b).
7. \_\_\_\_\_ “On-site supervision” means supervision and oversight of a person by a licensed physical therapist or a licensed physical therapist assistant when the licensed physical therapist or licensed physical therapist assistant is: (a) continuously present at the facility where the person is providing services; (b) immediately available to assist the person; and (c) regularly involved in the services being provided by the person. 58-24b-102(8).
8. \_\_\_\_\_ Under certain conditions a physical therapist may prescribe a drug. 58-24b-102(11)(b).
9. \_\_\_\_\_ A physical therapist assistant may not be supervised by any person other than a licensed physical therapist. 58-24b-401(2)(c).
10. \_\_\_\_\_ A physical therapist may purchase, store, or administer aerosols for pulmonary hygiene in an institutional setting, if a licensed respiratory therapist is not available in, or within a ten mile radius of, the institution. 58-24b-403(2)(b).

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Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

*(Use this form to verify licensure from another state if applying for Physical Therapist license by endorsement.)*

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form and submit it to the state that is verifying information for you. Request that the verifying state complete the form and return it to you for submission with your application. If a verifying state insists on submitting the verification directly to DOPL, indicate that fact in the appropriate section of the application.

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the State of Utah as a \_\_\_\_\_

I am/have been licensed in your state under the name \_\_\_\_\_

My social security number is \_\_\_\_\_

My date of birth is \_\_\_/\_\_\_/\_\_\_

My license number in your state is/was \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of \$ \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

*(Continued on the next page.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and mail or fax it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (*as it appears in verifying state's records*): \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Continuously Licensed:

Yes  No, please explain: \_\_\_\_\_

Licensed By:

Exam, Type: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Endorsement: from what state? \_\_\_\_\_

Waiver: \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

No  Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

(SEAL)

# AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure or certification or registration in the State of Utah.

I am qualified in all respects for the license/certificate/registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Printed Name of Applicant: \_\_\_\_\_