

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
PHYSICAL THERAPIST ASSISTANT

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 for the physical therapist assistant license, 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).

***NOTE:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.*

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 substantially equal to a CAPTE accredited program *AND* documentation verifying that you are licensed as a physical therapist in 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 Therapist Law Examination (*see attached*).

3. If you have already taken and passed the NPTE PTA level exam in another state, you must direct FSBPT to transfer your test score directly to DOPL. If you have not already taken the exam, you must register with FSBPT to take the exam at the time you submit your complete PTA license application and fee to DOPL. You may register for the NPTE PTA level exam and pay the examination fee by credit card via the FSBPT (Federation of State Boards of Physical Therapy) Internet site at www.fsbpt.net/pt. If you are unable to verify a passing score on the NPTE exam by July 1, 2009, you must also apply for the Temporary PTA license in order to continue practicing as a PTA.
4. Submit a **\$60** non-refundable application-processing fee, made payable to “DOPL.”

If you hold a current license in another state and are applying for the physical therapist assistant license by endorsement, 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 assistant license.
2. Submit a completed take-home Utah Physical Therapist Law Examination (*see attached*).
3. Submit a **\$60** 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.

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:

- 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 “Standards for Ethical Conduct for the Physical Therapist Assistant” and the “Guide for Conduct of the Physical Therapist Assistant” is on the Internet at www.apta.org.

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to 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 PTA level exam and pay the examination fee by credit card via the FSBPT Internet site: 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 substantially equal to a CAPTE accredited physical therapy program.

FCCPT: PO Box 25827, Alexandria, Virginia 22313-9998, (703) 684-8406

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:** Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.
6. **License by Endorsement:** To qualify for licensure by endorsement, you must currently hold a physical therapist assistant 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 applying for licensure by endorsement, you do not need to submit your school transcripts but you do need to request that FSBPT transfer your NPTE exam score.
7. **License Renewal:** All physical therapist assistant 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.

Physical therapist assistants are required to complete at least 20 hours of continuing education during each two-year license renewal cycle.

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.

8. **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.
9. **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*).
10. **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.
11. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1 st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

12. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah
13. **Fax Number:** (801) 530-6511
14. **Email:** doplbuerau3@utah.gov

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APPLICATION FOR LICENSURE

GENERAL INFORMATION

- License Applying For: **PHYSICAL THERAPIST ASSISTANT**
 PHYSICAL THERAPIST ASSISTANT BY ENDORSEMENT
(If Currently Licensed in Another State)

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.			
Last Name:		First Name:	
		Middle Name:	
Social Security Number: - -		Maiden Name:	
I certify under penalty of perjury that:			
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __			
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __			
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.			
<input type="checkbox"/> I am a foreign national not physically present in the United States.			
Mailing Address:			
City:			State:
			ZIP:
<input type="checkbox"/> Male	Date of Birth:	Phone #:	E-Mail:
<input type="checkbox"/> Female			
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>			
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:
Profession:		Issuing State:	
License Number:		License Status:	Issue Date:

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: _____	

PLEASE READ THE FOLLOWING PARAGRAPHS AND SIGN BELOW

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. 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.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___/___/_____

EDUCATION REQUIREMENT (Use 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 PTAs – Date(s) Taken: ___/___/___

PHYSICAL THERAPIST ASSISTANT 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?
11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

(Continued on the next page.)

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 become 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?
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?

(Continued on the next page.)



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.



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 THERAPIST ASSISTANT
LAW EXAMINATION**

(not required if applying for temporary physical therapist assistant license)

This examination is not intended to be difficult. The purpose of the exam is to bring to your attention specific practice issues you need to know in order to avoid violating Utah statute as well as Utah law and rule or the American Physical Therapy Association Standards of Ethical Conduct. If you are uncertain about any of the questions listed below, please refer to the references listed in order to become familiar with Utah’s controlled substance prescribing practices.

Physical Therapist Practice Act, 58-24b - <http://dopl.utah.gov/laws/R156-24b.pdf>

Standards of Ethical Conduct for the Physical Therapist Assistant

http://www.apta.org/AM/Template.cfm?Section=Policies_and_Bylaws1&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=73011

Answer “**True**” or “**False**” for each statement. Submit this completed examination with your application for licensure.

<input type="checkbox"/> True <input type="checkbox"/> False	1. A physical therapist assistant may not be supervised by any person other than a licensed physical therapist.
<input type="checkbox"/> True <input type="checkbox"/> False	2. A physical therapist assistant may design a plan of care for a patient.
<input type="checkbox"/> True <input type="checkbox"/> False	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.
<input type="checkbox"/> True <input type="checkbox"/> False	4. Physical therapist assistants shall protect confidential patient/ client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.
<input type="checkbox"/> True <input type="checkbox"/> False	5. Under certain conditions a physical therapist or a physical therapist assistant may diagnose disease.
<input type="checkbox"/> True <input type="checkbox"/> False	6. A physical therapist assistant may not invite, accept, or offer gifts, monetary incentives or other consideration that affect or give an appearance of affecting his/her provision of physical therapy intervention.
<input type="checkbox"/> True <input type="checkbox"/> False	7. 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.
<input type="checkbox"/> True <input type="checkbox"/> False	8. “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.
<input type="checkbox"/> True <input type="checkbox"/> False	9. A physical therapist assistant may not prescribe or dispense a drug unless instructed to do so by their physical therapist supervisor.
<input type="checkbox"/> True <input type="checkbox"/> False	10. It is unethical for a physical therapist assistant to engage in any sexual activity, whether consensual or nonconsensual, with any patient under his or her care.

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REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state if applying for physical therapist assistant 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)