

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

**APPLICATION FOR LICENSURE**

**TEMPORARY PHYSICAL THERAPIST  
TEMPORARY 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:**

**To apply for a temporary physical therapist or temporary physical therapist assistant license, complete the following, in addition to submitting a completed application:**

- 1. Submit Transcripts.** Submit an original copy of your college transcript documenting graduation from a physical therapy education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The transcripts must verify that you were a graduate of the program within three months immediately preceding the date of DOPL's receipt of your temporary license application. Transcripts must be sent to DOPL directly from the school or you may obtain the transcript from the school so long as it is in a sealed envelope bearing the school's stamp or seal on the envelope flap.
- 2. Submit Verification Form.** Submit a completed "Verification of Employment Conditioned Upon Receipt of Temporary License" form. See the attached form.

- 3. Submit Application Fee.** Submit a **\$50.00** non-refundable application-processing fee, made payable to “DOPL.” This temporary license application fee is separate from the regular license application fee.

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

- 1. Purpose of Temporary License:** For some graduates, FSBPT’s fixed-date testing policy creates a long waiting period between completion of a degree and the next available date to take FSBPT’s NPTE exam. The temporary license creates a way for an individual to work after they complete their degree but before they obtain a passing score on the NPTE exam.
- 2. Term of Temporary License:** All temporary licenses expire the earlier of: (1) six months from the date of issuance; (2) the date upon which the Division receives notice from the examination agency that the individual has failed the examination twice; or (3) the date upon which the Division issues the individual full licensure. A temporary license cannot be renewed or extended.
- 3. Items to Complete Before Applying for a Temporary License:** Before you submit this application for a temporary license, you must have already completed the following steps:
  - Complete a degree from a CAPTE accredited physical therapy program;
  - Contact FSBPT to register for the NPTE examination;
  - Submit an application to DOPL for a regular physical therapist or physical therapist assistant license; and
  - Obtain a formal offer employment conditioned upon issuance of the temporary license.

If you have not yet completed any one of the steps outlined above, do not submit an application at this time because you do not qualify for a temporary license.

- 4. 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.
- 5. The National Physical Therapy Examination (NPTE):** At the time you submit this temporary license application, you should have already registered to take the NPTE exam. To register for the NPTE and pay the examination fee by credit card to FSBPT, visit FSBPT website: [www.fsbpt.net/pt](http://www.fsbpt.net/pt) . FSBPT: 509 Wythe St, Alexandria, VA 22314-1917, phone: 1-800-881-1430, fax: 800-981-3031
- 6. Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive notices or other important correspondence. Address changes can be made online at [www.dopl.utah.gov](http://www.dopl.utah.gov).
- 7. 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).

**8. Submit Completed Application to:**

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

**9. Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah

**10. Fax Number:** (801) 530-6511

**11. Email:** [doplureau3@utah.gov](mailto:doplureau3@utah.gov)

# APPLICATION FOR LICENSURE

License Applying For:  TEMPORARY PHYSICAL THERAPIST

TEMPORARY PHYSICAL THERAPIST ASSISTANT

**\*\*\* Please list your full legal name as it appears on your driver's license or Social Security Card. If your application includes any documents under any other name, please include a copy of your marriage license, divorce decree, or other applicable legal name change document.**

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. <b>License/State ID Number:</b> _____ <b>Issuing State:</b> _____					
<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. <b>License/State ID Number:</b> _____ <b>Issuing State:</b> _____					
<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:	

<b>DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY</b>	
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 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, organization, 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 you are applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

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

**EDUCATION** (*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: \_\_\_\_\_

School Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ To \_\_\_\_\_ Date of Graduation: \_\_\_/\_\_\_/\_\_\_  
Degree Received: \_\_\_\_\_

Division of Occupational & Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 841114-6741  
Fax: (801) 530-6511

## VERIFICATION OF EMPLOYMENT CONDITIONED UPON RECEIPT OF TEMPORARY LICENSE

**TO BE COMPLETED BY PHYSICAL THERAPIST SUPERVISOR:**

Name of individual applying for temporary license: \_\_\_\_\_

Name of physical therapist supervisor: \_\_\_\_\_

Supervisor license number: \_\_\_\_\_

Name of facility offering employment to applicant: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

I do hereby certify that the applicant named above was offered employment conditioned upon the applicant's receipt of temporary license at the facility referenced above. I understand that once the applicant obtains a temporary license, I am responsible to supervise them. I also understand that the temporary license will be active for a maximum of 6 months.

Signature of Supervisor: \_\_\_\_\_

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