

Application for Physical Therapy/Physical Therapist Assistant Licensure

Iowa Department of Public Health/Bureau of Professional Licensure

PLEASE PRINT**Instructions on page 3**

1. _____ 2. _____
Last Name *First Name and Middle Name*
3. _____
Mailing Address
4. _____
City, State, Zip Code *E-Mail Address*
5. _____ 6. _____ 7. _____ -- --
Daytime Phone (Including Area Code) *Date of Birth* *Social Security Number**
8. Male Female 9. _____
Gender (optional question) *If any of your documentation is in a name other than your current name, list the previous names of record.*

The following questions must be answered. If you answer "Yes" to question 10 – 15 below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer "Yes" even when a conviction or judgment has been deferred or expunged from your record.

10. Been convicted, found guilty of or entered a plea of guilty or no contest to a felony or misdemeanor crime (Other than minor traffic violations with fines under \$500)?	Yes	No
11. Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim against you?	Yes	No
12. Been investigated by a licensing, registration, or certification authority or organization; or had a licensing, registration, or certification authority or organization institute disciplinary action against you related to your professional practice? (If the investigation or action was instituted by this licensing board you may answer "NO" to this question).	Yes	No
13. Been disciplined or sanctioned by any licensing, registration, or certification authority or organization related to your professional practice? (If this licensing board took the disciplinary action, you may answer "NO" to this question).	Yes	No
14. Developed a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No
15. Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)	Yes	No

Type of Application:

16. **Physical Therapist** **Physical Therapist Assistant**

Applying by Examination (*new graduate*) **OR** **Endorsement** (*previously licensed in another state*)

17. Have you taken the National Physical Therapy Examination? Yes No

If yes, dates taken _____ / _____ / _____ Pass Fail

_____ / _____ / _____ Pass Fail

_____ / _____ / _____ Pass Fail

If no, in which state do you plan to take NPTE? _____

18. Do you wish to inform the Board of any physical or mental condition which would require special accommodation for the administration of the examination? Yes No

Professional Education

19. _____
Name of Professional Educational Institution *Location of School*

20. Degree date: _____

21. Are you or have you ever been licensed, certified, or registered in another state? Yes No

If yes, list the two letter postal codes of the state(s). _____

22. If applying for licensure by endorsement list below where you have practiced as a physical therapist/physical therapist assistant within the immediately preceding 2 year period or provide proof of continuing education earned in the immediately preceding 2 year period.

a. Establishment: _____

Street Address *City* *State* *Zip Code*

Dates: From _____ to _____

Full Time: Yes No If part-time, indicate number of hours per week _____

b. Establishment: _____

Street Address *City* *State* *Zip Code*

Dates: From _____ to _____

Full Time: Yes No If part-time, indicate number of hours per week _____

c. Establishment: _____

Street Address *City* *State* *Zip Code*

Dates: From _____ to _____

Full Time: Yes No If part-time, indicate number of hours per week _____

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my application may be denied or that I may be subject to disciplinary action and criminal prosecution if I am already licensed.

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the time period the application is pending. I also understand that this application is a public record in accordance with Iowa Code, Chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. Finally in submitting this application, I consent to any reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

*This information is collected pursuant to Iowa Code Chapters 252J, 261 & 272C. Failure to provide mandatory information will result in license denial. Privacy Act Notice: Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13) and Iowa Code § 252J.8(1). The number will be used in connection with the collection of child support obligations and as an internal means to accurately identify licensees, and may be shared with taxing authorities as allowed by law including Iowa Code § 421.18.

23. _____

INSTRUCTIONS

To complete application, answer each question completely in ink. The following is a list of the supporting documents and fees required for licensure. It is the applicant's responsibility to see that all required documents and fees reach the board office.

BY EXAMINATION:

- The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy.
- Official** final transcripts sent directly to the board office from professional school.
- Official** copy of NPTE examination scores sent directly from the FSBPT Score Transfer Service.
- Foreign-educated** physical therapists have the same requirements as listed above plus
- Board-approved evaluation of your professional curriculum from FCCPT **and**
- Certified proof of passing IBT-TOEFL with a total score of at least 89 as well as accompanying minimum scores in the four test components as follows: 24 in writing; 26 in speaking; 21 in reading comprehension; and 18 in listening comprehension, sent directly from examination service

BY ENDORSEMENT:

- The non-refundable licensure fee is \$120. Make check or money order payable to the Iowa Board of Physical & Occupational Therapy.
- Official** final transcripts sent directly to the board office from professional school.
- Official** copy of NPTE examination scores sent directly from the FSBPT Score Transfer Service.
- Employers statement of at least 2,080 hours of PT/PTA practice within last 2 years.
 - OR** Proof of continuing education Physical Therapist - 40 hours or Physical Therapist Assistant - 20 hours;
 - OR** Have successfully passed the examination within a period of one year from the date of examination to the time the application is completed for licensure.
- If you have obtained a PT/PTA license in any other state(s), official verification of licensure from those states must be sent directly to the board office from each state.
- Foreign-educated** physical therapists have the same requirements as listed above plus
- Board-approved evaluation of your professional curriculum from FCCPT **and**
- Certified proof of passing IBT-TOEFL with a total score of at least 89 as well as accompanying minimum scores in the four test components as follows: 24 in writing; 26 in speaking; 21 in reading comprehension; and 18 in listening comprehension, sent directly from examination service

Applications must be complete and signed to be processed. No application will be considered complete until all required supporting documents and fee has been received in the Board office. The Board will evaluate your qualifications solely on the basis of the information submitted. Questions regarding the application process may be directed to 515/281-4287 or karla.hoover@idph.iowa.gov. Please note that frequent phone calls to the Board office will slow the application process. An applicant who has been denied licensure by the board may appeal the denial and request a hearing on the issues related to the licensure denial by serving a notice of appeal and request for hearing upon the board not more than 30 days following the date of mailing of the notification of licensure denial to the applicant. The request for hearing shall specifically delineate the facts to be contested at hearing. **Mail the original completed application bearing signature in ink to:**

**Iowa Board of Physical & Occupational Therapy
Bureau of Professional Licensure
Lucas State Office Building, 5th Floor
321 E 12th St.
Des Moines, IA 50319-0075**

<http://www.idph.state.ia.us/licensure>

When you are licensed, you will be able to view and print your licensure status. Go to www.licensediniowa.gov. Click on License Search, insert your name, and select your profession. Your license and wallet card will be mailed to you after Active status is posted.