

Name: _____  <input type="checkbox"/> End: _____ <input type="checkbox"/> Ex: _____ <input type="checkbox"/> Rev by End: _____ <input type="checkbox"/> Exost: _____  Board Approved by: _____ _____ _____	Examination Date: _____/_____/_____  ID Number: _____/_____/_____  Exam Form Number: _____/_____/_____  <b>SCORES:</b> Scaled: _____/_____/_____ Raw: _____/_____/_____  NC Passing: Scaled: _____/_____/_____ Raw: _____/_____/_____	Date Received: ____/____/_____ Fee: _____ Dep#: _____  License No: _____  Issued Date: _____  Granted By: <input type="checkbox"/> End: _____ <input type="checkbox"/> Ex: _____ <input type="checkbox"/> Rev by End: _____ <input type="checkbox"/> Exost: _____
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# North Carolina Board of Physical Therapy Examiners

## Application for Physical Therapist Licensure

[illegible]

- I. PRINT** your name exactly as you want it to appear on your certificate of licensure.

## Entry Level Physical Therapy Education

- II.** List physical therapist program conferring degree or certificate.

## SCHOOL AND LOCATION

**DATES ATTENDED**

DEGREE OR CERTIFICATE

## Professional Licensure

- III.** List **ALL** states in which you have even been licensed regardless of status of license at this time.

STATE License #

DATE OF

## ORIGINAL LICENSE

## METHOD OF LICENSE

(EXAM, ENDORSEMENT, etc.)

**IS LICENSE CURRENT**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

(list additional licenses on a separate sheet and attach)

## Professional Employment

- IV.** When and where do you anticipate employment in North Carolina? **Please enter “NONE” if unknown.**

a. **DATE**

## PLACE

**SUPERVISOR**

- b. If employed as a contract therapist, list name and address of employer.

c. Starting with PRESENT position list your professional employment.

## DATES

NAME AND ADDRESS OF INSTITUTION

**SUPERVISOR**

1. \_\_\_\_\_
2. \_\_\_\_\_

(list other places of employment on a separate sheet and attach)

**OVER**

V. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:	YES	NO
1. Have you ever used a name other than the one on the front of the form? If yes, give name(s)_____	_____	_____
2. Have you ever taken the physical therapist licensing examination?	_____	_____
3. Have you ever been denied the privilege of taking a physical therapist licensing examination?	_____	_____
If yes, give state(s):_____		

**IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, GIVE DETAILS ON A SEPARATE SHEET AND ATTACH.**

4. Has disciplinary action ever been taken or is pending against you by a PT Licensing board?	_____	_____
5. Have you ever used drugs or alcohol to the extent it adversely affects professional competence?	_____	_____
6. Have you ever been convicted for violating any narcotic or controlled substance law? (Do not include convictions that have been expunged.)	_____	_____
7. Have you ever been convicted of a felony or other public offence involving moral turpitude? (Do not include convictions that have been expunged.)	_____	_____
8. Have you ever been found to have committed an act or acts of malpractice, gross negligence or incompetence in the practice of physical therapy?	_____	_____
9. Have you ever had an adjudication of insanity or incompetence?	_____	_____

**VI. FEES: Certified check or money order payable to: NC Board of Physical Therapy Examiners must accompany application. Personal or business checks will be returned.  
Application fee is NOT refundable**

Check One:	<input type="checkbox"/> Applying for licensure by endorsement	\$150.00
	<input type="checkbox"/> Applying for licensure by examination in another state	\$150.00
	<input type="checkbox"/> Applying for licensure by examination in North Carolina: (examination cost \$370.00 to be paid directly to FSBPT)	\$150.00

Exam Candidates: List preferred examination date:\_\_\_\_\_

**If you have a disability and need an accommodation at the exam, check here \_\_\_\_\_. You will receive a Request for Accommodation Form which must be submitted at least 90 days before the examination.**

**VII. AFFIDAVIT**

By signing the application I, \_\_\_\_\_, do hereby state that I am the person referred to in this application for a license to practice as a physical therapist in North Carolina and to the best of my knowledge and belief the statements in my application are true in every respect. The attached photograph is a true likeness of me. I authorize former employers, schools, references, testing services and other licensing boards to give any job related, personal or licensing information they may have regarding me. I hereby release them from all liability for issuing such information.



\_\_\_\_\_

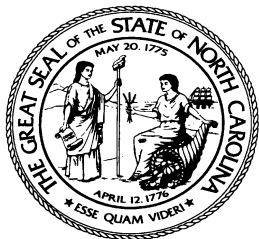
*Sign in the presence of a Notary Public*

Sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

*Signature of Notary Public (affix seal):* \_\_\_\_\_

*My commission expires:* \_\_\_\_\_

**SEND FORM AND CERTIFIED CHECK OR MONEY ORDER TO:**  
N.C. Board of Physical Therapy Examiners  
18 West Colony Place, Suite 140  
Durham, NC 27705



North Carolina Board of  
Physical Therapy Examiners  
**Character Reference**

**Check One**

Applying for Licensure  
PT\_\_\_\_ or  
PTA\_\_\_\_  
\_\_\_\_ by Endorsement  
\_\_\_\_ by Exam in \_\_\_\_

**To be completed by applicant**

Name: Mr. Ms. Mrs. Dr. \_\_\_\_\_ Maiden Name: \_\_\_\_\_

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

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

**To be completed by a person who has known the applicant for at least one year and is not a relative:**

This certifies that I have been acquainted with \_\_\_\_\_  
(name of applicant)

from \_\_\_\_\_ (month / year) to \_\_\_\_\_ (month / year)

in the following capacity: \_\_\_\_\_

**I can attest to the good moral character of**

\_\_\_\_\_  
(name of applicant)

Good moral character means a “personal history of honesty, fairness, and respect for the rights of others and the laws of the state and nation.” If there is any additional information concerning the good moral character or technical fitness of the applicant that you feel the Board should know, please attach a written explanation.

**Do not give this reference to the applicant.**

Reference must be returned directly by person writing it to:

**NC Board of PT Examiners  
18 West Colony Place, Suite 140  
Durham, NC 27705**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or type name and title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Date



North Carolina Board of  
Physical Therapy Examiners  
**Character Reference**

**Check One**

Applying for Licensure

PT \_\_\_\_\_ or

PTA \_\_\_\_\_

\_\_\_\_\_ by Endorsement

\_\_\_\_\_ by Exam in \_\_\_\_\_

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

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

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**NC Board of PT Examiners  
18 West Colony Place, Suite 140  
Durham, NC 27705**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print or type name and title)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Date



# NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

## CERTIFICATION OF VALID PHYSICAL THERAPIST LICENSE IN ANOTHER STATE

To be completed by applicant

Name: Mr. Ms. Mrs. Dr.

Maiden Name:

Address:

City:

State:

Zip code:

License Number:

To be completed by Licensing Board of State in which applicant holds a current physical therapist license:

A. Name of Licensee: \_\_\_\_\_

License to practice as a physical therapist in: \_\_\_\_\_

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_

B. Licensure Status: Current: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Lapsed: \_\_\_\_\_ Date: \_\_\_\_\_

### C. Licensure Method

☐ National Exam (Date): \_\_\_\_\_

☐ Endorsement (State) \_\_\_\_\_

☐ Board Exam (Date): \_\_\_\_\_

☐ Waiver/Grandfather \_\_\_\_\_

☐ Other Exam (Date): \_\_\_\_\_

☐ Other (Please specify) \_\_\_\_\_

Specify Exam Name: \_\_\_\_\_

D. If licensed by examination, list score:

National Exam (prior to July, 1993)

**RAW** Total Score \_\_\_\_\_

Board / Other Examination

Subject

Score

National Exam (after July, 1993)

**SCALED** Total Score \_\_\_\_\_

(based on 200-800scale)

E. Has this licensee ever been subject to disciplinary proceedings or is there any current investigation involving this individual? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give full details on reverse side.

Signature / title

Name of State Board

Address

City

State

zip code

Date

**BOARD SEAL**

Return form to: NC Board of Physical Therapy Examiners  
18 West Colony Place, Suite 140, Durham, NC 27705

## FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY

**Score Transfer Request**

Instructions on back of form.

To transfer your scores online, visit our website <https://www.fsbpt.net/pt>**For FSBPT Use Only**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Fee Charged: \_\_\_\_\_

**CANDIDATE INFORMATION**

Current Last Name	First Name	Middle Name	SSN or AIN
Name at time of Exam, if different		Other Names	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	\$ _____
Individual Score Report (Copy for personal records)	<input type="checkbox"/> \$55	\$ _____
<b>Total</b>		<b>\$ _____</b>

**PAYMENT METHOD**Credit card: ☐ VISA ☐ MasterCard (When paying by credit card, a 2.1% processing fee will apply.)

	Expiration Date
Credit Card Number	

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**

## **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, 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% credit card 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