

Louisiana Physical Therapy Board Application for State Licensure

Procedures

No Individual May begin Clinical Practice Without a Provisional License/License
THIS FORM MUST BE FILLED IN. HAND-WRITTEN FORMS WILL NOT BE ACCEPTED

Read the definitions below to determine what type of applicant you are.

Types of Applicants

- 1) Examination - if you are a new graduate of a CAPTE accredited Physical Therapy or Physical Therapist Assistant Program and you have never been licensed in another state or US Territory by temporary or permanent license and have never taken a US administered National Physical Therapy licensing examination. (Administered by PES, ASI, or FSBPT).
- 2) Foreign educated - if you have been educated and graduated from a school of physical therapy outside the United States that is not CAPTE accredited.
- 3) Reciprocity - if you have ever held a temporary or permanent license in another US state and have taken a US administered National Physical Therapy or Physical Therapy Assistant licensing exam (Administered by PES, ASI, or FSBPT).
- 4) Re-instatement - if you have been previously licensed in Louisiana, but have allowed your license to lapse. The fee for reinstatement is renewal fee plus reinstatement fee.

See Fee Schedule for Application Fees

General Information

Only Current, Original Applications will be accepted

The application fee must be submitted in the form of a domestic cashiers check or a money order. A personal check is not acceptable and your application will be returned. **THIS FEE IS NON-REFUNDABLE.**

Application for licensure shall be for a term of one year or two years, to be determined by the birth year of the applicant..

- (1) Applicants who apply for licensure in an even numbered year and whose birth year ends in an odd number (2013, 2015) shall be applying for a one year license.
- (2) Applicants who apply for licensure in an even numbered year and whose birth year ends in an even number (2014, 2016) shall be applying for a two year license.
- (3) Applicants who apply for licensure in an odd numbered year and whose birth year ends in an even number (2014, 2016) shall be applying for a one year license.
- (4) Applicants who apply for licensure in an odd numbered year and whose birth year ends in an odd number (2013, 2015) shall be applying for a two year license.

Your application must be complete and notarized containing one (1) proper passport size photograph (taken within one (1) year) to be used for identification purposes. Staple the photo to the application where indicated or email a .jpg to lsbpte@laptboard.org identifying yourself.

Enclosed in this packet, you will find a form that must be forwarded to the applicant's Physical Therapy or Physical Therapist Assistant School verifying completion and graduation from that program. This form must be forwarded to this Board by the school. A copy of the applicant's marriage certificate is required if the degree was received in the applicant's maiden name. A photocopy of the applicant's physical therapy or physical therapist assistant diploma and/or certificate must be sent to this office along with your application to be retained in the Board office files. All applicants must pass the Board's online jurisprudence (free of charge - www.laptboard.org/coned/jurisprudence). The result is posted to the private side of the board website.

Personal interviews will be scheduled with a Board Representative upon receipt of completed application and payment of fees. Applicants must present the following ORIGINAL documents at the time of the interview in order to obtain a provisional license to practice physical therapy in Louisiana:

- a. Original Physical Therapy or Physical Therapist Assistant Diploma
- b. Original Passport - if you are not a U.S. Citizen (foreign educated physical therapy graduates only.)

Disclosure of your Social Security Number is mandatory. The SSN will be provided to the Department of Child Support and Financial Aid to assist in the identification of persons who are delinquent in complying with a child support order, or in the repayment of educational loans.

REQUIREMENTS FOR RECIPROCITY

In addition to the application:

- Application fee determined by the birth year of the applicant.
- Verification of licensure from all states in which you held a license/permit. (Must be forwarded by state PT Board)
- Provide a Certificate of Completion of 30 contact hours of continuing education within the previous 24 months.
- Pass the Board's online jurisprudence (free of charge - www.laptboard.org/coned/jurisprudence).
- Personal interview with a Board Representative.

COMPLIANCE WITH THE AMERICAN DISABILITIES ACT OF 1990

The Louisiana Physical Therapy Board (the "Board") complies with the Americans with Disabilities Act of 1990. To assure equal opportunity for all qualified persons, the Board will make reasonable accommodations for candidates having certain physical or mental impairments that might affect their ability to take the licensing examination. If you have a physical or mental impairment which limits one or more of your major life activities for which you desire accommodation in the testing process, please notify the Board office as soon as possible. All requests for accommodations must be received with the application for examination.

FOREIGN-EDUCATED PHYSICAL THERAPY APPLICANTS

NOTICE

Foreign-educated physical therapy graduates must pass the NPTE prior to being issued a provisional license to complete the supervised clinical period.

Credentials Evaluation. A foreign graduate PT applicant must submit to the board a credentials evaluation of professional education and training prepared by a board -approved credentialing entity using the Course Work Tool. The board will maintain a list of approved credentialing entities on its website. The credential report must have been prepared no more than eighteen months prior to the date of the application for licensure, and must be submitted to the board directly by the credential evaluation agency. The applicant is responsible for any expense associated with the credentials evaluation.

1. The credentials evaluation must provide documentation that the applicant's education from outside a state or territory of the US is substantially equivalent to the education of a PT who has graduated from a physical therapy education program accredited by CAPTE. The evaluation must also establish that the institution at which the applicant received his physical therapy education is recognized by the Ministry of Education or an equivalent agency in that country.

2. To determine substantial equivalency, the credentialing evaluation entity shall use a Course Work Tool (CWT) adopted by the FSBPT and approved by the board.

3. To determine substantial equivalency, the entity shall use the version of the CWT in place at the time of entry by the applicant into the US.

4. To be considered substantially equivalent to the requirements established in this rule, the applicant's foreign education must contain evidence of the content and distribution of coursework identified in the appropriate coursework evaluation tool identified in Paragraph D.3 of this rule.

5. An evaluation prepared by a credentialing agency reflects only the findings and conclusion of that agency, and shall not bind the board. If the board determines that the applicant's education is not substantially equivalent to an entry -level physical therapy program accredited by CAPTE, the board will notify the applicant in writing, identifying the deficiencies.

APPROVED CREDENTIALING AGENCIES

Foreign Credentialing Commission on Physical Therapy (FCCPT)
124 West Street South, 3rd Floor
Alexandria, VA 22314
(703) 684-8406 OR <http://www.fccpt.org>

International Consultants of Delaware
CGFNS International
3600 Market Street
Philadelphia, PA 19104
(215) 222-8454 OR <http://www.icdeval.com>

International Education Research Foundation, Inc.
P. O. Box 3665
Culver City, CA 90231
(310) 258-9451 OR <http://www.ierf.org>

REQUIREMENTS FOR REINSTATEMENT

In addition to the application, please send:

- A letter giving the explanation for the reason the license was not renewed timely.
- Two letters of character recommendation from reputable physicians, dentists, podiatrists, currently licensed physical therapists, or chiropractors along with the applicable renewal and reinstatement fees.
- Verification of licensure from all states in which you held a license/permit. (Must be forwarded by state PT Board)
- Provide a Certificate of Completion of 30 contact hours of continuing education within the previous 24 months.
- Pass the Board's online jurisprudence (free of charge - www.laptboard.org/coned/jurisprudence).

FEE SCHEDULE

| | |
|---|-------------------|
| *APPLICATION FEE | |
| Payable to Louisiana Physical Therapy Board (one year vs two year applicant)..... | \$200.00/\$315.00 |
| Register on-line to FSBPT (https://www.fsbpt.net)..... | 370.00 |
| RE-EXAMINATION | |
| Register on-line with FSBPT (https://www.fsbpt.net)..... | 370.00 |
| *RE-INSTATEMENT (must include renewal fee of \$115 per year - determined by the birth year of the applicant)..... | 75.00 |
| RENEWAL OF LICENSE (per year)..... | 115.00 |
| VERIFICATION OF LICENSE..... | 40.00 |
| DUPLICATE WALL CERTIFICATE..... | 50.00 |
| DUPLICATE WALLET LICENSE..... | 20.00 |

*Rule 151.B.

5. the application fees due from an applicant receiving a one year license shall be \$200; application fee due from an applicant receiving a two year license shall be \$315. (Submit fee in form of a cashier's check or money order.)

APPLICATION
LOUISIANA PHYSICAL THERAPY BOARD
104 Fairlane Drive, Lafayette, LA 70507
Email: lsbpte@laptboard.org Phone: (337) 262-1043

PART 1: Applicant Identifying Information

I hereby make application for a license to practice as a Physical Therapist Physical Therapist Assistant in Louisiana subject to the provisions of the law and the rules of Louisiana Physical Therapy Board.

| | | | |
|---|-------------------------|--------------------------------|-----------------------------------|
| 1. Last Name | 2. First Name | 3. M Name | 4. Suffix |
| 5. Maiden Name (if applicable) | 6. Mother's Maiden Name | 7. SSN | |
| 8. Current Address | | | |
| Street | Apt | City | State ZIP County/Parish |
| 9. Permanent Mailing Address (if different from current address listed above) | | | |
| Street | Apt | City | State ZIP County/Parish |
| 10. Business Mailing Address | | | |
| Street | Apt | City | State ZIP County/Parish |
| 11. Identify Preferred Mailing Address | | | |
| <input type="radio"/> Current <input type="radio"/> Permanent <input type="radio"/> Business | | | |
| NOTE: You must select one. The preferred mailing address will be available to the public. | | | |
| 12. Identify any maiden name, surname or any other names or aliases you have been known by or used, and identify the reason for your name change. | | | |
| 13. Place of Birth (List City, Parish/Country/ State or other Jurisdiction, Country) | | 14. Date of Birth (MM/DD/YYYY) | |
| 15. Contact Information (with area code) | | | |
| Cell Phone | Home Phone | Business Phone | Email |
| *** EACH TIME YOUR ADDRESS CHANGES YOU MUST NOTIFY THE BOARD *** | | | |
| 16. Present Employment | | | |
| Facility Name | Address | Telephone Number | |
| 17. Proposed Employment | | | |
| Facility Name | Address | Telephone Number | |

PART II: Education Information

| High School Attended | Location (City & State or Country) | Dates of Attendance | | Major | Degree Earned |
|---|---------------------------------------|---------------------|------------------|-------|---------------|
| | | FROM Month/Year | TO Month/Year | | |
| | | | | | |
| College or University Undergraduate & Graduate | Location (City & State or Country) | Dates of Attendance | | Major | Degree Earned |
| | | FROM Month/Year | TO Month/Year | | |
| | | | | | |
| | | | | | |
| | | | | | |

Applicant Signature _____ Date _____

PART III: Record of Licensure Information

If you have ever been licensed, certified or registered (including temporary permits) to practice in the profession for which you are now making application, or held any other professional license, certification or registration complete the information below. You must identify the method by which you obtained your professional license(s) If you have ever held a temporary permit, it must be listed here also. You must include previous jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications, or registrations previously held may result in denial of your application or other appropriate action. Please provide a copy of your license or certificate. **YOU MUST PROVIDE VERIFICATION OF LICENSURE FOR EACH STATE OR COUNTRY IN WHICH YOU WERE GRANTED A PERMIT OR LICENSE. THE VERIFICATION MUST COME DIRECTLY FROM THE STATE/COUNTY LICENSING BOARD.**

| Jurisdiction | Title of License: (PT/PTA) | License Number/ Name on License | How License Obtained (Use applicable number from above) | Date of Original (Initial) Issuance | If license is not current and in good standing explain below or on separate sheet |
|---|----------------------------|---------------------------------|---|-------------------------------------|---|
| Jurisdiction of Initial Licensure: | | | | | |
| Jurisdiction of Licensure where you have practiced most recently: | | | | | |
| Licensure from Other Jurisdictions: | | | | | |
| Licensure from Other Jurisdictions: | | | | | |
| Licensure from Other Jurisdictions: | | | | | |

PART IV: Record of Licensure Examination

If you have ever taken a licensure examination, in this state or any other state, for the profession for which you are now making application, you must complete the information requested below. Each examination attempt must be shown. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action. You must request your scores be transferred to this Board by the Federation of State Boards of Physical Therapy Score Transfer Service at <https://www.fsbpt.net>. If you are currently registered for the exam please indicate your Confirmation Number.

| Name of Examination: Note: If an Examination is administered in parts, each part should be listed separately. | Jurisdiction | Score | Date of Examination | City of Examination | Passed/Failed/Other (If Other, please explain) |
|--|--------------|-------|---------------------|---------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

If more space is needed, please use an extra sheet of paper.

PART V: Employment History in Physical Therapy Clinics

Please indicate all employment chronologically since graduation beginning with current employment and account for all times. If more space is needed please attach an extra sheet of paper and make sure that it is signed and dated.

| FACILITY | CITY | STATE | POSITION |
|----------|------|-------|----------|
| | | | |
| | | | |
| | | | |

Applicant Signature _____

Date _____

PART VI: Personal History Information

Please answer each of the following questions by clicking the appropriate answer.

- 1. Have you ever had an application for any professional license refused or denied by any licensing authority? YES NO
- 2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? YES NO
- 3. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post-secondary educational program in which you were enrolled? YES NO
- 4. Have you ever been placed on probation, restriction, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise been acted against by any professional training program prior to completion of that training? YES NO
- 5. Have you ever voluntarily surrendered a physical therapy or physical therapist assistant license? YES NO
- 6. Have you ever allowed your physical therapy or physical therapist assistant license to lapse, or had a limited or probationary license issued by any state licensing authority? YES NO
- 7. Have you ever voluntarily surrendered any other professional license? YES NO
- 8. Have you ever allowed any other professional license to lapse, or had a limited or probationary license issued by any other licensing authority? YES NO
- 9. Has your physical therapist or physical therapist assistant license ever been revoked? YES NO
- 10. Have you ever been the subject of disciplinary action with regard to your physical therapist or physical therapist assistant license, been sanctioned by any state licensing authority, state association, licensed healthcare facility, or the administrative staff of such facility? YES NO
- 11. Have your practice privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? YES NO
- 12. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license? YES NO
- 13. To your knowledge are there any complaints against you which are currently pending or unresolved before any licensing authority, association, licensed hospital/clinic, or staff of such hospital or clinic? YES NO
- 14. Have you ever been charged with, convicted of, or pled guilty or nolo contendere, to a felony criminal offense in any state or federal court, whether or not sentence has been imposed or suspended?
If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction or plea, the nature of the offense and date of discharge, if applicable, as well as a statement from your probation officer. YES NO
- 15. Have you ever been pardoned from a criminal felony conviction? YES NO
- 16. Have you ever had a record expunged from a criminal felony conviction? YES NO
- 17. Are you now, or have you in the last 5 years, been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)? YES NO
- 18. During the last 5 years have you been treated for drug or alcohol addiction or participated in a rehabilitation program? YES NO
- 19. Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease, that may presently interfere with your ability to completely and safely perform the essential function involved in practice of physical therapy or physical therapist assisting? YES NO
- 20. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)? YES NO
- 21. Have you ever been court marshalled or discharged, other than honorably, from the armed services? YES NO
- 22. Have you ever been terminated from a position with a city, county, state or federal government entity? YES NO
- 23. During the last five (5) years have you had a license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? YES NO

If you have answered yes to any questions, all YES answers MUST be explained in detail on a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

Applicant Signature _____

Date _____

**RE-STATEMENT AND RE-EXAMINATION APPLICANTS ARE NOT REQUIRED TO COMPLETE THIS SECTION
BUT MUST INCLUDE WITH THE APPLICATION**

PERSONAL INTERVIEW

Upon completion of your file, you will receive email notification of the Board representative contact information with whom you are to make a personal appearance. **YOU MAY NOT PRACTICE UNTIL RECEIPT OF YOUR PROVISIONAL LICENSE OR PERMANENT LICENSE.** Please call the Board representative interviewer for an appointment at least one week before you must begin work.

Please indicate below the location you prefer to make your personal appearance.

- Baton Rouge**
- Lafayette**
- Lake Charles**
- New Orleans**
- Alexandria**
- Monroe**
- Shreveport**

APPLICANT'S OATH

I hereby certify under oath that all statements I have made in this application are true, that I am the person named in the credentials herewith presented and that I am the original and lawful possessor of these documents; that the photographs attached hereto are true ones of me and that they were taken within the past year; that in consideration of the issuance to me of a license to practice physical therapy in Louisiana, I swear that I shall abstain from unethical advertising, deceptive and fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and that I shall not associate professionally with, nor become a partner or employee of, any person who resorts to such practices, and I hereby agree that violation of this oath shall constitute cause sufficient for the revocation of said license and surrender of the rights and privileges that accrue to me thereunder.

I hereby authorize all hospitals, educational institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, or federal) to release to the Louisiana Physical Therapy Board any information, files or records requested by the Board. I further authorize the Louisiana Physical Therapy Board to release to any such organization, individual or group having reasonable need therefore, any information supplied to or obtained by the Board in connection with my application or relative to the status of any license or provisional license issued to me as a result of such application.

My name appears on the following documents as follows:

- a. Professional Diploma _____
- b. Social Security Card _____
- c. Certificate of Naturalization, Declaration of Intention, Valid Visa (Specify):

I am also known as (List all names under which you are known):

My legal name and the name which I will be known by the Louisiana Physical Therapy Board is (if different from which appears above, a copy of your Marriage Certificate, Divorce Decree, or Court Order must accompany this statement):

| | | |
|---------------|--------|----------------|
| Given (First) | Middle | Surname (Last) |
|---------------|--------|----------------|

I understand that the Louisiana Physical Therapy Board maintains all records in alphabetical order and that I will be listed alphabetically under my surname (last).

Subscribed and sworn before me

This _____ day of _____

Signed

Notary Public

My commission expires _____

(Seal)

APPLYING FOR THE NATIONAL PHYSICAL THERAPY or PHYSICAL THERAPIST ASSISTANT EXAMINATION

The Louisiana Physical Therapy Board (Board) determines your eligibility to sit for the exam, based on educational requirements and other guidelines listed in the state licensing application packet. If you are eligible to sit for the exam, the Board will inform the Federation of State Boards of Physical Therapy (FSBPT). If you are not eligible, the Board will inform you in writing of outstanding requirements that you must complete before you are eligible to sit for the examination.

The Board requires that applicants sit for and pass the appropriate National Physical Therapy Examinations (NPTE) as a prerequisite for licensure. The FSBPT is the organization responsible for administering and developing these examinations. Although the board neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exam.

Candidates may register to sit for the exam via the Internet and pay by credit card. The website to register for the NPTE online is <https://www.fsbpt.net>. After the Board approves your eligibility to sit for the exam, candidates will receive email notification and may retrieve the Authorization to Test letter directly from the FSBPT website.

The Board will notify you of exam results by email. If you pass, your licensure application will be reviewed for issuance of a license parchment that is issued once to each new licensed professional. If you fail, you must start the process again by submitting to the Board another licensure application and again register to sit for the exam with FSBPT.

PROCESS

- Candidates obtain application materials from the licensing board in the jurisdiction in which they are seeking licensure.
- Special accommodations are available but must be requested with submission of application to the Board for licensure. Forms for ADA accommodations are available on the Board website at www.laptboard.org/forms. Online exam registration via the FSBPT internet site allows the candidate to make a request for special accommodations which must be approved by the jurisdiction.
- Online registration for the NPTE must be made to the FSBPT at www.fsbpt.net.
- Once all required documentation is received in the Board office the applicant will receive a letter via email with the name and contact information of the Board Representative who will conduct their personal interview. The candidate must contact the Board Representative to schedule the personal interview. The candidate must present their original diploma at the interview, if available. A provisional license may be issued by the board office for 90 days from the date of issuance after the personal interview. **AN EXTENSION OF THE PROVISIONAL LICENSE WILL NOT BE ISSUED.**
- The Board approves candidates as eligible to sit for the examination online via the internet.
- FSBPT processes the registration online and posts an Authorization To Test letter to the eligible candidate containing an authorization number and information to schedule the examination at any Prometric Testing Center. The letter indicates the fixed date of the examination for which the applicant has registered.
- Candidates may sit for the examination at any Prometric Testing Center. Prometric charges a computer usage fee of \$70.60 for the PT exam and \$55.60 for the PTA exam. This fee is payable to Prometric at the time of scheduling the exam..
- The Physical Therapist Exam consists of 250 items. Candidates are allowed 5 1/2 hours to complete the Physical Therapist Exam. The PT exam has five sections with 50 pre-test written questions into the exam. After each section has been submitted, the candidate cannot return to that section. Each section is a "mini-exam" in that it will follow the same basic content outline as the larger exam and contain both scored and pre-test questions.
- No computer knowledge is required to take the exam.
- Score reports are sent to the Board from FSBPT, usually within 7 days. Pass/fail information is available to candidates online from the FSBPT website. The Board emails score reports to candidates within 24 hours of receipt, password protected.
- An applicant who has failed the exam on the first try may apply to sit for re-examination.

