



CHECKLIST AND INSTRUCTIONS FOR APPLICATION FOR LICENSURE BY ENDORSEMENT TO PRACTICE PHYSICAL THERAPY (Graduate of a Non-Approved Program)

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed; must be 18 years of age to apply. You may need to submit supporting documentation regarding your responses to the licensure questions. Please refer to the application for more information.

- FEE – All fees are non-refundable.

The fee for application for Physical Therapists is \$140.00.

The fee for application for Physical Therapist Assistants is \$100.00.

- VERIFICATION OF ACTIVE CLINICAL PRACTICE– Evidence of clinical practice with a current, unrestricted license issued by another U.S. jurisdiction or Canada for at least 320 hours within the past four years (48 months) immediately preceding the application for licensure. Your employer may email, fax or mail a written letter on company letterhead of your clinical practice verifying dates of employment and the number of hours worked with their original signature.
- VERIFICATION OF STATE LICENSURE – Provide written verification directly from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Please contact each State regarding the process of making this request.
- EXAM SCORES - Documentation of passage of an examination equivalent to the Virginia examination at the time of initial licensure or documentation of passage of an examination required by another state or Canadian province at the time of initial licensure in that state or province. Contact the Federation of State Boards of Physical Therapy (FSBPT) at (703) 299-3100 or <https://www.fsbpt.org/> to request your National Physical Therapy/Physical Therapy Assistant examination scores to be transferred to the Board. Your request may require your candidate ID number. If you took the computerized exam, your candidate ID number is your social security number. If you took the paper/pencil exam, you will need to contact the state in which you took the exam for your ID number.
- NATIONAL PRACTITIONER DATA BANK (NPDB): – You will need to request a current self-query report from the NPDB. There are processing fee for each entity for this service. You may request the report through their website at www.npdb.hrsa.gov. Once the applicant is in receipt of the result, please forward your NPDB self-query to the Board office via email, fax or mail.
- CONTINUING EDUCATION– Evidence of completion of 15 hours of continuing education for each year in which you held a license in another U.S. jurisdiction or Canada, or 60 hours obtained within the past four years by submitting copies of the certificates of completion to the Board via email, fax or mail.
- CREDENTIALS EVALUATION - In addition to the application, candidates must provide satisfactory evidence that the curriculum from which they graduated is substantially equivalent to that approved by the Commission on Accreditation in Physical Therapy Education (CAPTE). The board will accept as such evidence/verification, credentials from the Foreign

Credentialing Commission on Physical Therapy (FCCPT), Post Office Box 25827, Alexandria, VA 22313 (703) 684-8406 or from the International Consultants of Delaware, Inc. (ICD), Post Office Box 8629, Philadelphia, PA 19101-8629. **PLEASE NOTE: Virginia does not accept PTA evaluations for applicants who have been trained as physical therapists.**

- TOEFL/TSE and/or TOEFL iBT – Candidates must provide verification of English language proficiency by passage of the Test of English as a Foreign Language (TOEFL), Test of Spoken English (TSE) or TOEFL iBT, the Internet-based tests of listening, reading, speaking, and writing or by review of evidence that the applicant’s physical therapy program was taught in English or that the native tongue of the applicant’s nationality is English.

- CRIMINAL BACKGROUND CHECK – Once you successfully complete the online application process, you are eligible to request a fingerprint-based background check through [Fieldprint](#), the vendor responsible for processing your fingerprints. You will receive an application confirmation receipt which contains important information that you must retain in order to register to schedule your fingerprinting appointment. This receipt includes a **VBOPT Fieldprint Code**. Online applicants may also view their VBOPT Fieldprint Code and application status through their applicant checklist.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice as a PT/PTA in Virginia until you have been issued a Virginia license or until you have been issued written authorization from the board office to serve a traineeship under the direct supervision of a licensed physical therapist in Virginia.
2. Virginia is unable to license a person trained as a Physical Therapist to become licensed as a Physical Therapist Assistant unless they have also graduated from a Physical Therapist Assistant education program [§54.1-3478]
3. Applications received without the required processing fee will be returned to the sender.
4. Once all documentation has been received, the licensing process takes approximately 10 **business** days. Board staff will contact you at the email address provided on your application with a status update.
5. Applications will remain on file with the board for one year from the date of receipt. If, at the end of one (1) year, licensure/certification/registration is not issued, the applicant shall reapply in accordance with the requirements of the Regulations.



Virginia Department of
Health Professions
Board of Physical Therapy

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
www.dhp.virginia.gov/PhysicalTherapy

(804) 367-4674 (Tel)
(804) 939-5973 (Fax)
Email:
ptboard@dhp.virginia.gov

APPLICATION FOR LICENSURE BY ENDORSEMENT TO PRACTICE PHYSICAL THERAPY

MARK ONLY ONE BOX:

- Physical Therapist - \$140.00 FEE
 Physical Therapist Assistant - \$100.00 FEE

All fees must be paid by check or money order made payable to the Treasurer of Virginia. All fees are non-refundable.

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME		MIDDLE NAME		LAST NAME AND SUFFIX	
DATE OF BIRTH MM DD YY		SOCIAL SECURITY NO. OR VA CONTROL NO.*			
ADDRESS OF RECORD**: STREET			CITY	STATE	ZIP CODE
ALTERNATE PUBLIC ADDRESS***: STREET			CITY	STATE	ZIP CODE
HOME PHONE:		WORK PHONE:		MOBILE PHONE:	
PRIVATE E-MAIL ADDRESS			PUBLIC E-MAIL ADDRESS		
GRADUATION DATE MM DD YY	DEGREE	COLLEGE/UNIVERSITY AND CITY, STATE			

*In accordance with §54.1-116 Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the process of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other state agencies for child support enforcement activities. NO LICENSE WILL BE ISSUED TO ANY INDIVIDUAL WHO HAS FAILED TO DISCLOSE ONE OF THESE NUMBERS.

**The address information you provide is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be sent to the address of record provided. If you provided a different public address, this information is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose.

***This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

APPROVED BY _____

LICENSE NUMBER	PENDING NUMBER	BASE STATE	RECEIPT NUMBER
----------------	----------------	------------	----------------

ACTIVE CLINICAL PRACTICE: Evidence of clinical practice with a current, unrestricted license issued by another U.S. jurisdiction or Canada for at least 320 hours within the past four years (48 months) immediately preceding the application for

licensure. Your employer may email, fax or mail a written letter on company letterhead of your clinical practice verifying dates of employment and the number of hours worked with their original signature.

List in chronological order all professional physical therapy active clinical practice for the past five (5) years immediately preceding application for licensure in Virginia. Practice must be with a current, unrestricted license issued in U.S. providing patient care. (You may use additional paper if needed).

DATES OF PRACTICE		BUSINESS NAME, ADDRESS, AND TELEPHONE NUMBER OF ACTIVE CLINICAL PRACTICE
From (MM/YY)	To (MM/YY)	

OUT OF STATE LICENSURE: List all jurisdictions in which you have been issued a license to practice as a physical therapist or physical therapist assistant: *active, inactive, or expired*. Indicate license number and date issued. You will need to provide written verification from the issuing regulatory authority, in all jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses. Contact each State regarding processing fees. (You may use additional paper if needed).

STATE/JURISDICTION	LICENSE NUMBER	ISSUE DATE / STATUS

LICENSURE QUESTIONS

Any supporting documentation related to the questions below should be submitted to:
 Virginia Board of Physical Therapy
 Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233

	YES	NO
1. Have you ever been denied to sit for a physical therapy or physical therapy assistant licensure exam? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever taken the NPTE examination?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been denied a physical therapy or physical therapy assistant license? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for licensure in another jurisdiction and have not received licensure or are you currently applying for licensure in another jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
5. Have you ever been convicted of a violation of /or pled Nolo Contendere to any federal, state or local statute, regulation, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? Including convictions for driving under the influence; excluding traffic violations. Attach your original criminal history record, a certified copy of any final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision, and any other information you wish to be considered with your application (i.e. information on the status of incarceration, parole, or probation, reference letters documentation of rehabilitation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had any of the following disciplinary actions taken against your license to practice PT or PTA or any such actions pending? (a) suspension/revocation (b) probation (c) reprimand/cease and desist (d) had your practice monitored (e) monetary penalty? If yes, submit notices, orders, etc., from the regulatory authority authorized to take such actions.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you had any malpractice suits brought against you in the last ten years? Provide details. Letters must be submitted by your attorney regarding malpractice suits.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you requested a current report (Self Query) from NPDB?	<input type="checkbox"/>	<input type="checkbox"/>

CRIMINAL BACKGROUND CHECK (CBC)

1. By entering your initials, you certify that you understand that a Criminal Background Check (CBC) is required by law for all initial applicants. The CBC requirements and process details are available at www.dhp.virginia.gov/PhysicalTherapy

Initials:

2. Please list all previous names used (enter N/A if not applicable)

MILITARY SERVICE

	YES	NO
9. Are you active-duty military?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active duty orders, or 2) a veteran who has left active duty service within one year of submission of this application?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL LICENSURE QUESTIONS

	YES	NO
A. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice in a competent and professional manner? Please provide a full explanation on a separate page.	<input type="checkbox"/>	<input type="checkbox"/>
(A.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past five years, have you been disciplined by any entity? Please provide a full explanation and any associated orders or letters from the entity.	<input type="checkbox"/>	<input type="checkbox"/>
(B.2) Within the past five years, have you sought or been directed to seek treatment for your conduct or behavior?	<input type="checkbox"/>	<input type="checkbox"/>

C. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Physical Therapist or Physical Therapist Assistant.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

D. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Physical Therapist or Physical Therapist Assistant.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

E. Do you currently have any condition or impairment related to alcohol or other substance use that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? "Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a practicing Physical Therapist or Physical Therapist Assistant.

If yes, please provide a full explanation. (NOTE: The Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation with your application, or have your provider send this documentation directly to the Board.)

F. Within the past 5 years, have any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity?

If yes, please provide a full explanation and any associated orders or letters from the entity. (NOTE: The Board may request a copy of a current participation contract and summary of compliance and/or documentation of successful completion. You may consider providing this documentation with your application, or have the program send this documentation directly to the Board.)

AFFIDAVIT OF APPLICANT

I certify that I have carefully read the laws and regulations related to the practice of Physical Therapy, which are available at <http://www.dhp.virginia.gov/PhysicalTherapy> and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

I agree to the above certification.

Signature of Applicant

Date