



APPLICATION CHECKLIST AND INSTRUCTIONS FOR LICENSURE BY **EXAMINATION** TO PRACTICE PHYSICAL THERAPY

SUBMIT THE FOLLOWING:

- APPLICATION – This application will not be considered until all sections have been completed; you must be 18 years of age to apply.
- FEE – All fees are non-refundable and must be paid by check or money order made payable to the “Treasurer of Virginia.”
 - The application fee for Physical Therapists is \$140.00.
 - The application fee for Physical Therapist Assistants is \$100.00.
- TRANSCRIPT – You must submit official transcripts, which must be received directly from your college or university to include the date of graduation and the program.
- CRIMINAL BACKGROUND CHECK – Once you complete the online application process, you are eligible to request a fingerprint-based background check through [Fieldprint](#), the vendor responsible for processing your fingerprints. Applicants may view their Virginia Fieldprint Code and application status through the applicant checklist homepage.
- EXAMINATION REGISTRATION – You must register for the National Physical Therapy Examination (NPTE) through [The Federation of State Boards of Physical Therapy](#). The FSBPT will determine eligibility for examination and approve any request for testing accommodations.

Note: This requirement would not apply if you have held licensure in another jurisdiction for less than one year.

- UNLICENSED GRADUATE TRAINEESHIP REQUIREMENTS (OPTIONAL) – The “Application for Unlicensed Graduate Traineeship to Practice Physical Therapy” form is optional if you intend to work in Virginia prior to receiving the results of your examination. After your examination application has been approved, a traineeship application may be submitted for evaluation. Once approved, the traineeship authorizes an unlicensed PT/PTA graduate to work as a trainee under the direct supervision of a Virginia licensed Physical Therapist at a facility that employs one or more licensed therapists. The traineeship may not begin prior to the date of Board approval and shall terminate five days following receipt of the candidate’s examination scores. No traineeship application will be approved prior to submission of the licensure by examination application. However, the approval of both applications may occur simultaneously.

You must be registered with the [Federation of State Boards of Physical Therapy \(FSBPT\)](#) to take the exam for Virginia and have completed the criminal background check before the traineeship application will be reviewed for approval.

Note: This requirement would not apply if you have held licensure in another jurisdiction for less than one year.

IF YOU HAVE BEEN **LICENSED FOR LESS THAN ONE YEAR** IN ANOTHER JURISDICTION, YOU MUST SUBMIT THE FOLLOWING IN ADDITION TO THE PREVIOUSLY LISTED ITEMS:

- VERIFICATION OF LICENSURE – You must provide written verification directly from the issuing regulatory authority, in all United States, its territories, the District of Columbia, or Canadian jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses.
- EXAMINATION SCORE TRANSFER - You must provide documentation of the passage of the national examination as prescribed by the Board (the National Physical Therapy Exam or NPTE). You must contact [The Federation of State Boards of Physical Therapy](#) (FSBPT) to request your National Physical Therapy/Physical Therapy Assistant examination scores to be transferred to the Virginia Board.

IMPORTANT INFORMATION ABOUT THE NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE)

The Virginia Board of Physical Therapy participates in the Alternate Approval Pathway (AAP) process for Commission on Accreditation in Physical Therapy Education (CAPTE) accredited programs graduates. The [Federation of State Boards of Physical Therapy \(FSBPT\)](#) will determine a student’s eligibility to sit for the National Physical Therapy Examination (NPTE) and will approve any requests for testing accommodations.

[The Federation of State Boards of Physical Therapy](#) (FSBPT) will provide the results of the examination directly to the Virginia Board of Physical Therapy. The Board will notify the candidate by email of the results once processed.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice physical therapy 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. Documentation may be submitted electronically to ptboard@dhp.virginia.gov; however, certain information must be submitted from the primary source for items such as official transcripts (through services such as Parchment or eScripts), verifications of licensure from other jurisdictions, work experience from employers, and examination scores (directly received from the [FSBPT](#)). Documentation related to affirmative answers to the licensure questions must be submitted to the Board in their original format by mail if requested by the Board.
5. Once all documentation has been received, the licensing process can take up to 30 days. Board staff will contact you at the email address provided on your application with a status update.
6. 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.



APPLICATION CHECKLIST AND INSTRUCTIONS FOR LICENSURE BY **EXAMINATION** 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; you must be 18 years of age to apply.
 - FEE** – All fees are non-refundable and must be paid by check or money order made payable to the “Treasurer of Virginia.”
 - The application fee for Physical Therapists is \$140.00.
 - The application fee for Physical Therapist Assistants is \$100.00.
 - 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 such evidence/verification and credentials from the [Approved Credentialing Providers](#) found on the Board’s website.
 - TOEFL/TSE and/or 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. The TOEFL may be waived upon evidence of English proficiency through written documentation from the college or university stating that the courses/curriculum was taught in the English language and examinations were administered in English.
 - TRAINEESHIP REQUIREMENTS** - The traineeship is a prerequisite for licensure. As required in the Regulations, [18VAC112-20-50](#), a graduate of a non-approved Physical Therapist program must serve a full-time 1,000-hour traineeship under the direct supervision of a licensed Physical Therapist in Virginia before licensure is issued. No traineeship application will be approved prior to submission of the licensure by examination application. However, the approval of both applications may occur simultaneously.
 - CRIMINAL BACKGROUND CHECK** – Once you complete the online application process, you are eligible to request a fingerprint-based background check through [Fieldprint](#), the vendor responsible for processing your fingerprints. Applicants may view their Virginia Fieldprint Code and application status through the applicant checklist homepage.
 - EXAMINATION REGISTRATION** – You must register for the National Physical Therapy Examination (NPTE) through [The Federation of State Boards of Physical Therapy](#). The Board will determine eligibility for the examination and submit approval to the FSBPT. The FSBPT will approve any request for testing accommodations.
- Note: This requirement would not apply if you have held licensure in another jurisdiction for less than one year.*
- PROOF OF PROFESSIONAL EDUCATION (PTA APPLICANTS ONLY)** – Submit a notarized copy of your diploma with an English translation.

IF YOU HAVE BEEN **LICENSED FOR LESS THAN ONE YEAR** IN ANOTHER JURISDICTION, YOU MUST SUBMIT THE FOLLOWING IN ADDITION TO THE PREVIOUSLY LISTED ITEMS:

- VERIFICATION OF LICENSURE – You must provide written verification directly from the issuing regulatory authority, in all United States, its territories, the District of Columbia, or Canadian jurisdictions, in which you have ever held a license, including expired, inactive, and current licenses.
- EXAMINATION SCORE TRANSFER - You must provide documentation of the passage of the national examination as prescribed by the Board (the National Physical Therapy Exam or NPTE). You must contact [The Federation of State Boards of Physical Therapy](#) (FSBPT) to request your National Physical Therapy/Physical Therapy Assistant examination scores to be transferred to the Virginia Board.

IMPORTANT INFORMATION ABOUT THE NATIONAL PHYSICAL THERAPY EXAMINATION (NPTE)

The [Federation of State Boards of Physical Therapy \(FSBPT\)](#) will approve any requests for testing accommodations.

[The Federation of State Boards of Physical Therapy](#) (FSBPT) will provide the results of the examination directly to the Virginia Board of Physical Therapy. The Board will notify the candidate by email of the results once processed.

GENERAL INFORMATION ABOUT THE APPLICATION PROCESS

1. It is unlawful to practice physical therapy 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. Documentation may be submitted electronically to ptboard@dhp.virginia.gov; however, certain information must be submitted from the primary source for items such as official transcripts (through services such as Parchment or eScripts), verifications of licensure from other jurisdictions, work experience from employers, and examination scores (directly received from the [FSBPT](#)). Documentation related to affirmative answers to the licensure questions must be submitted to the Board in their original format by mail if requested by the Board.
5. Once all documentation has been received, the licensing process can take up to 30 days. Board staff will contact you at the email address provided on your application with a status update.
6. 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.



APPLICATION FOR LICENSURE BY **EXAMINATION** TO PRACTICE PHYSICAL THERAPY

MARK ONLY ONE BOX:

- Physical Therapist
 Physical Therapist Assistant

(PLEASE PRINT IN BLUE OR BLACK INK)

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER OR VIRGINIA DMV CONTROL NUMBER*		
DATE OF BIRTH (mm/dd/yyyy)	MAIDEN/OTHER NAME(S), IF APPLICABLE	

*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.**

ADDRESS OF RECORD INFORMATION

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.

ADDRESS STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	OTHER PHONE NUMBER		
E-MAIL ADDRESS			

PUBLISHED INFORMATION

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.

ADDRESS STREET	CITY	STATE	ZIP CODE
PHONE NUMBER	E-MAIL ADDRESS		

VERIFICATION OF LICENSURE: List all United States, its territories, the District of Columbia, or Canadian jurisdictions in which you have been issued a physical therapy, including active, inactive, or expired licenses. 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 therapist or physical therapist 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"/>
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. Additionally, any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, does not have to be disclosed. 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"/>

YES NO

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. [] []

Table with 2 columns: DATE OF INCIDENT (mm/dd/yyyy) and VERDICT/SETTLEMENT AMOUNT (if any). Three empty rows.

8. Do you wish to request an accommodation for taking the NPTE according to the Americans with Disabilities Act (ADA)? If yes, please see the instructions for licensure by examination for details. [] []

9. Are you currently practicing in Virginia on a 90-day temporary basis under §54.1-2408.4? [] []

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

1. Are you active-duty military? [] []
2. 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? [] []

ADDITIONAL LICENSURE QUESTIONS

YES NO

A. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If yes, please provide a full explanation. Note: The Board may ask for additional documentation. [] []
B. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If no, please provide a full explanation. Note: The Board may ask for additional documentation. [] []
C. 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. [] []
D. 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. [] []

ADDITIONAL LICENSURE QUESTIONS

YES NO

E. 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 that 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