



Arkansas Department of Health

State Board of Physical Therapy

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(501) 228-7100 • Fax: (501) 228-0294
arptb@arkansas.gov • www.arptb.org

APPLICATION INSTRUCTIONS FOR LICENSURE BY EXAMINATION

Physical Therapist	\$50.00
Physical Therapist Assistant	\$50.00
Jurisprudence Exam	\$10.00
<i>(JE is paid at time of exam)</i>	

GENERAL INFORMATION

The Arkansas State Board of Physical Therapy (ARPTB) requires that applicants sit for and pass the appropriate **National Physical Therapy Examinations (NPTE)** as a prerequisite for licensure. The **Federation of State Boards of Physical Therapy (FSBPT)** is the organization responsible for administering and developing these examinations. Although ARPTB neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exam and that FSBPT receives the necessary approval. No person who has failed the exam two times is eligible for licensure without presenting proof of additional education to the board office. This is whether or not the exam was taken in Arkansas. Exam score must meet the criterion-referenced passing point equal to a scaled score of 600 based on a range of 200-800.

Applicants must be graduates of a Board approved physical therapy program at a school, college or university located within the continental United States or its territories. Those who are not must have their educational credentials evaluated to determine if their education is equivalent to the requirements of physical therapists and physical therapist assistants educated in United States educational programs as determined by the Board.

No application is complete without all of the required documents, fees and photograph. Application for licensure must be completed within one year from submission to ARPTB or the application and credentials must be brought up to date and resubmitted with payment of the applicable fees.

SPECIAL ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act (ADA) you may request special accommodations to take the examination by completing the ADA Request Form. The form is on the Board's website at www.arptb.org. A comprehensive and current report (no more than three years old) from a qualified examiner appropriate for evaluating your disability must accompany the request form. **The request and supporting documentation must be submitted at the time of application submission.** The ADA accommodations question must also be marked appropriately when registering with FSBPT.

QUESTIONS ABOUT THE COMPUTERIZED NPTE

The licensure examinations for physical therapists and physical therapist assistants are offered on computer at Prometric Testing Centers. For common questions about the NPTE, refer to the candidate handbook by clicking the Exam Candidates tab on the FSBPT website at www.fsbpt.org.

ELIGIBILITY TO SIT FOR THE NPTE

ARPTB determines eligibility to take the examination based on educational requirements and other guidelines listed in this application packet. If you are eligible to sit for the exam, ARPTB will inform FSBPT. When you have been approved to test, FSBPT will email you confirmation and information about scheduling the examination. Your authorization to test letter will also be available on the FSBPT website under Status of My Request. If you are not eligible, ARPTB will inform you in writing of outstanding requirements to complete before you are eligible to sit for the examination.

SCHEDULING QUESTIONS

Please do not call ARPTB about scheduling your examination. Scheduling questions should be addressed to FSBPT, which will send you confirmation and information about scheduling the examination. A listing of Prometric Testing Center locations is also available on the Internet at www.prometric.com. You will be responsible for payment of the Prometric Testing Center fee at the time you schedule your examination.

JURISPRUDENCE EXAM

A passing score on the Arkansas State Board of Physical Therapy Jurisprudence Exam is required for licensure. To take the exam, log on to the Board's website at www.arptb.org. The jurisprudence exam link is under the online services menu button. Prior to taking the exam, download the Practice Act and the Rules and Regulations to reference during the exam. At the end of the exam, a certificate of completion is available and may be printed for your records. ARPTB will print the certificate for your file.

BACKGROUND CHECKS

ArAC §17-39-303(b) & §17-39-304(b) requires all applicants for Physical Therapy and Physical Therapy Assistant to apply to the Identification Bureau of the Arkansas State Police for state and national criminal background checks prior to being issued licensure. A valid application for licensure must be on file prior to Background checks being processed. No Applicant will be issued licensure until the results of the criminal background check are received. If you live in the state of Arkansas an Email with BGC Forms, Instructions and payment information will be sent to the address provided. If you live outside of Arkansas a BGC packet will be mailed to the address provided on your application.

REGISTERING WITH FSBPT

FSBPT registration may be completed prior to applying with ARPTB but the process is not complete until ARPTB receives all required documentation. Register with FSBPT online at <http://www.fsbpt.org/OurServices/CandidateServices/ExamRegistrationPayment.aspx>. FSBPT does not accept checks or money orders.

EXAM DATES

The exam is given four times per year. Exam dates are available on the FSBPT website at www.fsbpt.org.

EXAM RESULTS

If you pass and are eligible for licensure, your license will be issued and you will receive your exam results, a wall certificate and wallet size license. If you fail the examination, a letter will be mailed to you with your exam results. You may take the examination a second time by registering with FSBPT online. If you fail the examination a second time, additional education is required. The guidelines are listed in the ARPTB Rules. See Application Process Synopsis for more details regarding exam results.

FEE SCHEDULE:

- **\$ 50.00** application fee to ARPTB
- **\$485.00** exam fee to FSBPT (credit or debit cards only)
- **\$100.30** paid to Prometric Testing Center when test is scheduled (**Physical Therapists**)
- **\$ 82.60** paid to Prometric Testing Center when test is scheduled (**Physical Therapist Assistants**)

DOCUMENTATION REQUIRED

To apply for the PT or PTA examination, all forms, fees and documentation outlined below must be returned to ARPTB. All documents must have original signatures in ink.

1. *Application for Licensure as a Physical Therapist or Physical Therapist Assistant in Arkansas* with all sections completed by applicant, including current photograph, **a non-refundable application fee of \$50.00 payable to ARPTB**. Personal checks, Cashier's Check or Money Orders are accepted for the application fee. Cash is not accepted. A fee will be imposed for checks returned for insufficient funds.
2. *Certificate of completion of jurisprudence exam.* Log on to www.arptb.org to take the exam. Download the Practice Act and Rules and Regulations prior to taking the exam. Both will be referenced during the exam. Passing score is 70%. You may print a certificate for your records. ARPTB will print the certificate for your file.
3. *Background Check.* When a completed application & application fee have been received, ARPTB will send a BGC & FP Packet containing detailed instructions for your Background Check and Fingerprint Card. The packet Instructions are extremely important and should be followed explicitly. If you live in the state of Arkansas an Email with BGC Forms and Instructions will be sent to the address provided. If you live outside of Arkansas a BGC packet will be mailed to the address provided on your application. The packet will include completion instructions and fees required.
4. *Official transcript* with registrar's seal **including physical therapy degree and date of graduation** must be mailed directly to ARPTB from the school before a permanent license is issued. ARPTB may also accept an electronic transcript **ONLY** if it is transmitted directly from the school through a *Secure Electronic PDF Transcript Delivery Service*. If an original transcript is provided to a credentialing agency for evaluation of education, a copy of the transcript is acceptable **only** from that agency in lieu of one mailed from the school. Transcripts sent by any other means are not acceptable. An official certification of graduation from the school is sufficient for approval to take the exam.
5. *English Language Proficiency Tests.* **If the applicant is non-USA trained**, proof of proficiency in the English language, both written and spoken, is required. Passing scores are required as follows: Reading - 21, Listening - 18, Speaking - 26, Writing - 24, Total - 89. Exam arrangements can be made with: TOEFL/TSE Services, P.O. Box 6151, Princeton, NJ 08541-6151, USA, Telephone: (609) 771-7100. The TOEFL code number for AR is 9862. Enter this code on the answer sheet and/or the score report request form. **Scores must be mailed directly to ARPTB from Educational Testing Service. Photocopies of score reports are not acceptable.**
6. *Educational Evaluation.* Applicants who are not graduates of a CAPTE-accredited program must submit an original evaluation done specifically for Arkansas by a Board approved agency. *A list of Board approved credentialing agencies can be downloaded from our website at www.arptb.org by clicking on the "applying for licensure" menu button*

RECEIVING SCORES

ARPTB receives scores from FSBPT five business days after the exam is taken. Exam dates with timelines are posted on the FSBPT website. **Results will not be given by phone.** You may check your pass/fail status on the FSBPT website at <https://www.fsbpt.org> by selecting “Status of My Request” under the “Top Services” heading. This status will not give the score but will read “Score Received from Prometric – Passed” or “Score Received from Prometric – Failed”. The pass/fail status is available five business days after the test date.

You are not eligible for licensure until your transcript is received by ARPTB. If you pass and are eligible for licensure your score will be mailed with your licensure packet within two business days after receipt of your score.

If you pass and you **are not eligible** for licensure your score will not be mailed until you are eligible and your license is issued. A score report is available ten business days after the test date at <https://fsbpt.org>.

If you fail the exam your score will be mailed to you within two business days after receipt by ARPTB.

License Fee Waiver

The Board shall waive the initial application fee if the applicant:

1. Is receiving assistance through the Arkansas Medicaid Program; the Supplemental Nutrition Assistance Program; the Special Supplemental Nutrition Program for Women, Infants, and Children; the Temporary Assistance for Needy Families Program; or the Lifeline Assistance Program;
2. Was approved for unemployment within the last twelve (12) months; or
3. Has an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

Contact the board office by phone, email or mail to request the Fee Waiver Form.



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Office Use Only

Amount \$ _____

Check # _____

Date _____

APPLICATION FOR LICENSURE BY EXAMINATION

Type of Licensure: Physical Therapist Physical Therapist Assistant

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

(City) (State) (Zip) (County)

Maiden/Former Name: _____ Social Security #: _____

City & State of Birth: _____ Birth Date: _____

Office Phone #: _____ Home Phone # _____ Cell Phone # _____

Email: _____ Preferred Correspondence: Email Mail

Preferred correspondence is the method the board office will contact you during the application process and when you are licensed. When licensure is issued correspondence includes, but is not limited to, renewal notices and continuing education notices.

Male Female Ethnic/Race Information: American Indian Black or African American Hispanic/Latino Native Hawaiian or Other Pacific Islander White/Caucasian

EDUCATION

List all colleges, physical therapy schools and universities attended in descending order beginning with the highest level of education.

Institution and Locations <i>(Include city and state)</i>	Dates Attended <i>(Include month and year)</i>		Major	Degree
	From	To		
	From	To		
	From	To		
	From	To		

ADDITIONAL INFORMATION

Requested NPTE test date: _____

Are you currently licensed, or have you ever held licensure, registration or certification to practice as a physical therapist or physical therapist assistant in any other state? **Yes No**

If yes, you must complete the application for licensure by reciprocity instead of licensure by examination.

Are you currently licensed, or have you ever held licensure, registration or certification to practice as a physical therapist or physical therapist assistant in any other country? **Yes No** *If yes, list each country:* _____

How many times have you taken the physical therapist/physical therapist assistant national examination? _____
(This includes PES or ASI examinations taken anywhere in the United States, not just Arkansas.)

If one or more times, Indicate dates and locations: _____

Are you a current resident of the United States: Yes. No. If yes, indicate home state: _____

Are you an active member of the Military being stationed in Arkansas? **Yes** **No**
 Are you a former member of the Military? **Yes** **No** If yes, what year were you discharged? _____

Is your spouse an active member of the Military being stationed in Arkansas? **Yes** **No**
 Is your spouse a former member of the Military? **Yes** **No** If yes, what year were they discharged? _____

Have you ever had a license or certification sanctioned, restricted, revoked or suspended, other disciplinary action taken, or any application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? **Yes** **No** If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements

Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state or federal drug enforcement authority? **Yes** **No** If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements.

Have you ever been convicted of a felony (including a nolo contendere plea or guilty plea) in any state or federal court? **Yes** **No** If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements.

PROFESSIONAL EXPERIENCE

Dates	Employer/Location	Supervisor/Address

PHOTOGRAPH

Must have been taken within the past twelve months and be affixed to application.)

A 2x2 passport type photograph taken within one year must be attached and embossed with an official notary seal or stamp. Attach your photo to the application form before it is notarized. Part of the notary seal or stamp should be on the photo and part on the application form.

NOTARIZED

This is to certify that the photograph is a correct likeness of the applicant.

Notary Public

My commission expires: _____

Your notarized signature must accompany this application.

I, _____ hereby certify under oath or affirmation that I am the person named in the application. I swear/affirm that the contents of this application are true. All information contained in this application may be verified by the Arkansas State Board of Physical Therapy.

Applicant's Signature

Signed and sworn to before me this _____ Day of _____
(month) (year)

Notary Public

FBI Information – Please legibly print each answer

Name: _____ Suffix: _____
(First) (Middle) (Last)

Date of Birth: _____ Sex: _____ Race: _____
(mm/dd/yyyy)

Non-US Citizen: Yes No Social Security Number: _____ - _____ - _____

The Following Information is required in order to perform a Federal Background Check

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

State of Birth: _____

Type of Home Address: City Rural

Home Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____

Employer Address: _____
(Street) (City) (State) (Zip)

Aliases / Former Name(s): _____

Driver's License State: _____ Driver's License Number: _____

I, _____ swear/affirm that the contents of this page are true.

Applicant's signature _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-synnart-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 4031 (formerly cited as 42 U.S.C. §14616), Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)