



GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 Coliseum Drive
 MACON, GEORGIA 31217
 (478) 207-2440

www.sos.ga.gov/plb/pt

INSTRUCTION SHEET FOR APPLICATION FOR LICENSURE

Please read these instructions prior to completing the application. The board rules listed below are for reference and are not meant to be an all inclusive listing. Please review the laws, rules and policies in its entirety prior to completing this application.

✓	ALL APPLICANTS MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION. SUBMISSION OF ALL DOCUMENTS IN ONE PACKET HELPS TO EXPEDITE THE PROCESSING OF YOUR APPLICATION.	
	APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned to you. Be sure to check the type of application, EXAMINATION or ENDORSEMENT and category, PT or PTA. <i>It is the responsibility of the applicant to send all required documents, application and fee to the Board in one packet.</i> See Board Rules in Chapter 490-2.
	GRADUATION/ DEGREE CONFIRMATION	Official documentation of satisfactory completion/anticipated completion of PT/PTA curriculum; such document must provide date of graduation and degree conferred. See Board Rule 490-2-.02
	GEORGIA JURISPRUDENCE EXAMINATION	<i>All applicants</i> must successfully pass the Georgia Jurisprudence examination. Once the board office is in receipt of your application listing the PT/PTA school attended and <i>the applicant has registered on-line for the examination at https://www.fsbpt.net/pt we will make you eligible to test.</i> To view the candidate information bulletin, visit the website at www.sos.ga.gov/plb/pt .
✓	EXAMINATION APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:	
	NPTE REGISTRATION	<i>All applicants</i> must successfully pass the NPTE. Once the board office is in receipt of your application, verification of education form and <i>the applicant has registered on-line for the examination at https://www.fsbpt.net/pt we will make you eligible to test.</i> To view the candidate information bulletin, visit the website at www.sos.ga.gov/plb/pt .
	VERIFICATION OF LICENSE	If you have been licensed for less than 2 years in another state(s), you must contact the State Board(s) in which you have ever been issued a license, and have them send verification directly to our office.
✓	ONLY ENDORSEMENT APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS:	
	VERIFICATION OF LICENSE	You must hold a current license in good standing from another state where you have practiced for the past two or more years in order to endorse into Georgia. If you do not meet this requirement, you must apply by examination. You must contact all State Boards in which you have ever been issued a license, and have them send verification directly to our office.
	NPTE EXAM SCORE	Request an official copy of your NPTE scores to be sent to the Board. Contact the FSBPT via phone at (703) 739-9420 or visit the website https://www.fsbpt.net/pt .
	CONTINUING EDUCATION	Applicants must provide verification of 30 hours of continuing education. Submit copies of your certificates of attendance. These will not be returned.
✓	ALL FOREIGN EDUCATED APPLICANTS MUST SUBMIT THE FOLLOWING ADDITIONAL DOCUMENTS: SEE BOARD RULE 490-2-.03	
	NPTE REGISTRATION	<i>All applicants</i> must successfully pass the NPTE. Once the board office is in receipt of your application, verification of education form and <i>the applicant has registered on-line for the examination at https://www.fsbpt.net/pt we will make you eligible to test.</i> To view the candidate information bulletin, visit the website at www.sos.ga.gov/plb/pt .
	VERIFICATION OF ELIGIBILITY	A "Verification of Eligibility for licensure/certification/registration" from the country where education was obtained must be completed by the appropriate authority.
	CREDENTIALS EVALUATION	A "Credentials Evaluation" conducted by a Board- approved agency (ICA, IERF or FCCPT). The agency must enclose a copy of the transcript evaluated.
	LANGUAGE PROFICIENCY EXAM	Applicants who have not graduated from a CAPTE accredited program or an English speaking physical therapy program must take and receive a passing score on three (3) Language Proficiency Examinations to include TSE, TOEFL and TWE before sitting for the NPTE. To report your TSE (Test of Spoken English) scores, you must enter 9912 as the code number when sitting for the examination and on the score Report Request Forms. You may be exempt from these exams if your school provides a statement certifying that the medium of instruction was taught in English.
	TRAINEESHIP PERMIT	After meeting all requirements for licensure, all foreign-educated applicants must successfully pass a Board-approved, three (3) month traineeship before license issuance consideration.

GENERAL INFORMATION FOR ALL APPLICANTS

APPLICATION STATUS

Application status can be checked on-line at www.sos.ga.gov/plb/pt.

APPLICATION REVIEW

Reinstatement applications, applications submitted by foreign-educated applicants, and any applications indicating arrests, convictions, or other board sanctions must be reviewed and approved by the Board at the regularly scheduled meeting. Board meeting dates are available at www.sos.ga.gov/plb/pt. Information to be presented to the board must be in the board's office not less than two (2) weeks prior to the board meeting.

APPLICATION DECISIONS

Most applications can be administratively processed and do not require Board review. However, if Board review is required, correspondence from Board meetings will be processed in approximately 3-5 business days following the conclusion of the meeting. Correspondence is sent via email.

INCOMPLETE APPLICATIONS - See Board Rule 490-2-.01

Incomplete applications are maintained for 12 months from receipt – after 12 months they expire. If an application expires, a new application, fee and all required documents must be resubmitted.

APPLICATION DEFICIENCY NOTIFICATIONS

Applicants will receive application deficiency notification via email listing documents needed to complete the application.

ADDRESS CHANGES/EMAIL CHANGES

Please immediately notify the board in writing of an email or address change. On such notification please state that you are an applicant.

TRAINING PERMITS – See Board Rule 490-2-.04

All foreign-educated applicants must successfully complete a Board-approved, three (3) month traineeship before license consideration. The supervisor must complete the Letter of Agreement for Traineeship. Some examination, endorsement and reinstatement applicants may be required to complete a traineeship prior to licensure.

RE-EXAM & REMEDIATION PLANS

Applicants who are unsuccessful in examination attempts must complete a re-examination application. There is no additional re-fee if submitted within one year of the date of the original application. Register on-line to re-take the NPTE at <https://www.fsbpt.net/pt>. You will only be allowed to sit for the exam two (2) times before a further plan of study must be submitted for the Board's **pre-approval**. See Board Rule 490-3-.02 and FAQ #19

POWER OF ATTORNEY

If you are a person sponsoring an applicant for licensure and want information sent to you rather than the applicant, the Power of Attorney form must be completed by the applicant and included.

CREDENTIALING AGENCIES

The Georgia State Board of Physical Therapy has approved the following agencies to evaluate foreign educated applicant credentials. The agency must submit a copy of the transcript evaluated.

Foreign Credentialing Commission
Physical Therapy
P.O. BOX 25827
Alexandria, VA 22313-9998
Phone: (703) 684-8715
FAX: (703) 684-8715
Website: www.fccpt.org

International Education
Research Foundation, Inc
P. O. Box 3665
Culver City, CA 90231
Phone: (310) 258-9451
Fax: (310) 342-7086
Website: www.ierf.org

International Credentialing
Associates, Inc.
Bryan Dairy Business Park
Largo, FL 33777
Phone: (727) 549-8555
Fax: (727) 549-8554
Website: www.icaworld.com

FIXED DATE TESTING INFORMATION

These dates are not flexible – information must be received in the appropriate office not later than the deadline date.

PT Test Date	Registration Deadline	Jurisdiction Approval Deadline	Seats Release Date
January 29, 2013	December 22, 2012	December 31, 2012	January 8, 2013
April 30, 2013	March 23, 2013	April 1, 2013	April 9, 2013
July 24, 2013	June 17, 2013	June 24, 2013	July 3, 2013
October 30, 2013	September 23, 2013	September 30, 2013	October 9, 2013

PTA Test Date	Registration Deadline	Jurisdiction Approval Deadline	Seats Release Date
January 8, 2013	December 1, 2012	December 10, 2012	December 18, 2012
April 8, 2013	March 1, 2013	March 8, 2013	March 18, 2013
July 10, 2013	June 3, 2013	June 10, 2013	June 19, 2013
October 9, 2013	September 2, 2013	September 9, 2013	September 18, 2013

Other state: _____ License # _____ Type: PT PTA
 Current? Yes No Active practice for the past 2 or more years?
 Yes No

Other state: _____ License # _____ Type: PT PTA
 Current? Yes No Active practice for the past 2 or more years? Yes
 No

Other state: _____ License # _____ Type: PT PTA
 Current? Yes No Active practice for the past 2 or more years?
 Yes No

7. How many times have you previously taken the national licensure examination? _____ List location(s) and date(s):

8. Do you desire a training permit? Yes No If yes, please refer to Board Rule 490-2-.04, available at
www.sos.ga.gov/plb/pt .

9. Professional Education

Name of College/University _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

Dates attended: _____ - _____ to _____ - _____

Date of graduation: _____ - _____ - _____

Degree(s) received: _____

Major: _____

10. As a licensee, it is **YOUR RESPONSIBILITY** to know all the laws, board rules and policies governing the physical therapy profession. Have you familiarized yourself with the laws, board rules and policies that apply to the practice of physical therapy in Georgia? Yes No

SECTION III. BACKGROUND INFORMATION

If you answered "yes" to any of the following questions, provide details and a letter of explanation on a separate sheet. For questions 10(b), 10(c) and 10(f) submit a certified copy of the official document (court indictment, police record, certified warrant/court dismissal, verdict or first offender treatment), which indicates the final disposition of any reported case. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the information may be grounds for denial of your application or other disciplinary action.

11. Have you ever

- a. Yes No Applied for licensure in Georgia? If yes, list the type of license _____
- b. Yes No Been arrested, convicted, or entered a plea of guilty, nolo contendere, or been sentenced under the "First Offender Act" for any felony, misdemeanor, or any offenses other than a minor traffic violation? (DUI/DWI's are not minor traffic violations.)
- c. Yes No Had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state?
- d. Yes No Been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state?
- e. Yes No Failed an examination taken for the purpose of obtaining a license as a physical therapist or physical therapist assistant in this or any state, territory or country, or otherwise been informed that you failed to meet the qualifications for licensure as a Physical Therapist or Physical Therapist Assistant upon applying for licensure in this or another state, territory or country?

f. Yes No Been sued in a civil action alleging negligence or malpractice on your part or jointly with others in connection with your practice as a Physical Therapist or Physical Therapist Assistant or any other health related profession?

12. In the past five (5) years have you

a. Yes No Been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, addictive narcotic disorder, addictive drug disorder, addictive intoxicating liquors disorder, substance abuse, or any other condition which significantly impaired your behavior, judgment, understanding capacity to recognize reality, or ability to function in school, work, or other important activities?

b. Yes No Suffered any memory loss or impaired judgment for any reason?

c. Yes No Been terminated from an educational institution?

d. Yes No Been reprimanded, demoted, disciplined, terminated, or cautioned by an employer?

e. Yes No Been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, other psychotic disorders, addictive narcotic, drug, or intoxicating liquors disorder, or substance abuse?

13. Do you

a. Yes No Currently suffer from any disorder that impairs your judgment or that would otherwise adversely affect your ability to practice as a physical therapist or physical therapist assistant?

b. Yes No Have any condition which causes substantial impairment of, or limitation on your ability to practice as a Physical Therapist or Physical Therapist Assistant with reasonable skill and safety to the public or presents a threat to the health or safety of another individual?

c. Yes No Currently use narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice as a Physical Therapist or Physical Therapist Assistant, according to prevailing performance standards and essential job functions is impaired?



Professional Licensing Boards Division

College/University Verification of Completion of Physical Therapist/Physical Therapist Assistant Education

This form must be completed by the Registrar, Dean or PT/ PTA Program Director of the college/university from which your degree will be conferred. **This form is to be used by applicants who are still in school.** Once you have graduated, you are required to submit a transcript showing your date of graduation.

Please print - This is to certify that

Name

will graduate from _____

Name of College

on _____ **with a Doctorate or Associates degree.**

Date

(circle one)

Signature of Registrar, Dean, PT or PTA Program Director
(please circle title)

Date

Printed name of Registrar, Dean, PT or PTA Program Director

Sworn to and subscribed before

School/Registrar Seal OR Notary

me this _____ day of _____, 20____.

Notary Public

My commission expires: _____

Return completed form to:
Georgia State Board of Physical Therapy
237 Coliseum Drive
Macon, Georgia 31217

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Physical Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on pages 8 & 9 of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Physical Therapy and/or criminal prosecution.

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Notary Public

My commission expires: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize the Georgia State Board of Physical Therapy to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – civilian (Purpose code 'J')
- Employment with criminal justice agency – P.O.S.T. certified (Purpose code 'Z')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIRA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36- 2(c)]