



BOARD OF PHYSICAL THERAPY PRACTICE

APPLICATION MATERIALS FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT LICENSURE

August 2009 Edition

Board of Physical Therapy Practice

<http://www.doh.state.fl.us/mqa/physical>

Mission Statement: Protect, promote and improve the health of all people in Florida.

4052 Bald Cypress Way, Bin # C05
Tallahassee, Florida 32399-3255
Phone: (850) 245-4373 Fax: (850) 414-6860
Website: www.flhealthsource.com

Retake Applicant:

An applicant who fails the NPTE and/or Florida laws and rules examinations must submit a **Retake Application** and the application fees to the Board of Physical Therapy Practice in order to schedule a retake examination. If you applied for Special Testing Accommodations, you will be required to submit additional applications for Special Testing Accommodations. In addition to re-applying to the Board of Physical Therapy Practice, applicants must re-register Online to FSBPT and pay the FSBPT fees to be scheduled to re-take the NPTE and/or laws and rules exam.

NPTE – Third Exam Failure:

Any applicant who applies through Florida and **has failed the NPTE exam three times in any jurisdiction must complete a remedial training** as outlined in 64B17-3.002 and 64B17-4.002, F.A.C., approved by the Board **prior** to seating for the NPTE examination two more times. The remedial training must be taken after the third attempt.

NOTE: The FSBPT has a 3-attempt limit within a 12-month period in retaking the NPTE exam.

Important Note: If you have taken and failed the exam in any jurisdiction more than five attempts, you are not eligible to be licensed in Florida.

Special Testing Accommodations: *(Forms must be completed and submitted at the time of application)*

Special testing accommodations may be requested by submitting the following:

- Application for candidates requesting special testing accommodations in accordance with the American's with Disabilities Act
- Application for special testing accommodations due to a religious conflict

Persons/Applicants who have previously received special testing accommodations in accordance with the American's with Disabilities Act may submit the following:

- Re-application for candidates requesting special testing accommodations in accordance with the American's with Disabilities Act

The application must be submitted no later than sixty (60) days prior to sitting for the examination. Please contact the Bureau of Operations immediately for an application at (850) 245-4252 or download the application directly from our website: http://www.doh.state.fl.us/mqa/physical/pt_home.html



Board of Physical Therapy Practice

Mailing address for application & fees:

P.O. Box 6330
 Tallahassee, FL 32314-6330
 Phone: (850) 245-4373 ~ Fax (850) 414-6860
 Website: www.flhealthsource.com

(CLIENT 5501/PT)
 (CLIENT 5502/PTA)

1. RE-EXAM APPLICATION TYPE, FEES and METHODS (Please Type or Print Legibly In Blue or Black Ink) – (Money order or check, certified or cashier check preferred, payable to: The Dept. of Health)

Check which exam(s) you are re-taking:

- NPTE & Laws and Rules Exam – Total fee = \$125
- NPTE Exam – Total fee = \$100
- Florida Laws and Rules Exam – Total fee = \$25

Physical Therapist (Client 5501) OR Physical Therapist Assistant (Client 5502)
 I have registered Online to FSBPT Website at <https://www.fsbpt.net/pt> for the NPTE.
 I have registered Online to FSBPT Website at <https://www.fsbpt.net/pt> for the Florida laws and rules exam.

(It is suggested that you register online to FSBPT website <https://www.fsbpt.net/pt>. A delay in this step may delay your process.)

2. PROFILE INFORMATION (List your full, legal name as it should appear on license, no nicknames or shortened versions.)

NAME: Last _____ First _____ Middle _____

List all names by which you are currently known or have been known in the past. _____

MAILING ADDRESS

IMPORTANT: Postal Service does not forward Government mail. You must keep address updated during licensure process to avoid delay. **If you use a P.O. Box address as mailing address we must also have a physical address.**

Apt. No. _____ City _____ State _____ Zip _____ Country _____

PRACTICE ADDRESS (If not applicable indicate with N/A)

Apt. No. _____ City _____ State _____ Zip _____ Country _____

Mailing address will display on the Internet if you have not provided a practice location address.

DATE OF BIRTH (m/d/yr)

COUNTRY OF BIRTH

WORK NUMBER: _____

CORRESPONDENCE VIA E-MAIL? YES NO

HOME NUMBER: _____

E-MAIL ADDRESS: _____@_____

CELL NUMBER: _____

Please print legibly. By checking "yes" you agree to allow the board office to contact you with information regarding your application via e-mail.

FAX NUMBER: _____

3. Please indicate date(s) of previous NPTE examinations: _____

Rules 64B17-3.003 and 64B17-4.003, F.A.C., An applicant who has failed to pass the national physical therapy examination by or on the fifth attempt, regardless of the jurisdiction through which the examination was taken, is precluded from licensure in Florida.

4. EQUAL OPPORTUNITY DATA

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 60-3, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38295 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

SEX: Male Female

Are you a US citizen? YES NO If NO, give alien number: _____

ETHNIC ORIGIN: White Black Asian/Pacific Hispanic Other _____

