

PHYSICAL THERAPIST/ PHYSICAL THERAPIST ASSISTANT APPLICATION INSTRUCTIONS

***Please read, sign and return these instructions to the address above**

A. Requirements to apply for Licensure:

1. **Fee (ALL FEES ARE NON-REFUNDABLE)**

PT LICENSE/PROCESSING FEE	\$150.00 (paid on line – do not resubmit)
PTA LICENSE/PROCESSING FEE	\$135.00 (paid on line – do not resubmit)

All application fees are paid online when applying for licensure. Do not mail application fees to the board.

2. **Application**

- Complete all education (beginning with high school) and all practice history thoroughly to ensure that there are no gaps greater than 90 days.
- Any YES answer on the questions (A-O) of the application **MUST** be explained in a notarized statement. If you answer “Yes” to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.

3. **Education**

Applicants for licensure as a physical therapist or physical therapist assistant must have graduated from an accredited physical therapy or physical therapist assistant program acceptable to the State Board of Medical Licensure and Supervision. Applicants must have passed a competency examination acceptable to the Board.

GRADUATES OF CAPTE ACCREDITED PROGRAMS IN THE UNITED STATES

Applicants who graduated from programs accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE) must have the program submit [Form #1](#) and an official transcript of grades with degree posted **directly to the Board, documents received from the applicant will not be accepted.**

GRADUATES OF UNITED STATES ARMED FORCES PROGRAMS

An applicant for a license to practice as a physical therapist or a physical therapist assistant who has been educated through a program or school which is or has been sponsored by a branch of the armed forces of the United States may be licensed if the Board determines that the education of the applicant is substantially equivalent to, or exceeds, the requirements of accredited educational programs.

FOREIGN EDUCATED APPLICANTS

- Foreign educated applicants who graduated from programs not accredited by CAPTE must submit:
 - Evidence that education is equivalent to a CAPTE accredited program. Assessment of equivalence may be performed by the following credentialing agency:

Foreign Credentialing Commission on Physical Therapy
124 West Street South, 3rd Floor
Alexandria, VA 22314-2825

Evaluations that have been sent to the applicant and forwarded to us will not be accepted

4. **Verification of Licensure**

Evidence of all current or previously issued licenses or certificates must be verified either on an official letter from the state or on [FORM #3](#). The applicant is responsible for forwarding a copy of Form #3 to the appropriate state licensing boards and paying any applicable fees.

5. **Evidence of Status**

New legislation took effect November 1, 2007, requiring the Board of Medical Licensure and Supervision to issue a license only to U.S. citizens, nationals and legal permanent resident aliens; and to applicants who present valid documentation.

6. **Photo/Oath**

All applicants are required to return the oath form with a current (within the past 12 months) photograph.

7. **Extended Background Check**

All applicants for licensure will be required to complete the required biometric criminal background check.

Privacy Act Statement and Applicant Notification

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Public Law 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or other responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Record Challenge

Applicant Record Challenge: Before a final decision is made, you have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record is set forth in Title 28, CFR 16.34. For information on updating the national criminal history record, visit www.FBI.gov or <https://www.fbi.gov/cjis/identity-history-summary-checks#challenge-of-an-identity-history-summary>.

If certified documents are obtained for the purpose of updating your criminal history record, the documents should be forwarded to the FBI and to the repository in the state where the arrest occurred

B. Examination:

Applicants who took the examination in another jurisdiction must request scores from The FSBPT Score Transfer Service, 509 Wythe Street, Alexandria, VA 22314 or at FSBPT. Scores achieved in other jurisdictions are determined to be passing by the standard set for the examination given in Oklahoma when the applicant is considered for licensure.

Applicants who wish to sit for the examination in Oklahoma may register on-line at FSBPT, the Board must approve all applicants to sit for the examination. Upon submission of application, pre-grad form **or** Form 1 and transcript, your FSBPT online exam registration will be approved. FSBPT will forward your name to the Computer Based Testing Company and send you a letter explaining how to schedule a time for the examination.

If an applicant fails one examination, the Physical Therapy Advisory Committee may review the application to determine if a letter authorizing practice under supervision may be issued/extended and/or if the applicant may retake the examination. If an applicant fails two examinations, he/she **will not be allowed to practice** and must contact the Board office for additional requirements for re-examination.

C. General:

Any person who is licensed by examination as a physical therapist or physical therapist assistant in another state of the United States, District of Columbia or Puerto Rico and is graduated from a program approved by the Board, is eligible for consideration for licensure by endorsement provided the written examination and grade standard upon which such license is based is acceptable to the Board

All applications are reviewed by the Physical Therapy Advisory Committee. The Committee makes recommendations to the Board regarding issuance of licenses. The Board issues licenses typically within 14-16 business days after all Board members vote to approve the Committee recommendations. Applications must be completed online and the appropriate fee paid and submitted at least 30 days prior to a Physical Therapy Advisory Committee meeting. All completed forms and documents should be forwarded as they become available. Applications completed in the interim between meetings may be presented to the Board Secretary who, upon administrative review, may issue a letter authorizing practice.

D. Temporary Letter:

A letter authorizing practice under the supervision of a licensed physical therapist may be issued provided **all** requirements for licensure have been met and verified. This permits legal practice during the interim from the time the application is complete and the time at which the Board grants a license. [Form #5](#), Verification of Supervision, must be submitted in order for a letter to be issued. **(A physical therapist can sign the Form #5 to be the primary supervisor for no more than three (3) licensed physical therapist assistants and/or applicants.)**

A letter authorizing practice under supervision may also be granted to a recent graduate who has applied to take the examination. This letter permits legal practice in a graduate physical therapist/physical therapist assistant status until passing scores are received. Practice during this period must be under the direct, on-site supervision of a Physical Therapist licensed in Oklahoma.

PRACTICE MAY NOT BEGIN UNTIL A LETTER GRANTING PERMISSION TO PRACTICE IS ISSUED BY THE BOARD SECRETARY OR A FULL LICENSE IS GRANTED BY THE BOARD

E. Renewals:

Licenses are renewed annually by application PRIOR to February 1 for the subsequent year beginning February 1 and ending January 31.

TO FACILITATE THE RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT MAILING ADDRESS AT ALL TIMES.

I, _____, have fully read and understand my instructions. I swear or affirm that the information
(please print)
submitted in and with the application is to the best of my knowledge, true and factual. I understand that the Oklahoma State Board of
Medical Licensure and Supervision may verify all information obtained.

Applicant Signature_____

Date_____

Please return this form to:

**OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105**