



# **Arkansas State Board Of Physical Therapy**

9 Shackleford Plaza, Suite 3  
Little Rock, AR 72211  
(501) 228-7100

## **APPLICATION INSTRUCTIONS FOR LICENSURE BY EXAMINATION**

### **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 a study plan to the Board. 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**

Any candidate with a documented disability may request special accommodations to take the examination. **This request must be submitted in writing, at the time of application submission, and supporting documentation is required.**

### **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 on the FSBPT web site at [www.fsbpt.org](http://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 inform you in writing about scheduling your examination. 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](http://www.prometric.com). The testing program is Federation of State Boards of Physical Therapy. **You will be responsible for payment of the Prometric Testing Center fee at the time you schedule your examination. Cost is \$50 for PTA exam and \$65 for PT exam.**

### **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 our website at [www.arptb.org](http://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.

### **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. **Internet Explorer 5.0 or higher is required for registration with FSBPT.** Using Internet Explorer, register with FSBPT online at <https://www.fsbpt.net/pt/index.cfm> and read all information carefully. Payment methods accepted are credit card and debit card. FSBPT does not accept checks or money orders. Registration with FSBPT is available three months prior to graduation.

### **EXAM RESULTS**

ARPTB will mail examination results to you. If you pass, your license will be issued and you will receive a wall certificate and wallet size license. If you fail the examination, you may take the examination a second time by mailing the \$50.00 application fee to ARPTB and registering with FSBPT online. If you fail the examination a second time, a study plan must be presented to the Board for approval prior to applying for the NPTE a third time.

### **FEE SCHEDULE:**

- **\$350.00** exam fee to FSBPT (credit or debit cards only)
- **\$50** processing fee to ARPTB (personal checks accepted; no credit cards)
- **\$25** paid online when the jurisprudence exam is taken (credit cards, debit cards or e-checks)
- **\$65** paid at time of testing to Prometric Testing Center (**Physical Therapists**)
- **\$50** paid at time of testing to Prometric Testing Center (**Physical Therapist Assistants**)

## APPLICATION PROCESS

To apply for the PT or PTA examination, all forms, fees and documentation outlined below **must be returned to ARPTB**. Do not duplicate forms. All documents must have original signatures in ink. Faxes are not acceptable.

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 are accepted for the application fee. A \$20 charge will be imposed for checks returned for insufficient funds.
2. *Certificate of completion of jurisprudence exam*. Log on to [www.arptb.org](http://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. *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. 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.
4. *Three letters of recommendation*. Two must be from licensed physical therapists who can attest to the applicant's clinical competence; and the third must be from an individual who can affirm the applicant's moral and ethical attributes.
5. *English Language Proficiency Tests*. **If the applicant is foreign-trained**, proof of proficiency in the English language, both written and spoken, is required. Passing scores are required as follows: TOEFL - 560/220 computer; TWE - 4.5; TSE - 50. iBT/Next Generation TOEFL passing scores are: 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](http://www.arptb.org) by clicking on the "applying for licensure" menu button.**

### CAPTE Changes to Accreditation Criteria

CAPTE withdrew accreditation from physical therapy programs that grant a baccalaureate degree (BS) in Physical Therapy as the entry-level professional degree. Only programs that grant a post-baccalaureate degree as the first professional degree will be accredited. This change does not affect those who graduated before January 1, 2003. A baccalaureate degree granted before that date will be evaluated for equivalency to a baccalaureate degree as it has always been. The Education requirements for applicants graduating on January 1, 2003 or later are a Masters or DPT degree and fulfillment of coursework as approved by the Board.

## **APPLICATION PROCESS SYNOPSIS**

### **Step One**

- Candidate mails application and fee to ARPTB.
- Candidate pays and registers with FSBPT online
- Candidate makes appropriate contacts to have other required documentation mailed to ARPTB.
- Candidate takes jurisprudence exam.

### **Step Two**

- ARBPT receives application and fee and opens a file on candidate.

### **Step Three**

- After candidate file is complete, ARPTB approves candidate to test. (Candidate must be registered with FSBPT for this step to be completed).

### **Step Four**

- FSBPT receives approval from ARPTB and mails “authorization to test” letter to candidate.

### **Step Five**

- Candidate receives letter from FSBPT with candidate I.D. number and calls Prometric to schedule exam date.

### **Step Six**

- Candidate takes exam. (Fee is paid to Prometric at time of testing).

### **Step Seven**

- ARPTB receives test results from Prometric and mails results to candidate usually within two business days.



**APPLICATION FOR LICENSURE BY EXAMINATION**  
**Arkansas State Board of Physical Therapy**  
 9 Shackelford Plaza, Suite 3 Little Rock, AR 72211  
 Phone: 501-228-7100  
 Website: arptb@sbcglobal.net

*Office Use Only*  
 Amount \_\_\_\_\_  
 Check # \_\_\_\_\_  
 Date: \_\_\_\_\_

**Type of Licensure:**       Physical Therapist       Physical Therapist Assistant

**PLEASE PRINT OR TYPE ANSWERS TO ALL QUESTIONS**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Maiden Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Phone #: ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

Fax #: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of correspondence from the Board:    Email     Mail

Name Preferred on Issuance of License: \_\_\_\_\_

**EDUCATION**

State in chronological order the name and location of each preparatory or high school attended.

Name and Location of School	Dates Attended	Subject	Degree

An official transcript of college record showing completion of a physical therapy course must be submitted. *(Copies will not be accepted)*. State the name and location where PT/PTA degree was obtained.

Name and Location of School	Dates Attended		Subject	Degree
	From <small>(month &amp; year)</small>	To <small>(month and year)</small>		

**ADDITIONAL INFORMATION**

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

If yes, list each state. \_\_\_\_\_

*Verification of licensure must be sent directly from each state agency where licensed. This includes expired licenses.*

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. \_\_\_\_\_

Within the last five (5) years have you 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 charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or federal court (other than minor traffic violations) whether or not a sentence was imposed or suspended? **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.)*

**AFFIX PHOTO HERE  
NOTARIZE**

**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**