



Arkansas State Board Of Physical Therapy

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

APPLICATION INSTRUCTIONS FOR LICENSURE BY RECIPROCITY/ENDORSEMENT

FEES

Physical Therapist	\$160.00
Physical Therapist Assistant	\$110.00

EDUCATION

Applicants for Licensure as Physical Therapists and Physical Therapist Assistants must have graduated from a school of physical therapy approved by a national accrediting body recognized by the Board. The Physical Therapy Assistant program must consist of at least two years.

REQUIRED DOCUMENTS

1. **Application for Licensure as a Physical Therapist or Physical Therapist Assistant in Arkansas** with all sections completed by applicant, including a current photograph embossed with an official notary seal or stamp, a non-refundable fee payable to **ARPTB**. Personal checks are accepted for the 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 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%. A certificate of completion is available 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 and will be returned to the applicant.
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. **Passing score** on a national physical therapy examination approved by the Arkansas State Board of Physical Therapy. Contact the Federation of State Boards of Physical Therapy Score Transfer Service at 703-739-9420 or <https://www.fsbpt.net/pt>.
6. **Official verification** of all current and/or all previously issued licenses to practice physical therapy. The candidate is responsible for requesting that each state in which they hold a license

or has ever held a license send a verification of their license directly to the Arkansas State Board of Physical Therapy. The verification must include license number, date issued, current status of license, dates and reasons for disciplinary actions if any, and the official seal of the state licensing board.

7. **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.**
8. **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.

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.

BOARD APPROVED CREDENTIALING AGENCIES

<p>Foreign Credentialing Commission on PT P. O. Box 25827 Alexandria, VA 22314 Phone: (703) 684-8562 Fax: (703) 684-8715</p>	<p>International Credentialing Associates, Inc. 7245 Bryan Dairy Rd., Park #2 Largo, FL 33777 Phone: (727) 549-8555 Fax: (727) 549-9554</p>
<p>International Consultants of Delaware, Inc. P.O. Box 8269 Philadelphia, PA 19101 Phone: (215) 222-8454 Fax: (215) 349-0026</p>	<p>International Educational Research Foundation, Inc. P. O. Box 3665 Culver City, CA 90231 Phone: (310) 258-9451 Fax: (310) 342-7086</p>

RENEWALS:

Licenses are renewed annually by paying the renewal fee by March 1 for the subsequent year ending December 31. Unrenewed licenses lapse as of March 1. If licenses are reactivated after March 1, a fee is assessed in addition to the renewal fee.

RULES & REGULATIONS:

The Practice Act and Rules and Regulations can be downloaded from www.arptb.org or copies can be requested from ARPTB.



APPLICATION FOR LICENSURE BY RECIPROCITY
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 & 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.)

<p>AFFIX PHOTO HERE NOTARIZE</p>	<p>NOTARIZED This is to certify that the photograph is a correct likeness of the applicant.</p>
	<p>_____</p> <p>Notary Public</p> <p>My commission expires: _____</p>

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