



Arkansas Department of Health

State Board of Physical Therapy

P.O. Box 250254 • Little Rock, AR 72225
(501) 228-7100 • Fax: (501) 228-0294
arptb@arkansas.gov • www.arptb.org

APPLICATION INSTRUCTIONS FOR LICENSURE BY RECIPROCITY

Physical Therapist	\$100.00
Physical Therapist Assistant	\$100.00
Jurisprudence Exam	\$ 10.00
<i>(JE is paid at time of exam)</i>	

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.

REQUIRED DOCUMENTS

1. **Application for Licensure** as a *Physical Therapist or Physical Therapist Assistant in Arkansas* with all sections completed by applicant, including current photograph embossed with an official notary seal or stamp, **a non-refundable application fee payable to ARPTB**. Personal checks, Cashier's Check or Money Orders are accepted for the application fee. A 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%. You may print a certificate for your records. ARPTB will print the certificate for your file.
3. **Proof of graduation (official transcript)** from a *Physical Therapy/Physical Therapist Assistant education program accredited by a national accreditation agency approved by the Board*. The Board may verify this information online or by telephone to the other state's licensing board.
4. **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 www.fsbpt.org.
5. **Official verification** of all current and/or all previously issued licenses to practice physical therapy. The Board office will verify the license on the state's website if the state offers a Primary Source Verification. If a Primary Source Verification is not available on the state's website or by phone, the candidate is responsible for requesting that each state in which they hold a license and 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.
6. **Background Check**. ArAC §17-39-303(b) & §17-39-304(b) requires all applicants for Physical Therapy and Physical Therapy Assistant to apply to the Identification Bureau of the Arkansas State Police for state and national criminal background checks prior to being issued licensure. A valid application for licensure must be on file prior to Background checks being processed. No Applicant will be issued licensure until the results of the criminal background check are received. Please note that it may take 2-6 weeks for the Board to receive the results. *Once a completed application & application fee have been received* an Email with BGC Forms, Instructions and payment information will be sent to the address provided, if you live in the state of Arkansas. If you live outside of Arkansas a BGC packet will be mailed to the address provided on your application.

7. **English Language Proficiency Tests.** If the applicant is non-USA educated, proof of proficiency in the English language, both written and spoken, is required. Passing scores are required as follows: 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.

BOARD APPROVED CREDENTIALING AGENCIES

Foreign Credentialing Commission on PT

124 West Street S. 3rd Floor
Alexandria, VA 22314
Phone: (703) 684-8562
Fax: (703) 684-8715

International Consultants of Delaware, Inc.

3600 Market St., Ste. 450
Philadelphia, PA 19104-2651
Phone: 215-222-8454 Ext. 603
Fax: (727) 549-9554

International Educational Research Foundation, Inc.

P. O. Box 3665
Culver City, CA 90231
Phone: (310) 258-9451
Fax: (310) 342-7086

Fee Waiver

The Board shall waive the application fee if the applicant:

1. Is receiving assistance through the Arkansas Medicaid Program; the Supplemental Nutrition Assistance Program; the Special Supplemental Nutrition Program for Women, Infants, and Children; the Temporary Assistance for Needy Families Program; or the Lifeline Assistance Program;
2. Was approved for unemployment within the last twelve (12) months; or
3. Has an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

Contact the board office by phone, email or mail to request the Fee Waiver Form.



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Office Use Only

Amount \$ _____

Check # _____

Date _____

APPLICATION FOR LICENSURE BY RECIPROCITY

Type of Licensure: Physical Therapist Physical Therapist Assistant

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

(City) (State) (Zip) (County)

Maiden/Former Name: _____ Social Security #: _____

City & State of Birth: _____ Birth Date: _____

Office Phone #: _____ Home Phone #: _____ Cell Phone #: _____

Email: _____ Preferred Correspondence: Email Mail
Preferred correspondence is the method the board office will contact you during the application process and when you are licensed. When licensure is issued correspondence includes, but is not limited to, renewal notices and continuing education notices.

Male Female Ethnic/Race Information: American Indian Black or African American Hispanic/Latino Native Hawaiian or Other Pacific Islander White/Caucasian

EDUCATION

List all colleges, physical therapy schools and universities attended in descending order beginning with the highest level of education.

Institution and Locations <i>(Include city and state)</i>	Dates Attended <i>(Include month and year)</i>		Major	Degree
	From	To		
	From	To		
	From	To		
	From	To		

ADDITIONAL INFORMATION

List all states/countries where you are currently licensed or have ever held licensure, registration or certification to practice as a physical therapist or physical therapist assistant. _____

If you do not have a license in another state, you will need to complete the application for licensure by exam.

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.)

Indicate dates and locations: _____

Are you a current resident of the United States: Yes. No. If yes, indicate home state: _____

Are you an active member of the Military being stationed in Arkansas? **Yes** **No**
Are you a former member of the Military? **Yes** **No** If yes, what year were you discharged? _____

Is your spouse an active member of the Military being stationed in Arkansas? **Yes** **No**
Is your spouse a former member of the Military? **Yes** **No** If yes, what year were they discharged? _____

Have you ever 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**

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 convicted of a felony (including a nolo contendere plea or guilty plea) in any state or federal court? **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.)

A 2x2 passport type photograph taken within one year must be attached and embossed with an official notary seal or stamp. Attach your photo to the application form before it is notarized. Part of the notary seal or stamp should be on the photo and part on the application form.

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

FBI Information – Please legibly print each answer

Name: _____ Suffix: _____
(First) (Middle) (Last)

Date of Birth: _____ Sex: _____ Race: _____
(mm/dd/yyyy)

Non-US Citizen: Yes No Social Security Number: _____ - _____ - _____

The Following Information is required in order to perform a Federal Background Check

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

State of Birth: _____

Type of Home Address: City Rural

Home Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Employer Name: _____

Employer Address: _____
(Street) (City) (State) (Zip)

Aliases / Former Name(s): _____

Driver's License State: _____ Driver's License Number: _____

I, _____ swear/affirm that the contents of this page are true.

Applicant's signature _____

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-synnart-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b)

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 4031 (formerly cited as 42 U.S.C. §14616), Article IV9c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)