



State of Maine

**BOARD OF  
EXAMINERS IN PHYSICAL THERAPY**

**Applicant information to assist  
in completing your application**

**Physical Therapist  
Physical Therapist Assistant by  
Examination**

**Do not return the following informational pages with your  
application; it is for your information only**

Department of Professional and Financial Regulation  
Office of Licensing and Registration  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8689 or Main Receptionist (207) 624-8603  
TTY/Hearing Impaired 1-888-577-6690  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [physicalthrp.lic@maine.gov](mailto:physicalthrp.lic@maine.gov)

## **APPLICATION INSTRUCTIONS**

### **PHYSICAL THERAPIST or PHYSICAL THERAPY ASSISTANT**

Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the Physical Therapy Laws and Rules. Please review them carefully for more detailed and clarifying information.)

#### **Fax submissions of applications and supporting documentation will not be accepted.**

- **Completed Application**  
Complete and sign the application and submit with the appropriate fees and documentation.
- **Proof of Education**  
Submit documentation of official transcripts.
- **Self query results for the HIPDB and the NPDB**  
Pursuant to 10 MRS §8003, sub-§10, the Office of Licensing and Registration now requires all applicants to submit a NPDB/HIPDB\* Self-Query Report as part of the initial application for licensure within each of the following allied health licensure programs effective 11/1/2007. The instructions to request a self-query report are available at NPDB/HIPDB's website: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov)
- **Examination Results**  
Submit proof of passing the PT or PTA examination. Exam scores must be sent directly to the Board from the Testing Company, you can reach the Federation of State Boards of Physical Therapy [www.fsbpt.org](http://www.fsbpt.org) or (703) 739-9420.
- **Any other supporting documentation(s) such as: verification of licensure or criminal conviction information**  
Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).  
  
Court judgment and decision of any criminal conviction and a written statement regarding the crime.
- **Documentation of Name Change**
- **Foreign educated**  
Submit written proof that the school of physical therapy education is recognized by the ministry of education in the country where the school is located  
  
Submit his or her credentials to an approved agency for evaluation of their equivalence to the United States trained applicant  
  
The applicant must demonstrate proficiency in written and spoken English:
  - The Board will accept written verification that the courses were taught in English to satisfy the requirement of proficiency in written and spoken English
  - If the course work was not taught in English, the applicant must attain a passing score that is recommended by the Federation of State Boards of Physical Therapy on the Test of English as a Foreign Language (TOELF), on the Test of Spoken English For Professionals (TSE-P), and the Test of Written English (TWE).

## CONTINUING EDUCATION

Continuing education is not required for license renewal.

**INITIAL EACH PAGE OF YOUR APPLICATION WHERE NOTED.** Be sure to initial the bottom of each page where noted on your application. This is critical to insuring that each page of your application is intact with the correlating application and will help us with expediting your application review.

The Board of Examiners in Physical Therapy requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

### **PROCESSING TIME:**

- ✓ Please allow approximately three (3) weeks processing time from date of receipt.
- ✓ Please do not call our office regarding the status of your application as numerous calls will delay the timeliness of processing applications. Information regarding the status of applications may be found at the Office of Licensing and Registration's website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). We appreciate your thoughtful attention to this request.
- ✓ Once your license is issued it is immediately visible online with an "active" status. Licenses are printed off site and require at least 14 days for delivery.
- ✓ Please be advised this office communicates only with the applicant/licensee and not with an employer.

## VERIFICATION OF LICENSURE IN ANOTHER STATE OR JURISDICTION

If you hold or have held a physical therapy or physical therapy assistant license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

Please contact the state of licensure to request an official License Verification. At a minimum, the license verification must contain:

- Name of State providing the License Verification
- Your name
- License number and expiration date
- Status of your license i.e. active, inactive, lapsed, probation, restricted, suspended, revoked
- Type of license issued to you
- Date your license was issued
- If appropriate, hours of internship completed with beginning and ending dates
- Method your license was issued i.e. Original State, Reciprocity/Endorsement, Score Transfer
- Examinations taken i.e. PT, PTA, Jurisprudence, other
- Disciplinary action(s) against your license, if any
- Signature and title of person from the licensing jurisdiction providing License Verification
- State Seal

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

## Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Your license will show up as PENDING at first; upon issuance of your license by this office your status will be ACTIVE.
- 
- **How far back do I go answering the criminal question?** Any conviction, ever.

## NOTICES

**BACKGROUND CHECK:** Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

### Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



## SECTION 1: EDUCATION

Please check one:		
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Non Accredited Program
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree	
<input type="checkbox"/> Foreign Graduate	<input type="checkbox"/> Other describe: _____	
Name of Educational Provider		Date of Graduation
Contact Address: _____ Street or P.O. Box _____		
City	State	Zip Code
<b>Official transcript demonstrating your education must be submitted with your application.</b>		

## SECTION 2: LIST BELOW EVERY JURISDICTION IN WHICH YOU HOLD OR HAVE EVER HELD A PROFESSIONAL LICENSE.

1. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
2. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
3. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
4. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
5. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
6. State, Territory, Country	License Number/Type	Date Issued	Expiration Date
For each of the above, you must submit with this application an official Verification of Licensure from the licensing jurisdiction. <b>IMPORTANT:</b> Applications submitted without all of the Verification of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.			

\_\_\_\_\_  
INITIALS OF APPLICANT

**SECTION 3: EXAMINATION**

<p>Have you ever taken a FSBPT PT or PTA examinations?</p> <p>If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Jurisdiction</b>	<b>Examination Type</b>	<b>Date</b>	<b>Score</b>	

**SECTION 4: CHECK APPROPRIATE RESPONSE TO THE QUESTIONS BELOW. ANY YES RESPONSE MUST BE FULLY EXPLAINED BY WRITTEN STATEMENT ON A SEPARATE SHEET OF PAPER, SIGNED AND DATED, AND SUBMITTED WITH YOUR APPLICATION.**

<p>Had hospital or similar health care institution privileges ever been denied or which had previously been granted to you suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
INITIALS OF APPLICANT

## **SECTION 5: NOTICES**

### **10 Day Notification Requirement**

This applicant/licensee must report in writing to the Board the following information no later than 10 days after the change or event, as the case may be:

- a. Change of name or address of the licensee;
- b. A criminal conviction of the licensee or anyone listed on this application as having an ownership interest in the licensee;
- c. A revocation, suspension, or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held by the applicant/licensee or anyone listed on this application as having an ownership interest in the licensee; or
- d. Any material change in the conditions or qualifications set forth in the original application for licensure submitted to the Board.

### **Notice Regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRS §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

### **Notice Regarding Social Security Number Disclosure**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRS section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

### **Healthcare Integrity and Protection Data Bank ("HIPDB") Self-Query Reports**

In accordance with 10 MRS §8003(10), all applicants must submit a HIPDB Self-Query Report as part of the initial application for licensure. The instructions to request a self-query report are available at HIPDB's website: [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov) The website includes a Fact Sheet on self-querying, as well as FAQs to assist you in requesting a report. Customer Service Contact information: **NPDB-HIPDB Customer Service Center**  
**Tel: (800)767-6732 - TDD: (703)802-9395**

INITIALS OF APPLICANT

**SECTION 6: APPLICANT’S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Examiners in Physical Therapy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date

Applications that are incomplete, altered, defaced, or compromised will not be accepted and will be returned. This includes, but not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing supporting documents, and/or missing or wrong fee.



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35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
TEL:(207)624-8603 – FAX:(207)624-8637

**REFERENCE FORM**

<b>Name of Applicant:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Applicants Job Title:</b>		<b>Telephone #:</b>
<i>The following section is to be completed by the professional reference</i>		
<b>Name:</b>		<b>Title:</b>
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Telephone:</b>		<b>Email:</b>
<b>Are you related to the Applicant?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Please give a brief statement of your knowledge of the applicant's ethical practice of Physical Therapy:</b>		
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<b>I am certifying the information provided on this form is verifiable, factual and accurate.</b>		
<b>Signature:</b>		<b>Date:</b>

***Return this completed form directly to the applicant; not the Board.***



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**SUPERVISORS AFFIDAVIT**  
 Pursuant to 32 MRS § 3113-B

Graduate Physical Therapist's Name:		
Supervisor's Name:		
License Number:		
Supervisor's Tel:		Supervisor's Email:
Facility Name:		
Address:		City:
State:	Zip Code:	Telephone:
<p>I, the above named supervisor, will assume responsibility and liability for the graduate physical therapist/assistant who is awaiting results of the computerized physical therapist/physical therapist assistant examination. I will immediately notify the Board of Examiners in Physical Therapy of any change in supervision of this employee prior to publication of the examination results.</p>		
Supervisor's Signature:		

**The Board will send an approval letter to the applicant and supervisor regarding the approval or denial of the exemption to practice.**

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT**  
**Upon review and acceptance a copy will be returned to both the PT graduate and the above named supervisor**

**For office use only**

o Accepted                      o Not Accepted – Reason: \_\_\_\_\_

Action Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

Date Copy Sent to PT and Supervisor: \_\_\_\_\_



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**ACCOMMODATION REQUEST FORM**

***The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission***

NAME: _____	
ADDRESS: _____	
TELEPHONE #: _____	SOCIAL SECURITY NUMBER: _____

Accommodations Requested for the \_\_\_\_\_ Examination.  
 Disability \_\_\_\_\_

**Please check all that apply**

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify): \_\_\_\_\_
- Use of Computer or other adaptive equipment (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

Signed and dated: \_\_\_\_\_

**DOCUMENTATION OF DISABILITY RELATED NEEDS**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

**If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.**

I have known \_\_\_\_\_ since \_\_\_\_\_ in  
(Test applicant) (Date)

my capacity as a \_\_\_\_\_.  
(Professional Title)

This applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/ her:  
(check all that apply):

- Accessible Testing Site
- Separate Testing Site
- Braille
- Large Print
- Tape
- Reader as Accommodation for Visual Impairment
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment
- Reader as Accommodation for Learning Disability
- Scribe/Amanuensis as Accommodation for Learning
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify): \_\_\_\_\_
- Use of Computer or other adaptive equipment (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_