



State of Maine

BOARD OF EXAMINERS IN PHYSICAL THERAPY

Application information to assist in completing your application. This information is not designed to include all information on laws and rules and it is strongly recommended that you review applicable laws and rules.

Application for Eligibility to Qualify for the Physical Therapist or Physical Therapist Assistant Examination

Do not return the following informational pages with your application; They are for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(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 users call Maine relay 711
FAX (207) 624-8666

Web address: www.maine.gov/professionallicensing
Email: physicalthrp.lic@maine.gov

APPLICATION INSTRUCTIONS

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**
 - ⇒ You must submit your Official Transcripts; or
 - ⇒ A Letter of Intent to Graduate which states you have met all the requirements of the degree which qualifies you for the examination.
 - ⇒ If you qualify for examination by a Letter of Intent to Graduate you are welcome to submit your transcripts after graduation to expedite future licensing.
- **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 your credentials to an approved agency for evaluation of their equivalence to the United States trained applicant. A list of approved credentialing agencies is available at the American Physical Therapy Association (APTA) website: www.apta.org.

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).

Please include the pending license number assigned to you with all submissions to the office.

Approval to take the physical therapist or physical therapist assistant examination does not qualify you for licensure with the Board of Examiners in Physical Therapy. You must submit a separate application for licensure once you have been notified of passing exam results. If you have any criminal convictions and prior discipline that information will be considered when an application for licensure is submitted, not with this application.

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:

- ✓ Your application has greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as PENDING EXAMINATION. If incomplete and a letter is being sent to you, the letter will be available for you to see online.
- ✓ Please refrain from calling our office to “check” on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation’s website www.maine.gov/professionallicensing. We appreciate your thoughtful attention to this request.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8603 Fax: (207) 624-8666 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

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. 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 Professional and Occupational Regulation 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. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). 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

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.



**STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
ANY OTHER NAMES EVER USED:			
DATE OF BIRTH	<i>mm / dd / yyyy</i>	SOCIAL SECURITY NUMBER	- -
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ()	FAX # ()	E-MAIL	
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 affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.			
SIGNATURE		DATE	

Board of Examiners in Physical Therapy

Physical Therapist and Physical Therapist Assistant

Eligibility to Qualify for the Examination

Required Fees: \$25.00 (Non-Refundable)

(includes examination processing fee)

LICENSE TYPE, check applicable box:

- Physical Therapist (PT)
- Physical Therapist Foreign Educated (PT)
- Physical Therapist Assistant (PA)
- Physical Therapist Assistant Foreign Educated (PA)

Exam previously taken on _____

Office Use Only:

PT/PA 1447 - \$ 25.00

Office Use Only:

Check # _____

Amount: _____

Cash # _____

Lic. # _____

Issue Date _____

Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my			
<input type="checkbox"/> VISA		<input type="checkbox"/> MASTERCARD	
the following amount: \$ _____			
<input type="checkbox"/> I understand that fees are non-refundable			
Card number:		Expiration Date	
SIGNATURE		DATE	

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
Your Official Transcripts or a Letter of Intent to Graduate demonstrating your education must be submitted with your application. Check One:		
<input type="checkbox"/> Official Transcripts		
<input type="checkbox"/> A Letter of Intent to Graduate which states you have met all the requirements of the degree which qualifies you for the examination		
<input type="checkbox"/> Proof of Education previously submitted with prior application to qualify for the examination		

SECTION 2: NOTICES

10 Day Notification Requirement

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

INITIALS OF APPLICANT

SECTION 3: 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 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.

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

Printed Name of Applicant	Title
Signature of Applicant	Date
	



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BOARD OF EXAMINERS IN PHYSICAL THERAPY
 35 STATE HOUSE STATION
 AUGUSTA, MAINE 04333-0035
 TEL:(207)624-8603 – FAX:(207)624-8666

SUPERVISOR'S AFFIDAVIT

Pursuant to 32 MRS § 3113-B

Graduate Physical Therapist's Name:		
Supervisor's Name:	License Number of Applicant:	
Supervisor's Tel:	Supervisor's Email:	
Facility Name:		
Facility Address:	Facility City:	
Facility State:	Facility Zip Code:	Facility Telephone:
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.		
Supervisor's Signature:		

Pursuant to 32 MRS §3113-B you must be a graduate physical therapist or physical therapist assistant in order to be approved to work while you are awaiting to take your examination. A copy of your transcript must be submitted with this form. 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

Accepted 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 other organization or individual 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): _____