

**Due to a recent process change,
FSBPT is now evaluating candidates' eligibility
to sit for the National Physical Therapy Exam
(NPTE) for graduates from CAPTE accredited
programs**



**This Application is for Foreign Educated
Applicants Only**

**Please contact FSBPT directly for instruction on
how to be made eligible if you are a graduate
from a CAPTE accredited program.**

www.fsbpt.org or 703-739-9420



State of Maine

BOARD OF EXAMINERS IN PHYSICAL THERAPY

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

**This Application is for Foreign Educated
Applicants Only**

**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

FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address
35 State House Station, Augusta, ME 04333.

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

- **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).

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.



**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 *FIRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* 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**

**FOREIGN EDUCATED APPLICANTS ONLY
Required Fees: \$25.00 (Non-Refundable)**

LICENSE TYPE, check applicable box:

- Physical Therapist Foreign Educated (PT)
- 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 credit card, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my VISA MASTERCARD DISCOVER AMERICAN EXPRESS The following amount: \$ _____
 I understand that fees are non-refundable

Card number: Expiration Date *mm / yyyy*

 **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 demonstrating your education must be submitted with your application.		
<input type="checkbox"/> Official Transcripts		
<input type="checkbox"/> 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.		
<input type="checkbox"/> 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:		
<input type="checkbox"/> The Board will accept written verification that the courses were taught in English to satisfy the requirement of proficiency in written and spoken English.		
<input type="checkbox"/> 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).		

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
	

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>



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

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

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

shared with any other organization or individual without your express written permission

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): _____

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): _____