

**PHYSICAL THERAPIST (PT) AND PHYSICAL THERAPIST ASSISTANT (PTA)  
APPLICATION INSTRUCTIONS**

**ALL APPLICANTS**

The following is required of ALL applicants for licensure/certification:

**Application:** All applicants for licensure/certification must submit a complete application that is signed and notarized and accompanied by a passport size, full face photo.

**Proof of Lawful Presence:** U.S. Code Title 8, Chapter 14, Section 1621 requires proof of legal presence in the United States. Attach acceptable documentation from List A & B (attached).

**Criminal Background Check:** In accordance with W.S. 7-19-201(a)(xv), all PT and PTA applicants must submit fingerprint cards for purposes of obtaining state and national criminal history record information. The cards will be mailed to the applicant upon receipt of the application by the Board office.

|             |  |       |
|-------------|--|-------|
| <b>Fee:</b> | Physical Therapist Licensure               | \$240 |
|             | Physical Therapist Assistant Certification | \$190 |

All fees are non-refundable and shall be payable to the State of Wyoming in the exact amount by money order or cashier's check. Personal or business checks and cash are not accepted.

**Letters of Recommendation:** Letters should be provided by two professionals willing to send a letter of reference on your behalf attesting to your good moral character and professional abilities. **Letters must be sent directly to the Board office from the individual and will not be accepted from the applicant.**

**Jurisprudence Examination:** Successful completion of the jurisprudence exam is required of all applicants. The examination is open book and can be found along with the Practice Act and Rules and Regulations on the Board's website <http://physicaltherapy.wyo.gov>

**ENDORISING APPLICANTS**

In addition to the information required from "ALL APPLICANTS", applicants applying by endorsement must submit the following:

**Transcripts:** Official transcripts forwarded to the Board office directly from the registrar of the college/university giving evidence of graduation from an accredited program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE).

**Verification:** Verification of license/certificate in good standing is required from ALL jurisdictions in which you are currently, or have ever been licensed/certified. Verifications must come directly from the jurisdiction and will not be accepted from the applicant.

**National Physical Therapy Examination (NPTE) Scores:** You must request that your score be transferred from FSBPT Score Transfer Service. For information and instruction regarding this process, go to: [www.fsbpt.org](http://www.fsbpt.org)

**EXAMINATION APPLICANTS**

In addition to the information required from "ALL APPLICANTS", applicants applying by examination must submit the following:

**Transcripts:** Official transcripts forwarded to the Board office directly from the registrar of the college/university giving evidence of graduation from an accredited program approved by the Commission on Accreditation in Physical Therapy Education (CAPTE).

**National Physical Therapy Examination (NPTE):** You must register for the NPTE. Upon receipt of a complete application and required documentation, the Wyoming Board of Physical Therapy will make you eligible to test. For information and instruction regarding this process, go to: [www.fsbpt.org](http://www.fsbpt.org)

### **FOREIGN-EDUCATED APPLICANTS**

In addition to the information required from “ALL APPLICANTS” and either “ENDORISING APPLICANTS” or “EXAMINATION APPLICANTS”, Foreign-educated applicants must also provide the following:

**Credential Evaluation:** You are required to obtain a credential evaluation through one of the following credentialing entities:

#### **FCCPT**

124 West Street South, 3<sup>rd</sup> Floor  
Alexandria, VA 22314  
(703) 684-8406

#### **IERF**

POB 3665  
Culver City, CA 90231-3665  
(310) 258-9451

#### **ICD**

POB 8629  
Philadelphia, PA 19101-8629  
(215) 222-8454

If your credentials are deemed to be substantially equivalent to coursework and clinical preparation completed by graduates of accredited programs of the United States, you will be approved to take the NPTE.

All three of the following passing scores on the respective examinations are requirements for licensure for all candidates who have not graduated from a U.S. program accredited by CAPTE:

Test of English as a Foreign Language (TOEFL): 560

Test of Written English (TWE): 4.5

Test of Spoken English (TSE): 50

Individuals who meet both of the following conditions may be exempt from this requirement for language proficiency testing:

1. The native language of the country of origin is English
2. Graduation from a PT program which was conducted in English

When testing for TOEFL please enter code number 9997 on your answer sheet for the Wyoming Board of Physical Therapy. Test results will be sent directly to the Board office.

**Preceptorship:** Foreign-educated applicants must complete a six-month preceptorship under the direct supervision of a physical therapist licensed and actively practicing in Wyoming. The Board may waive all or any portion of the required preceptorship based on a favorable written report provided by the applicant’s direct supervisor or if the supervisory requirement has been met in another state.

**State of Wyoming  
Board of Physical Therapy  
Emerson Building RM 104  
2001 Capitol Avenue  
Cheyenne, WY 82002  
(307) 777-5403  
<http://physicaltherapy.wyo.gov>**

**APPLICATION for PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT**

**Application and fees are good for one (1) year only.**

**PT-\$240    PTA-\$190**    All fees are **non-refundable** and shall be paid by money order or cashier's check

**NOTE:** If you are applying by Endorsement and are currently licensed/certified in another jurisdiction OR it has been more than one year since completion of a PT/PTA program, you must provide documentation of completion of fifteen (15) hours of continuing competence credits within the last year and request that your exam scores be transferred to the Wyoming Board of Physical Therapy if applicable (see below).

**I AM APPLYING FOR:**     Physical Therapy License     Physical Therapy Assistant Certification

**I AM APPLYING BY:**

**Endorsement**

**Examination:** Have you previously taken the examination?     Yes     No

If "Yes", please identify all dates upon which you tested: \_\_\_\_\_

**For information and instruction for examination registration or to request that your score be transferred from FSBPT Score Transfer Service, go to: [www.fsbpt.org](http://www.fsbpt.org)**

**FOREIGN-EDUCATED APPLICANTS:** Completion of a six-month preceptorship under the direct supervision of a physical therapist licensed and actively practicing in Wyoming is required upon licensure. The Board may waive all or any portion of this requirement based on a favorable written report provided by the applicant's direct supervisor or if the supervisory requirement has been met in another state.

**PERSONAL INFORMATION** (Please print clearly and in ink):

|  |  |  |                   |
|--|--|--|-------------------|
| Last Name:   | First Name:  | Middle Initial:  | Other Names Used: |
| Social Security Number:  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | E-Mail Address:  |                   |
| Date of Birth:   | Place of Birth (City/State):                                     | U.S. Code Title 8, Chapter 14, Section 1621 requires proof of legal presence in the United States. Attach acceptable documentation from List A & B (attached). |                   |
| Residence Address (include city, state, zip):  |  |  |                   |
| Business Name and Address (include city, state, zip):  |  |  |                   |
| Preferred Address for Correspondence: <input type="checkbox"/> RESIDENCE <input type="checkbox"/> BUSINESS |  |  |                   |
| Home Phone:  | Cell Phone:  | Business Phone:  |                   |

**CERTIFICATES/REGISTRATIONS/LICENSES:** Indicate all certificates, registrations or licenses in all states where you are currently or have ever been previously licensed in any health care profession. If status is "Other" please provide an explanation on a separate sheet. **If additional space is needed please attach additional sheets with full name and social security number at the top.**

| STATE | LICENSE TYPE | ISSUE DATE | EXPIRATION DATE | STATUS<br>Active, Inactive, Other | LICENSED BY<br>Examination/Endorsement |
|-------|--------------|------------|-----------------|-----------------------------------|--|
|       |              |            |                 |                                   |  |
|       |              |            |                 |                                   |  |

**If you are applying by endorsement verification of license/certificate is required from ALL jurisdictions in which you are currently or have ever been licensed or certified.**

**REFERENCES:** Give the names and addresses of two physical therapists or clinical instructors that know you professionally who will be sending a letter of reference on your behalf. Letters must be sent directly to the Board office from the individual and will not be accepted from the applicant.

| NAME | ADDRESS | PHONE NUMBER |
|------|---------|--------------|
|      |         |              |
|      |         |              |

**EDUCATION:** List all universities and colleges attended. Begin with the under graduate college information. Attach additional sheets if necessary. **You must request that a(n) official transcript(s) be forwarded to the Board office directly from the Registrar of the college/university.**

| UNIVERSITY/COLLEGE | ADDRESS | DATES ATTENDED | DEGREE EARNED |
|--------------------|---------|----------------|---------------|
|                    |         |                |               |
|                    |         |                |               |

**EMPLOYMENT:** List employment for the past five (5) years in consecutive order beginning with the most recent. Use additional sheets if necessary.

| EMPLOYER | ADDRESS<br>Include Street, City, State, Zip | DATES OF EMPLOYMENT | JOB TITLE/PRIMARY DUTIES |
|----------|---|---------------------|--------------------------|
|          |   | From:               |                          |
|          |   | To:                 |                          |
|          |   | From:               |                          |
|          |   | To:                 |                          |
|          |   | From:               |                          |
|          |   | To:                 |                          |
|          |   | From:               |                          |
|          |   | To:                 |                          |

**HISTORY INFORMATION: ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT.**

If you fail to answer each and every question and provide necessary documentation for any “Yes” answer the processing of your application will be significantly delayed. Your application is INCOMPLETE until all required documentation is received. Your personal statement must include 1) month and year of the incident; 2) full description of the incident; 3) legal/court action taken against you; 4) treatment and outcome of treatment if applicable (i.e. mental health, substance abuse, etc.); and 5) the date of your statement and your legible signature. **You will be required to submit fingerprint cards for purposes of obtaining state and national criminal history record information. The cards will be mailed to you upon receipt of your application.**

- a) Has any disciplinary action been taken against you from any licensing authority?  
 No  Yes If “YES”, provide: Personal statement, documentation and outcome of all disciplinary actions.
- b) Have you ever been, or are you currently under investigation by any licensing authority?  
 No  Yes If “YES”, provide: Personal statement, documentation and outcome of all investigations.
- c) Have you ever surrendered a professional license, failed to renew a professional license or allowed your professional license to lapse or expire after a complaint was filed against you with any licensing authority?  
 No  Yes If “YES”, provide: Personal statement detailing the State in which the license was surrendered/expired, the date you surrendered your license or allowed it to lapse, expire (failed to renew the license) and why you chose this course of action. Also include a copy of the complaint(s) filed against you prior to your license surrender/expiration.
- d) Has any application you have submitted to any licensing authority for professional licensure ever been denied?  
 No  Yes If “YES”, provide: Personal Statement and documentation of the denial action.

If you answer “YES” to questions **e, or f**, you must provide all of the following: Personal Statement; Progress report from counselor/physician; Discharge summary/aftercare plan from hospitalizations (IF you were hospitalized)

- e) Do you have a physical or mental disability which impairs your ability to practice physical therapy?  
 No  Yes
- f) Are you now or have you ever unlawfully used or possessed controlled substances or excessively indulged in using alcoholic beverages?  
 No  Yes
- g) Have you ever been criminally investigated, arrested, convicted, pled guilty to, pled nolo contendere to, received a deferred conviction, or have charges pending against you for any crime (except minor traffic violations like speeding or parking infractions)? Note, you must include ALL felonies, misdemeanors, municipal ordinances, and/or any military code of justice violations, including driving under the influence of any intoxicating substance. (Please understand that although you may THINK a criminal act was “expunged”, it may still be reflected on your fingerprint background check. Omission of such information [failure to affirmatively disclose such an offense] may result in denial of your application as well as further criminal action as indicated in the “Warning” below.) Please DO NOT include non-moving traffic violations or moving violations which did not involve alcohol or substance impairment.  
 No  Yes If “YES”, provide a Personal Statement and court documents including:
- Information Sheet or Ticket
  - Judgment and Sentencing
  - Proof of compliance with the following (if applicable): Court Order; Probation Completion; Evaluation Completed and Subsequent Action on that Evaluation; Fines Paid; Classes Attended; Proof Case is Closed

**WARNING**

Making false statement or giving a false answer to any question on this form is a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both. (W.S. 6-5-303)

**AGREEMENT**

In signing this application, I do hereby state that I have read, understand, and agree to abide by the rules and regulations promulgated by the Board of Physical Therapy, and W.S. 33-25-101 through 33-25-116. I also agree to adhere to the codes of ethics applicable to my profession and this application.

**AFFIDAVIT AND NOTARIZATION**

The undersigned, being duly sworn, upon his oath deposes and says that he is the person making the foregoing statements and that they are made in good faith and are true in every respect.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

STATE OF: \_\_\_\_\_

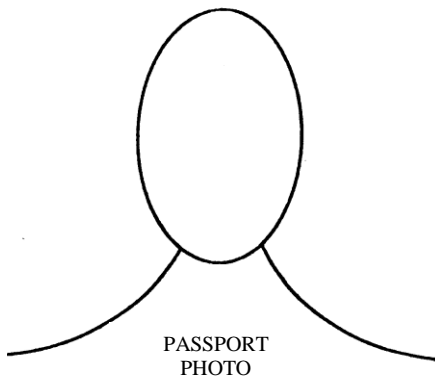
COUNTY OF: \_\_\_\_\_

Signed and sworn to or affirmed before me on \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARIAL SEAL



## LIST A

### ACCEPTABLE DOCUMENTS TO ESTABLISH U.S. CITIZENSHIP

A person who is a citizen of the United States as evidenced by one of the following:

1. A copy of a birth certificate issued in or by a city, county, state, or other governmental entity within the United States or its outlying possessions.
2. A U.S. Certificate of Birth Abroad (FS-545, DS-135) or a Report of Birth Abroad of a U.S. Citizen (FS-240).
3. A birth certificate or passport issued from:
  - A. Puerto Rico, on or after January 13, 1941;
  - B. Guam, on or after April 10, 1898;
  - C. U.S. Virgin Islands, on or after February 25, 1927;
  - D. Northern Mariana Islands, after November 4, 1986;
  - E. American Samoa;
  - F. Swain's Island; or
  - G. District of Columbia.
4. A U.S. passport (expired or unexpired).
5. Certificate of Naturalization (N-550, N-57, N-578).
6. Certificate of Citizenship (N-560, N-561, N-645).
7. U.S. Citizen Identification Card (I-179, I-197).
8. An individual Fee Register Receipt (Form G-711) that shows that the person has filed an application for a New Naturalization or Citizenship Paper (Form N-565).
9. Any other document which establishes a U.S. place of birth or indicates U.S. citizenship.
10. Copy of social security card.

## LIST B

### ACCEPTABLE DOCUMENTS TO ESTABLISH ALIEN STATUS

An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA) must submit supporting documentation to establish legal presence under one of the following categories:

1. An alien lawfully admitted for permanent residence under the Immigration and Naturalization Act (INA). Evidence includes:
  - INS Form I-551 (Alien Registration Receipt Card commonly known as a "green card"); or
  - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94.
2. An alien who is granted asylum under Section 208 of the INA. Evidence includes:
  - INS Form I-94 annotated with stamp showing grant of asylum under Section 208 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(5)";
  - INS Form I-766 (Employment Authorization Document) annotated "A5";
  - Grant Letter from the Asylum Office of INS; or
  - Order of an immigration judge granting asylum.
3. A refugee admitted to the United States under Section 207 of the INA. Evidence includes:
  - INS Form I-94 annotated with stamp showing admission under Section 207 of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3)";
  - INS Form I-766 (Employment Authorization Document) annotated "A3"; or
  - INS Form I-571 (Refugee Travel Document).
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA. Evidence includes:
  - INS Form I-94 with stamp showing admission for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect immediately prior to September 30, 1996) or Section 241(b)(3) of such Act (as amended by Section 305(a) of Division C of Public Law 104-208). Evidence includes:
  - INS Form I-668B (Employment Authorization Card) annotated "274a.12(a)(10)";
  - INS Form I-766 (Employment Authorization Document) annotated "A10"; or
  - Order from an immigration judge showing deportation withheld under Section 243(h) of the INA as in effect prior to April 1, 1997, or removal withheld under Section 241(b)(3) of the INA.
6. An alien who is granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980. Evidence includes:
  - INS Form I-94 with stamp showing admission under Section 203(a)(7) of the INA;
  - INS Form I-688B (Employment Authorization Card) annotated "274a.12(a)(3); or
  - INS Form I-766 (Employment Authorization Document) annotated "A3".
7. An alien who is a Cuban or Haitian entrant (as defined in Section 501(e) of the Refugee Education Assistance Act of 1980). Evidence includes:
  - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6;
  - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with code CU6 or CU7; or
  - INS Form I-94 with stamp showing parole as "Cuban/Haitian Entrant" under Section 212(d)(5) of the INA.
8. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA. Evidence includes:
  - INS Form I-94 showing this status.
9. An alien who has been declared a battered alien. Evidence includes:
  - INS petition and supporting documentation.