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 Licensure as a Physical Therapist or Physical Therapist Assistant by Examination

<u>*Do not*</u> 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) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8666
Web address: www.maine.gov/professionallicensing
Email: physicalthrpy.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

FOR LICENSURE AS A
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.

- **Official Transcripts**
  You must submit your official transcripts with this application.

- **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 or (703) 739-9420.

- **Any other supporting documentation(s) such as: verification of licensure**
  Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

CONTINUING EDUCATION
Continuing education is not required for license renewal.

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.

- ✓ Please be advised this office communicates only with the applicant/licensee and not with an employer

VERIFICATION OF LICENSURE

*** * A copy of your license is not considered a license verification * ***

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

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

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.

A sample license verification is available on the Board's website in the applications and forms section.

IMPORTANT: Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.

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

BACKGROUND CHECK NOTICE: 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.

Board of Examiners in Physical Therapy
Physical Therapist and Physical Therapist Assistant to Apply for Licensure
Required Fees: $51.00 (Non-Refundable)
(includes license, and criminal records check fees)

LICENSE TYPE, check applicable box:

- ☐ Physical Therapist *(PT1421)*
- ☐ Physical Therapist Foreign Educated *(PT1421)*
- ☐ Physical Therapist Assistant *(PA1421)*
- ☐ Physical Therapist Assistant Foreign Educated *(PA1421)*

Office Use Only:

PT/PA 1421 - $ 30.00
2619 - $ 21.00

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:		
□ Associate's Degree	□ Bachelor's Degree	□ Non Accredited Program
□ Master's Degree	□ Doctorate Degree	
□ Foreign Graduate	□ 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. Check One:

□ Official Transcripts

□ 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

SECTION 3: EXAMINATION

Have you ever taken a FSBPT PT or PTA examination?

If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:

Jurisdiction	Examination Type	Date	Score

□ Yes
□ No

SECTION 4: LICENSE VERIFICATION

Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State's or Jurisdiction's primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

DISCIPLINE: If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license please check here ☐

State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed - Answer (Yes or No)
1.					
2.					
3					

SECTION 5: 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.

Have you had a hospital or a similar health care institution privileges denied or suspended, restricted or withdrawn involuntarily; or have you ever voluntarily surrendered privileges or resigned from staff membership while under peer review?	□ Yes □ No
Have you ever received a sanction from Medicare or from a state Medicaid program? 1. □ Medicare OR □ Medicaid Program (State) _____ 2. Submit a copy of the official action by the entity. 3. Provide a detailed explanation in your own words on a separate sheet of paper. Clarification on programs: • Medicare – Health program administered by the United States government for people that are (1) ages 65 or older, (2) under the age of 65 with certain disabilities, and/or (3) all ages with end-stage renal disease. • Medicaid – Health program administered by the United States government for people with limited incomes. • MaineCare – Health program administered by the State of Maine with similar eligibility requirements as Medicaid.	□ Yes □ No

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

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.

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

Printed Name of Applicant	Title
Signature of Applicant	Date