



# MINNESOTA BOARD OF PHYSICAL THERAPY

University Park Plaza • 2829 University Avenue SE • Suite 420 • Minneapolis, MN 55414-3245  
Telephone (612) 627-5406 • Fax (612) 627-5403 • <http://mn.gov/boards/physical-therapy/>  
[physical.therapy@state.mn.us](mailto:physical.therapy@state.mn.us) • MN Relay Service for Hearing Impaired (800) 627-3539

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## PHYSICAL THERAPIST ASSISTANT FACT SHEET

### PHYSICAL THERAPY BOARD

The Physical Therapy Board is appointed by the Governor to act on issues regarding physical therapist assistant licensure standards, enforcement of laws and complaint review. The Board is composed of five physical therapists, one licensed physician, two physical therapist assistants, and three public members.

### TITLE PROTECTION

Nonlicensed individuals are prohibited from using the title "Physical Therapist Assistant," in any manner hold out as a physical therapist assistant, or use in connection with the person's name the words or letters Physical Therapist Assistant, P.T.A., or any letters, words, abbreviations or insignia indicating or implying that the person is a physical therapist assistant, without a license as a physical therapist assistant issued under sections 148.65 to 148.78. To do so is a gross misdemeanor; Nonlicensed individuals holding themselves out as a physical therapist assistants may be subject to criminal prosecution for the unauthorized practice or violation of the regulatory laws.

### LICENSURE REQUIREMENTS

**US Graduates.** To establish eligibility for licensure, an applicant must have successfully completed an accredited physical therapist assistant educational program and have passed the National Physical Therapy Exam (NPTE). For exams taken on or before July 1, 1995, Minnesota's passing score is one standard deviation below the mean of all persons taking the exam. The passing score for exams taken after July 1, 1995 is 600. Score transfers may be requested online at <http://www.fsbpt.org>

### TEMPORARY PERMITS FOR P.T.A.'S LICENSED/REGISTERED IN ANOTHER STATE

A temporary permit is available to applicants (who are licensed in another state) who meet all the requirements for licensure and wish to practice before the Board grants final approval. In order for a temporary permit to be granted, the file for permanent licensure must be complete, and a completed temporary permit application form and \$25 fee must be received by the Board. The temporary permit is valid from the date of approval until the next Board meeting at which a decision is made on the licensure application. The temporary permit is valid only for practice under direct, immediate, and on premises supervision of approved MN physical therapists.

### DELEGATION OF DUTIES

The PT is responsible for all procedures or tasks delegated to a PTA or PT Aide.

**PT Assistant.** The PT may delegate patient treatment procedures to a qualified PT Assistant (PTA) except: patient evaluation, treatment planning, initial treatment, change of treatment, and initial or final documentation. The PT must provide on-site observation of the treatment and documentation of

its appropriateness at least every six treatment sessions. A PT may supervise no more than two PTAs at any time. The PT is not required to be onsite, but must be easily available by telecommunication.

**PT Aide.** Only a PT may assign selected treatment procedures to a PT Aide. The PT must observe the patient's status before and after the treatment. All tasks must be performed under the direct supervision of a PT who is readily available for advice, instruction, or immediate assistance.

### **CONTINUING EDUCATION**

Each licensed physical therapist assistant must complete at least 20 contact hours of continuing education credit every two years as a condition of licensure renewal. Newly licensed physical therapist assistants commence their two year cycle on January 1 immediately following the date licensure was granted, and continuing education credits may be accrued during the first partial year in addition to the two full years of licensure. Licensees are required to attest to completion of continuing education by reporting to the Board at renewal time. Continuing education documentation must be retained by each licensee in the event they are selected for an audit.

### **PRACTICE REQUIREMENT**

Physical therapist assistants must practice the equivalent of eight full weeks (320 hours) during the past five years in order to be issued a license, renew, reinstate following a lapse in licensure, or return to active licensure status from inactive status. Alternatively, physical therapist assistants may choose to retake and pass the National Physical Therapy Exam or complete no less than eight weeks of Board approved supervised clinical practice. The supervised clinical practice length and site must be pre-approved by the Board.

### **RENEWAL CYCLE**

Licensure must be renewed annually before **January 1** of each year. Renewal reminders are sent approximately 45 days prior to expiration. It is the physical therapist assistant's responsibility to keep the Board advised of their current address with written notification within 30 days of any address change. The Board will mail the renewal reminder to the address on file. Failure to receive the renewal reminder does not relieve the physical therapist assistant of his or her renewal obligation.



## PHYSICAL THERAPIST ASSISTANT ANOTHER STATE INSTRUCTIONS

Please thoroughly review these materials before submitting your online application. Any processing fees incurred are your responsibility. The Board reserves the right to reject any outdated applications submitted.

### LICENSURE REQUIREMENTS FOR PTAs LICENSED/REGISTERED IN ANOTHER STATE (NPTE/ASI/PES EXAM, OTHER STATE)

A completed application consists of: *(Please note most forms to be filled out are contained in this document.)*

#### ***Contents of application:***

1. Evidence satisfactory to the board that the applicant has met the educational requirements of section 148.721 or 148.722 as demonstrated by a certified copy of a transcript, (The transcript must be sent directly to the MN Board of PT office from the school)
2. Two recommendation forms submitted by two physical therapists registered or licensed to practice physical therapy in the United States or Canada (Choose two physical therapist references from those listed on page 3 of your application to complete the recommendation forms)
3. A recent full faced photograph of the applicant attached to the application with the affidavit on the form completed and notarized, (2x3 photograph affixed as indicated on pg. 6 of the application)
4. A record of the applicant's high school, college and board-approved physical therapist assistant school education listing the names, locations, dates of attendance and diplomas, degrees or certificates awarded (All time must be accounted for on the application from high school to the date of application. During continuous years of education, period of three months or less (summer break) need not be accounted for)
5. A record of postgraduate work and military service (Notarized copy of military discharge papers, if applicable)
6. A listing of the United States jurisdictions, and countries in which the applicant is currently licensed or registered, or has been in the past. (Please have each jurisdiction/country verify your license/registration. All verifications must be sent directly from the agency(ies) to the MN Board of PT office)
7. A record of the applicant's current and previous physical therapist assistant practice experience. (Employment verifications forms from each of your employers during the past 5 years)
8. A record of disciplinary action taken on past complaints, refusal of licensure or registration, or denial of examination eligibility by another state board or physical therapy society against the applicant
9. A record of the applicant's personal use or administration of any controlled substances and treatment for alcohol or drug abuse
10. A record by the applicant of any disease, illness or injury that impairs the applicant's ability to practice physical therapy
11. A record of any convictions for crimes related to the practice of physical therapy, felonies, gross misdemeanors, and crimes involving moral turpitude

12. A listing of any memberships in a physical therapy society
13. The applicant's name and address
14. The applicant's social security number, alien registration card number, or tax identification number, whichever is applicable (required for final licensure)
15. Completed copies of credentials verification forms provided by the board
16. Any other information judged necessary by the board to evaluate the applicant\*\*
17. A person who has previously practiced in another state shall submit the following additional information with the license application for the five-year period of active practice preceding the date of filing application in this state (Malpractice History Form)
  - a. The name and address of the person's professional liability insurer in the other state
  - b. The number, date, and disposition of any malpractice settlement or award made to the plaintiff relating to the quality of services provided
18. \*\*Exam Scores (NPTE, ASI, or PES) must be sent directly from FSBPT to the Minnesota Board of Physical Therapy indicating a passing score
19. \*\*Physical Therapy Certificate of Education form. (From your school showing all didactics and clinical training are complete, submitted directly to the Board office by the school)
20. \*\*Notarized copy of legal document supporting a legal name change
21. \*\*Criminal Background Check

## **APPLICATION FEES**

Fees are non-refundable; even if it is determined that you are not eligible for licensure. Fees may be paid via credit card with submission of an online application or personal check with submission of a paper application. Check must be made payable to the MN Board of Physical Therapy.

- **Permanent Licensure Application Fee: \$100.00 (Required of all applicants)**  
This fee must be paid online.
- **Annual Licensure Fee: \$60.00 (Required of all applicants)**  
This fee must be paid online.
- **Criminal Background Check Fee: \$33.25 (Required of all applicants)**  
This fee must be paid online.
- **Exam Application Processing Fee: \$50.00 (Required for new grads testing for a MN license)**  
This fee must be paid online.
- **Temporary Permit Fee: \$25.00 (optional)**  
This fee must be paid with a check or money order made payable to the MN Board of Physical Therapy and sent with a completed Temporary Permit application form. Form and Fee may be submitted at any time during the application process. Fee is non-refundable.

## **FSBPT FEES**

FSBPT Score Transfer Service is available on the Internet at <http://www.fsbpt.org>

## **EXAM SCORES**

For exams taken prior to July 2, 1995, the Minnesota passing score is one standard deviation below the mean of all persons taking the examination. The passing score for exams taken after July 1, 1995 is 600. If you need to have your scores transferred, contact the Federation of State Boards of Physical Therapy (FSBPT) at <http://www.fsbpt.org> or 703-739-9420 and complete an application from the Federation Score Transfer Service.

## BOARD MEETINGS AND DEADLINES

It is your responsibility to make sure your file is complete; i.e. verifications, completed application, exam scores, and documentation have been received by the Board. The Board will not review applicants with incomplete files. As a general rule, the application and documentation must be received two weeks prior to the meeting or review date. Please note: Applicants who answer "yes" to a question on their application or provide incomplete information are reviewed by the licensure committee at a PT Board Meeting\*. Wall and wallet certificates will be issued after the Board meetings.

DOCUMENT DEADLINE	PT BOARD MEETING* or Review Date
December 27, 2019	January 9, 2020*
January 16, 2020	January 23, 2020
January 30, 2020	February 6, 2020
February 13, 2020	February 20, 2020
February 20, 2020	March 5, 2020*
March 12, 2020	March 19, 2020
March 26, 2020	April 2, 2020
April 9, 2020	April 16, 2020
April 23, 2020	May 7, 2020*
May 14, 2020	May 21, 2020
May 28, 2020	June 4, 2020
June 11, 2020	June 18, 2020
July 2, 2020	July 9, 2020
July 16, 2020	July 23, 2020
July 23, 2020	August 6, 2020*
August 13, 2020	August 20, 2020
August 27, 2020	September 3, 2020
September 3, 2020	September 17, 2020*
October 1, 2020	October 8, 2020
October 15, 2020	October 22, 2020
October 22, 2020	November 5, 2020*
November 12, 2020	November 19, 2020
November 25, 2020	December 3, 2020
December 10, 2020	December 17, 2020

### QUESTIONS:

If you have specific questions about the application process, please call 612-627-5406 or email [physical.therapy@state.mn.us](mailto:physical.therapy@state.mn.us)

Address all written correspondence to: Minnesota Board of Physical Therapy  
2829 University Ave SE, Suite 420  
Minneapolis, MN 55414-3245

### NOTE:

- **ALL PHYSICAL THERAPY LICENSES EXPIRE ON DECEMBER 31 OF EACH YEAR**
- It is the applicant's responsibility to provide written notification to the Board within 30 days of an address change
- All physical therapists practicing in Minnesota have a legal responsibility to comply with the Minnesota Physical Therapy Practice Act:
  - Minnesota Statutes 148.65-148.78
  - Minnesota Rules 5601.0100-5601.3200
  - The Minnesota Physical Therapy Practice Act can be viewed online: <https://mn.gov/boards/physical-therapy/statutesandrules/>

**AFFIDAVIT OF APPLICANT:**

**PTA**

State (where notarized): \_\_\_\_\_ County (where notarized): \_\_\_\_\_

I, \_\_\_\_\_, swear that I am the person described and identified; that I have not engaged in any of the acts prohibited by the statutes of Minnesota.

I hereby authorize all educational institutions, hospitals, medical institutions or organizations, clinics, my references, personal physicians, employers (past and present), business and professional associates (past and present), all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing Board any information, files, or records including (but not limited to) transcripts, medical records, personnel files, and any information, favorable or otherwise, the Board may require for its evaluation of my professional, ethical, and physical qualifications for licensure in Minnesota.

I hereby authorize the Board to verbally and/or in writing, release to and/or exchange with the Federation of State Boards of Physical Therapy (FSBPT), data concerning me which has been classified as "private" under the Minnesota Government Data Practices Act, Minnesota Statutes Section 13.41, subd. 2.

I hereby release, discharge, and exonerate the Board, its agents, and representatives, and any person furnishing information to the Board from any and all liability of every nature and kind arising out of the furnishing of oral information or of documents, records, or other information to the Board.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice physical therapy in Minnesota. I understand that I am required to update my application with pertinent information to cover the time period between date of application and date approved by the Board.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of **Applicant**

Signature of **Notary Public**

Affix **Notary Seal or Stamp**

Notary Commission Expires: \_\_\_\_\_

**CERTIFICATION OF IDENTIFICATION**

Certification of Notary Public is required.

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. Sworn to before me by the applicant on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of **Notary Public**

Notary Commission Expires: \_\_\_\_\_

Affix **Notary Seal or Stamp**

Signature of **Applicant**

Paste a recent, front-view, passport-type headshot photo in this area.

The Board cannot accept photocopied or scanned images.



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## PHYSICAL THERAPIST ASSISTANT CERTIFICATION OF EDUCATION

This form is for certification of Physical Therapist Assistant education for applicants applying for Minnesota licensure and must be completed and mailed by the University/College to the Minnesota Board of Physical Therapy. Any processing fees are applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to this Board.

**New Graduates:** The Program Director may mail this certification not more than 13 weeks prior to graduation. If the Program Director has any doubts about this applicant's graduation status then this form should not be completed or mailed prior to actual graduation.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### THE SCHOOL COMPLETES THE FOLLOWING INFORMATION

It is hereby certified that: (Name of Applicant) \_\_\_\_\_

Matriculated in: (Name of School) \_\_\_\_\_

Accredited physical therapist assistant educational program located at: (Location of School) \_\_\_\_\_

This individual completed all didactic requirements and clinical internships successfully on:

**OR** \_\_\_\_\_ (month/day/year)

This individual was/will be granted a degree in physical therapist assistant on: \_\_\_\_\_

Type of degree received or will receive: \_\_\_\_\_

Any disciplinary actions? Yes\* No

Any derogatory information on file? Yes\* No

### Program Director/Dean/Registrar

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Seal\*\*

\*Please attach letter of explanation.

Disciplinary action: formal action taken by the school/program, i.e., non-academic probation, dismissal, etc.

Derogatory information: behavior that may reveal a lack of professionalism as a potential threat to public safety.

\*\*If there is no school seal, attach letter of explanation on letterhead.

**Faxed documents will not be accepted.**



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## PHYSICAL THERAPIST ASSISTANT RECOMMENDATION FORM

Two recommendation forms are required. Select two of the references (**physical therapists**) listed on your application to complete and submit this form.

**The individual providing this reference must mail this form via USPS directly to the Board at the above address.**

New Graduates: Physical therapy professors or clinical affiliation supervisors may be used.

**RECOMMENDATION FOR:** \_\_\_\_\_  
*(Applicant Name)*

1. How long have you known the applicant? \_\_\_\_\_

2. What has been the nature of your relationship with the applicant?  
\_\_\_\_\_

3. How would you characterize the moral and professional conduct of the applicant?  
\_\_\_\_\_

4. Would you recommend the applicant for approval for licensure as a physical therapist assistant?                      Yes    No

5. Additional comments:  
\_\_\_\_\_

### COMPLETED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Professional Designation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**The individual providing this reference must mail this form via USPS directly to the Board at the above address.**

New Graduates: Physical therapy professors or clinical affiliation supervisors may be used.

**RECOMMENDATION FOR:** \_\_\_\_\_  
(Applicant Name)

1. How long have you known the applicant? \_\_\_\_\_

2. What has been the nature of your relationship with the applicant?  
\_\_\_\_\_

3. How would you characterize the moral and professional conduct of the applicant?  
\_\_\_\_\_

4. Would you recommend the applicant for approval for licensure as a physical therapist assistant? Yes No

5. Additional comments:  
\_\_\_\_\_

### COMPLETED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Professional Designation: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## PHYSICAL THERAPIST ASSISTANT VERIFICATION OF LICENSURE

This form must be completed by the State Board in which you now hold, or have held a registration or license, and must be mailed by the state board directly to our office.

NOTE: Some states require a fee for this service, paid in advance. To expedite the process, you may wish to contact the state(s) prior to sending your request. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to this Board.

Name: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
THE STATE BOARD COMPLETES THE FOLLOWING INFORMATION:

<b>It is hereby certified that:</b> (Name of Applicant)	
Date of birth: (Month, Day, Year)	
Was issued license/registration number:	
By: (state)	On: (Month, Day, Year)
Expiration date is: (Month, Day, Year)	
Issued on the basis of: (exam, reciprocity, endorsement):	
Disciplinary action ever initiated, pending, or invoked*:	
Ever voluntarily relinquished license*:	
	Print Name
	Signature
	Title
	Date

\*If yes, please attach letter of explanation

\*\*If there is no seal, attach letter of explanation on letterhead.

**FAXED DOCUMENTS WILL NOT BE ACCEPTED**





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## PHYSICAL THERAPIST ASSISTANT MALPRACTICE HISTORY FORM

1. Minnesota Physical Therapist Assisant License Application date: \_\_\_\_\_
2. Five-Year Period of Active Practice, preceding the application, starts on \_\_\_\_\_  
(Use your graduation date if less than five years) (month & year)
3. For this period please provide the following information:  
(a) Name and Address of Professional Liability insurer(s). Please attach additional pages if necessary

- (b) The number, date, and disposition of any malpractice settlement(s) or award(s). Please attach additional pages, if necessary. **If none, please write none.**

Print Full Name: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

### Minnesota Statute 148.705 Malpractice history.

Subdivision 2 (b) A person who has previously practiced in another state shall submit the following additional information with the license application for the five-year period of active practice preceding the date of filing application in this state:

- (1) The name and address of the person's professional liability insurer in the other state.
- (2) The number, date, and disposition of any malpractice settlement or award made to the plaintiff relating to the quality of services provided.

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## PHYSICAL THERAPIST ASSISTANT TEMPORARY PERMIT REQUEST FORM

This form and the \$25.00 fee are required to apply for a temporary permit.

I have read Minnesota Statutes 148.71 regarding the use of the temporary permit and hereby agree to abide by Minnesota Statutes and Rules governing physical therapist assistants.

\_\_\_\_\_  
**Applicant's Name** (please print)

\_\_\_\_\_  
**Signature of Applicant**

List name(s) of supervising physical therapist(s) and license number(s)

Professional address at which the temporary permit will be used  
(attach an additional sheet if more than one location)

Hospital/Clinic: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Professional telephone number(s): \_\_\_\_\_ (Include area code)

Anticipated date of commencing practice: \_\_\_\_\_

Address you wish to have the temporary permit mailed to:

**NOTE: It is your responsibility to immediately notify the Board if you wish to add or change the supervisor(s) and/or practice site(s) and receive Board approval prior to working under a new supervisor or at a new practice site.**