



LICENSURE REQUIREMENTS FOR NEW PTA GRADUATES (TAKING THE EXAM THROUGH MINNESOTA)

Please thoroughly review these materials before submitting your application. Any processing fees incurred are your responsibility. *Please note: most forms required for your application are contained in this document. The application is a separate process that should be completed online: mn.gov/boards/physical-therapy/applicants/pta-ng.jsp. Click "Online Application" to get started.*

Contents of Application

The following items accompany an online application submission:

Licensure:

1. Applicant's full legal name (*including middle name*) and address (*public, mailing, or business*).
2. The applicant's social security number, alien registration card number, or tax identification number, whichever is applicable.
3. **FORM-RECOMMENDATION:** Two recommendation forms (*total*) submitted by two physical therapists registered or licensed to practice physical therapy in the United States or Canada. (*New Graduates: physical therapy professors or clinical affiliation supervisors who are licensed physical therapists may be used. Letters must be mailed, in a sealed envelope, directly to the Board office by the individual filling out the form*)
4. **FORM-AFFIDAVIT OF APPLICANT:** A recent full faced 2x3 photograph (*printed on photo paper*) of the applicant affixed to the Affidavit of Applicant form, completed and notarized. (*Please note: this form requires 2 notary stamps*).

Education:

5. **DOCUMENT-TRANSCRIPT:** Evidence satisfactory to the board that the applicant has met the educational requirements of Minnesota Statutes section 148.721 or 148.722 as demonstrated by a certified copy of a transcript. (*The official transcript with the DEGREE GRANTED DATE must be mailed in a sealed envelope directly to the MN Board of PT office from the school*).
6. A record of the applicant's high school, college and board-approved physical therapy assistant school education listing the names, locations, dates of attendance (*mo/year*) 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 i.e. summer break need not be accounted for*).
7. A record of postgraduate work and military service. (*A copy of military discharge papers, if applicable*)
8. **FORM-CERTIFICATION OF EDUCATION:** Must be completed and mailed from the University/College directly to the Minnesota Board of Physical Therapy Board Office. This form is to be mailed from your school not more than 13 weeks prior to graduation.

Exam:

9. **NPTE Exam Scores:** Must be sent directly from FSBPT to the Minnesota Board of Physical Therapy indicating a passing score. (www.fsbpt.org). See Fact sheet for registration steps. Testing Accommodations (ADA) are available. Please visit the MN Board of Physical Therapy's website: mn.gov/boards/physical-therapy/applicants/adatestaccommodations.jsp

Legal:

10. 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.
11. A record of the applicant's personal use or administration of any controlled substances and treatment for alcohol or drug abuse.
12. A record by the applicant of any disease, illness or injury that impairs the applicant's ability to practice physical therapy.
13. A record of any convictions for crimes related to the practice of physical therapy, felonies, gross misdemeanors, and crimes involving moral turpitude.
14. **DOCUMENT:** If you answer yes to any of the practice questions, please submit further legal/medical documentation. For legal documents; have the county or jurisdiction provide the MN Board with any legal documents (arrest records, court documents, dismissal of charges etc.) related to the incident. They must be mailed to the Board office by the jurisdiction. If the documentation cannot be mailed directly to the Board office have the appropriate agency mail them directly to you and do not open the envelope. Please put the sealed envelope in a new envelope and mail to the Board office. If records are no longer available, have the jurisdiction send a letter indicating this.
15. **DOCUMENT:** If you've had a name change, please submit a notarized copy of a legal document specifying a legal name change.
 - a. a certified marriage certificate specifying the name change following marriage;
 - b. a certified divorce or dissolution of marriage decree specifying the name change, or;
 - c. other certified court order specifying the name change.

How to obtain a notarized document:

1. Make a photocopy of the document (marriage certificate, etc).
2. Take the photocopy along with the original document to a Notary.
3. The Notary will look at the original document and the photocopy.
4. The Notary will sign/stamp/seal the photocopy and write a statement to the effect that they have viewed the original and this is an exact copy. Some Notaries will attach a paper (with a similar statement, signature/stamp/seal) to the copy.

Previous License:

16. **DOCUMENT-LICENSE VERIFICATION:** If applicable, 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.*)

17. A listing of all memberships in professional societies and organizations.
18. Completed copies of credentials verification forms provided by the Board. (*if applicable*)

Other:

19. **DOCUMENT:** Criminal Background Check - fingerprint information packet will be emailed to you AFTER you submit a licensure application and fees. A CBC is **required** for final licensure. CBC results can take 2-4 weeks.
20. Any other information judged necessary by the board to evaluate the applicant.

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.

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.

Exam Application Processing Fee: \$50.00 (Required of all new grads testing for MN license)

This fee must be paid online.

Criminal Background Check Fee: \$33.25 (Required of all applicants)

This fee must be paid online.

TOTAL: \$243.25

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.

IMPORTANT NOTICE REGARDING PEAT AND NPTE

New graduate applicants need to be VERY CAREFUL about what study materials they use and share. FSBPT will continue to aggressively penalize those who share copyrighted questions from PEAT or the NPTE. Pleading ignorance of the source (“I didn’t know they were real PEAT or NPTE test questions”) will not sway the Federation to mitigate those penalties.

If any part of these instructions conflict with Minnesota rules or laws, the rules or laws take precedence. It is your responsibility to understand and comply with the regulations. Please call if you have any questions.



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.

LICENSURE REQUIREMENTS

US/Canadian Graduates. To establish eligibility for licensure, an applicant must have successfully completed an accredited physical therapy assistant educational program and have passed an approved licensing exam.

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. 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. A minimum of 2 of the 20 hours of CE each cycle shall be on professional ethics directly related to the practice of physical therapy. Newly licensed physical therapists 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 no less than 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 320 hours 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 e-mail the renewal reminder to the e-mail address on file. Failure to receive the renewal reminder does not relieve the physical therapist assistant of his/her renewal obligation.

NPTE REGISTRATION INFORMATION

2020 PTA Test Dates:

| Test Date | Applicant FSBPT Registration Deadline | Deadline for approval from MN Board of PT for required Information |
|-----------------|---------------------------------------|--|
| January 9, 2020 | December 5, 2019 | December 9, 2019 |
| April 7, 2020 | March 3, 2020 | March 6, 2020 |
| July 8, 2020 | June 3, 2020 | June 8, 2020 |
| October 6, 2020 | September 1, 2020 | September 4, 2020 |

The steps for registering for the NPTE exam through Minnesota are as follows:

1. Have all required documents to the Board of Physical Therapy by the deadline listed above.
 - a. Completed online application and fee payment
 - b. Two recommendation forms
 - c. Affidavit of Applicant form
 - d. Certification of Education
 - e. Name change documentation (if applicable)
 - f. Legal documents (if applicable)
 - g. Any other information requested by the Board.
2. The Board will approve all qualified applicants to test as soon as possible. Applicants will be able to view approval from the Board via the online application checklist under checklist item "NPTE Exam": <https://phy.hlb.state.mn.us/#/login>
3. Instructions for scheduling the exam with a Prometric Test Center are in the FSBPT Candidate Handbook (fsbpt.org)

Passing score on fixed testing date:

| FIXED DATE TESTING | *PT BOARD MEETING or REVIEW DATE |
|--------------------|---|
| January 9, 2020 | January 23, 2020 February 6 or 20, 2020 March 5* or 19, 2020 |
| April 7, 2020 | April 16, 2020 May 7* or 21, 2020 June 4 or 18, 2020 July 9 or 23, 2020 August 6*, 2020 |
| July 8, 2020 | July 23, 2020 August 6* or 20, 2020 September 3 or 17*, 2020 |
| October 6, 2020 | October 22, 2020 November 5* or 19, 2020 |

TEMPORARY PERMITS FOR NEW PTA GRADUATES

Temporary permits to practice physical therapy are available for new graduates before they have taken the NPTE (exam) after the following steps have been completed.

1. Board has received completed application, fees, and all supporting documentation.
2. Board has also approved applicant to take NPTE exam and has notified FSBPT. (Reminder – Applicants must also register separately for exam with FSBPT – see fsbpt.org)
3. FSBPT has notified applicant they are eligible to test with “Authorization to Test” letter
4. Applicant has scheduled an exam date with Prometric Testing Centers.
5. Temporary permit form and fee have been received by the Board.
6. Applicant has notified Board of test confirmation number from Prometric and exam date.

This permit allows applicants to practice physical therapy under direct, immediate, and on premise supervision. ***It may be granted once and cannot be renewed.***

Please note: Temporary permit issue and expiration dates are related to the exam date you select. See chart “Temporary Permit for PTA New Graduates”

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.

Questions

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

Address all written correspondence to:
MN Board of Physical Therapy
2829 University Ave SE, Suite 420
Minneapolis, MN 55414-3664

NOTE

- **ALL PHYSICAL THERAPY ASSISTANT 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 therapist assistants 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/>

CHECKLIST OF REQUIREMENTS:

1. Online application submission and fee payment
2. Recommendations from licensed PTs (2 total forms)*
3. Affidavit of Applicant (notarized 2x with photograph on photo paper)*
4. Transcript from PTA school (with DEGREE GRANTED DATE posted)*
5. Certification of Education (mailed by your school not more than 13 weeks prior to graduation)*
6. National exam passing score
7. License verification(s)*
8. Legal documents, if necessary*
9. Criminal Background Check

*These forms may be mailed to the Board office prior to submission of your licensure application and fees. They will be placed in a pending file until your application file is opened. After your file is opened you will receive an email in regard to your online account/application. You may view your application checklist online at any time during the application process:

<https://phy.hlb.state.mn.us/#/login>. If an item is marked "complete" no further action is required.

| 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 |

Temporary Permits for PTA New Graduates in 2020

| Temp Permit Issued | Exam Date | Temp Permit Expiration: Next Exam Date | Temp Permit Expiration: 90 Days | Temp Permit Expiration: Next Board Meeting | Temp Permit Expiration: If the application doesn't take scheduled exam | License Issue Date with Passing Score on Exam & Final Transcript |
|----------------------------|-----------|--|---------------------------------|--|--|--|
| January 10 – May 7, 2020 | 4/7/20 | N/A | July 6, 2020* OR | May 7, 2020* | April 7, 2020 | April 16 or **May 8 or May 21, 2020 |
| January 10 – April 7, 2020 | 7/8/20 | April 7, 2020 | N/A | N/A | N/A | July 23 or **Aug 7, 2020 |
| April 8 – August 6, 2020 | 7/8/20 | N/A | October 6, 2020* OR | August 6, 2020* | July 8, 2020 | July 23 or **Aug 7, 2020 |
| January 10 – April 7, 2020 | 10/6/20 | April 7, 2020 | N/A | N/A | N/A | Oct 22, 2020 or **Nov 6, 2020 |
| April 8 – July 8, 2020 | 10/6/20 | July 8, 2020 | N/A | N/A | N/A | Oct 22, 2020 or **Nov 6, 2020 |
| July 9 – November 5, 2020 | 10/6/20 | N/A | January 4, 2021 OR | November 5, 2020* | October 6, 2020 | Oct 22, 2020 or **Nov 6, 2020 |

***The Temporary Permit Expiration Date is whichever date occurs first.** Board meetings are scheduled however there is always a remote possibility of a cancellation or postponement of the meeting. NOTE: If the applicant fails the exam then the Temporary Permit expiration date will be changed by operation of statute when the application is reviewed at the next Board meeting. Shaded rows show the uninterrupted temporary permit to licensure routes, assuming the application achieves a passing score on the NPTE.

****PT Board meeting date.** Applicants who answer “yes” to a question on their application or provide incomplete information must be reviewed by the Licensure Committee and Board at a PT Board meeting.

The practice of physical therapy by an applicant after the Temporary Permit expiration date has been changed by operation of statute will be considered to be unlicensed practice and subject to possible disciplinary action under MS 148.75 (a)(1), (18), and 148.76, Subd. 1, (1).

148.71 TEMPORARY PERMITS.

Subdivision 1. [Repealed, 2007 c 123 s 137]

Subd. 2. **Issuance.** (a) The board may, upon completion of the application prescribed by the board and payment of a fee set by the board, issue a temporary permit to practice physical therapy under supervision to an applicant for licensure as a physical therapist or physical therapist assistant who meets the educational requirements of section 148.721 or 148.722 and qualified for admission to examination for licensing as a physical therapist or physical therapist assistant. A temporary permit may be issued only once and cannot be renewed. It expires 90 days after the next examination for licensing given by the board or on the date on which the board, after examination of the applicant, grants or denies the applicant a license to practice, whichever occurs first. A temporary permit expires on the first day the board begins its next examination for license after the permit is issued if the holder does not submit to examination on that date. The holder of a temporary permit to practice under supervision may practice physical therapy as defined in section 148.65 if the entire practice is under the supervision of a person holding a valid license to practice physical therapy in this state. The supervision shall be direct, immediate, and on premises.

(b) An applicant from another state who is licensed or otherwise registered in good standing as a physical therapist by that state and meets the requirements for licensing under section 148.721 does not require supervision to practice physical therapy while holding a temporary permit in this state. The temporary permit remains valid only until the meeting of the board at which the application for licensing is considered.

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.



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 • MN Relay Service for Hearing Impaired (800) 627-3539

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

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

Select type of degree received / 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.



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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: _____

Faxed or Emailed documents will not be accepted



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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: _____

Faxed or Emailed documents will not be accepted



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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:

| | | |
|---|------------------------|--|
| It is hereby certified that: (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 and E-mailed forms will not be accepted



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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.

Faxed and E-mailed forms will not be accepted