

## Foreign Educated Physical Therapist Fact Sheet and Instructions

### PHYSICAL THERAPY BOARD

The Physical Therapy Board is appointed by the Governor to act on issues regarding physical therapist 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," "Physiotherapist," "Physical Therapy Technician," "Registered Physical Therapist," "Licensed Physical Therapist," "P.T.," "P.T.T.," "R.P.T.," "L.P.T." or any other words, letters, abbreviations, or insignia indicating or implying that the individual is licensed by the state. Nonlicensed individuals holding themselves out as a physical therapist shall be subject to criminal prosecution for the unauthorized practice.

### LICENSURE REQUIREMENTS

Foreign Educated Graduates. To establish eligibility for licensure, an applicant must have successfully completed a physical therapy educational program that meets the standards of Minnesota Statute 148.721 including 60 credits in general education; have successfully completed a six-month supervised traineeship, and have passed an approved licensing exam.

### OVERVIEW OF THE LICENSURE PROCESS FOR FOREIGN EDUCATED PTS

1. Complete the application form and submit the required supporting documentation.
2. Obtain the FCCPT Comprehensive Credentials Evaluation (Type 1 Certificate) OR the FCCPT Educational Credentials Review and TOEFL (information available at: <https://www.fccpt.org/>)
3. When the application is complete and the applicant's educational credentials meet Minnesota statutory requirements, then the applicant may request Board review and approval of a six-month supervised traineeship and apply for a temporary permit for the supervised traineeship. A temporary permit may not be issued to a foreign educated PT who has had a temporary permit for more than six months in any other state.

The supervised traineeship is required to be:

- At least six months (based on 40 hours per week);
- At a board approved facility;
- Provide for a broad-based clinical experience including a variety of physical agents, therapeutic exercises, evaluation procedures, and patient diagnoses;
- Supervised by a licensed PT with at least 3 years of clinical experience;
- **Supervisor and Site approved by the Board before the start of the traineeship;** and
- Successfully completed by the applicant.

4. The supervised traineeship may be waived by the Board for a foreign educated PT who is licensed or registered in another state and has successfully practiced PT under supervision for at least 6 months at a facility that meets the requirements for a supervised traineeship.

5. The applicant may take the NPTE (exam) after successful completion of the supervised traineeship.

6. An applicant who is licensed in another state and has previously taken the exam (PES, ASI, or NPTE) may have their passing scores transferred to Minnesota. For exams taken prior to July 2, 1995, Minnesota's passing score is 1 standard deviation below the mean. Score transfers may be requested online at: <https://www.fsbpt.org/>

#### **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 for: 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 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 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 therapists must practice 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 therapists 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 preapproved 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's responsibility to keep the Board advised of their current address with written notification within 30 days of any address change. The Board will send renewal reminder to the address on file. Failure to receive the renewal reminder does not relieve the physical therapist of his or her renewal obligation.

## Instructions

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

### LICENSURE REQUIREMENTS FOR FOREIGN EDUCATED PTs

**A completed application consists of:** *Please note most forms to be filled out are contained in this document. The application form is a separate document which can be downloaded from the [MN Board of PT website](#).*

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 affidavit form submitted with application. (Form requires 2 signatures, notarized twice and includes 2x3 photograph affixed as indicated on page 6 of the application)
4. A record of the applicant's high school, college and board-approved physical therapy 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 (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 therapy 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
15. Completed copies of credentials verification forms provided by the board
16. Any other information deemed 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. \*\*FCCPT Type 1 Comprehensive Credentials Evaluation (Type I Certificate) OR Educational Credentials Review and TOEFL sent directly to the board from FCCPT
19. \*\*If the applicant has taken a US licensing exam, then the passing exam scores (NPTE, ASI, or PES) must be sent directly from FSBPT to the Minnesota Board of Physical Therapy indicating a passing score.
20. \*\*Midterm and final reports from the supervised traineeship
21. \*\*Physical Therapy Certificate of Education form. (From your school showing all didactics and clinical training are complete)
22. \*\*Notarized copy of legal document supporting a legal name change

#### **APPLICATION FEES**

Fees are non-refundable; even if it is determined that you are not eligible for licensure. Fees may be paid with a personal check or money order made payable to the MN Board of Physical Therapy.

**Permanent Licensure Application Fee: \$100.00 (Required of all applicants)**

This fee must be sent with your completed Application to Practice Physical Therapy form.

**Annual Licensure Fee: \$60.00 (Required of all applicants)**

This fee must be sent with a completed Application to Practice Physical Therapy form.

**Criminal Background Check Fee: \$32.00 (Required of all applicants)**

This fee must be sent with a completed Application to Practice Physical Therapy form.

**Examination Fee: \$50.00**

This fee is required for applicants who have not taken the exam and received a passing score. The exam fee must be paid for each attempt. This fee must be sent with the completed Application to Practice Physical Therapy form.

**Temporary Permit Fee: \$25.00**

This fee must be sent with a completed Temporary Permit Request form. A temporary permit request form is required for a supervised traineeship.

#### **FSBPT FEES**

FSBPT Score Transfer Service is available on the Internet at: <https://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: <https://www.fsbpt.org/> or 703-739-9420 and complete an application from the Federation Score Transfer Service.

## BOARD MEETINGS AND DEADLINES

Upon receipt of your application and all required documentation, your file will be reviewed at the next Board meeting, unless you specify a later Board review date. 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. Wall certificate and license card will be issued after the Board meetings.

Document Deadline	Board Meeting Date
January 22, 2026	February 5, 2026
April 23, 2026	May 6, 2026
July 23, 2026	August 6, 2026
October 22, 2026	November 4, 2026

## Questions

If you have specific questions about the application process, please contact the Board at: 612.627.5406 (phone) or email the Board at: [physical.therapy@state.mn.us](mailto:physical.therapy@state.mn.us)

### Address all written correspondence to:

MN Board of Physical Therapy  
335 Randolph Ave., Suite 285  
St. Paul, MN 55102

### NOTE:

- All Minnesota physical therapy (PT and PTA) 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:
  - o Minnesota Statutes 148.65-148.78
  - o Minnesota Rules 5601.0100-5601.3200

The Minnesota Physical Therapy Practice Act can be viewed online at: <https://mn.gov/boards/physical-therapy/board-info/statutes-rules/practice-act/>

**CHECKLIST OF REQUIREMENTS:**

1. Recommendations from two physical therapists registered or licensed in the United States or Canada (two total forms)\*
2. Affidavit of Applicant (notarized twice with photograph of applicant on photo paper)\*
3. Transcript from PT school (with the degree awarded and degree grant date posted)\*
4. Certification of Education (mailed by your school not more than 13 weeks prior to graduation)\*
5. National exam passing score - Please see FSBPT Instructions for Non-U.S. Candidates -  
<https://www.fsbpt.org/Secondary-Pages/Exam-Candidates/National-Exam-NPTE/Non-USCandidates>
6. License verification(s)\* from other jurisdictions and countries applicant is currently or in the past been licensed or registered.
7. Legal documents, if necessary\*
8. 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.

**AFFIDAVIT OF APPLICANT:****PT**

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: \_\_\_\_\_

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

The Board cannot accept photocopied or scanned images.

Affix **Notary Seal or Stamp**Signature of **Applicant**

0315

**Faxed or Emailed documents will not be accepted**

## PHYSICAL THERAPY CERTIFICATION OF EDUCATION

This form is for certification of Physical Therapy 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 therapy 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 therapy on: \_\_\_\_\_

Select type of degree received / will receive: DPT MA MS MPT BA BS Certificate

Any disciplinary actions? Yes\* No

Any derogatory information on file? Yes\* No

**Program Director/Dean/Registrar**

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

School Seal\*\*

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

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

\*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.

## PHYSICAL THERAPY 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?

Yes   No

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

\_\_\_\_\_

### COMPLETED BY

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

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

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

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

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

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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?  
Yes   No

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

### COMPLETED BY

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

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

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

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

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

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

\*If yes, please attach letter of explanation

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

***Faxed or Emailed documents will not be accepted***

## PHYSICAL THERAPY 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 therapists.

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

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**Signature of Applicant**

List name(s) of supervising physical therapist(s) and license number(s) (for new grads only)

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:

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**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 or Emailed documents will not be accepted**