

HOW DO I COMPLETE AN ONLINE APPLICATION

Visit <https://mn.gov/boards/physical-therapy/applicants/> and select the appropriate application type (PT New Grad, PT Another State, PTA New Grad, PTA Another State)

The screenshot shows the website header with the logo and navigation menu. The main content area is titled 'Applicants' and includes a sidebar with a list of application types. The main content area lists links for 'PT - New Graduate', 'PT - Another State', 'PTA - New Graduate', 'PTA - Another State', and 'Foreign Educated'. Below this is a 'General information' section with two bullet points: 'Read the background information and directions for applicants. follow appropriate link above' and 'Complete the Application for Licensure. All fees are non-refundable.'

Read the respective Application Instructions and view the Application Forms within the applicant instructions. You will need to read the instructions and print out the forms to be able to successfully complete the application process.

After you have reviewed the application instructions and forms, click the “Online Application” link at the top of the page section to start your online application.

Application: PTA (New Graduate)

We recommend reading the instructions prior to beginning your application process.

[PTA Instructions - New Graduate](#)

[PTA New Graduate Application Forms](#) (Accompanies online application submission)

[Online Application](#)

First, you will need to register as a new user. Click “Register to Access Site”

Login

Username

Password

[Register to Access Site](#)

[Forgot Username/Password](#)

You will now begin the process to register as a new user. If you are a first time user, click “New User”. If you have previously submitted a paper application, you may click “Applicant”

User Registration

Registration Type

Select the first item from the list below that best describes your relationship with the Board.

Licensee
I currently or previously have held a license with the board

Applicant
I am not licensed with the board, but have an application with the board

New User ✓
I have never registered with the board and will be setting up a brand new account so I can submit a new application or service.

[Previous](#) [Next](#)

There should be a green check mark next to your selection. Click “Next”

Enter ALL the information under “Verify User”. The Board requires you to provide a middle name and will contact you if a middle name is not entered. If you do not have a middle name please type “N/A”. Failure to fill out all of the information required by the Board may delay your application process.

When you have entered all your user information, complete the Captcha (Completely Automated Public Turing test to tell Computers and Humans Apart) and click “Next”

User Registration

Verify User

Provide the following details to help us locate your records.

User Type Individual

First Name Aaron

Middle Name Charles

Last Name Carter

Last 4 of SSN

Date of Birth 12/7/1987

Captcha (check box) I'm not a robot

[Previous](#) [Next](#)

The system will verify your information

The screenshot shows a navigation sidebar on the left with four items: 'Registration Type', 'Verify User', 'Verification Result' (highlighted with a green checkmark), and 'Account Detail'. The main content area is titled 'Verification Result' and contains the text: 'A search for your records is complete.' followed by 'Great News! You're cleared to set up an account. Click 'Next' to proceed.' There is a green checkmark icon to the left of the message. At the bottom right, there are two buttons: 'Previous' and 'Next'.

Enter all information under “New Account Detail” to create your account. This information will be on file indefinitely so please remember your username, password, and security answers as you will use this information every year to renew your license, access online services, and keep your contact information up to date. Your password must be at least eight characters with 1 digit.

User Registration

The screenshot shows a navigation sidebar on the left with four items: 'Registration Type', 'Verify User', 'Verification Result', and 'Account Detail' (highlighted with a green checkmark). The main content area is titled 'New Account Detail' and contains the text: 'Provide the following details to help us locate your records.' Below this are several input fields: 'Social Security #' (masked with dots), 'Username' (containing 'AaronCarter'), 'Password' (masked with dots), 'Password Confirmation' (masked with dots), 'Security Question #1' (a dropdown menu with 'What is your favorite food?' selected), 'Security Answer #1' (containing 'Candy'), 'Security Question #2' (a dropdown menu with 'What is the name of your favorite pet?' selected), and 'Security Answer #2' (containing 'Doggo'). At the bottom right, there are two buttons: 'Previous' and 'Finish'.

After you click “finish” you will be brought back to the licensee login screen. Enter your username and password to log into your online user account.

Login

The screenshot shows a login form with two input fields: 'Username' (containing 'AaronCarter') and 'Password' (masked with dots). There is a blue question mark icon to the right of the Username field. Below the Password field is a blue 'Login' button.

[Register to Access Site](#)
[Forgot Username/Password](#)

Your profile view screen will appear after log in. Enter your email address and website (if applicable) by clicking the blue pencil tool (✎). Enter your phone number(s) (business, home, cellular) by clicking the blue plus sign. You are required to provide a public and primary phone number.

Notifications:

- New users can submit applications and/or other online services. Click on the Online Services menu option above.

Profile View

Profile Information

Name: Aaron Charles Carter

Birth Date: 12/07/1987

Email Address: No Email Address on Record [✎]

Website: No Website on Record [✎]

Phone Numbers [✚]

Type	Number	Public	Primary
No entries. Click (+) to add.			

New User: Please select 'Online Services' from the drop-down menu to find the available services for you, such as online applications. Existing User: To renew your license, or to continue with an existing application, click the respective tab on the left.

Once you have completed this section click “online services” in the upper right hand corner to start the application process.

Welcome Aaron Carter! (Log out)

Home Online Services Help Settings Your Cart

✎ Licensure
Submit an Application for Licensure
Request a License Verification

🔍 Public
Search for a License

Click “Submit an Application for Licensure”

Select Type (Physical Therapist or Physical Therapist Assistant) and Basis. Review the Licensure Requirements before proceeding. These requirements will outline the application process for you. <https://mn.gov/boards/physical-therapy/applicants/>. Review the Criminal Background Check Information then click “next”.

Application for Licensure

NOTE: If you are a new graduate, who has taken the NPTE exam in another state, please select the basis NPTE Exam (another state)

Type

Basis

- Licensure Requirements**
By checking here you affirm that you have reviewed the Licensure instructions.
- PT Licensure Requirements
 - PTA Licensure Requirements

- Criminal Background Check and Application Fees**
By checking here you affirm that you have reviewed Criminal Background Check information and fees.
- Criminal Background Check Information

[Cancel](#) [Next](#)

You will now begin your online application. You may log out of the application at any time and your information will be saved. You will be able to continue the process at a later time. Once you have submitted your application and paid the applicable fees you will not be able to edit the information; if you need to make a change to your application please do so before proceeding to “checkout”.

Check to agree to the Tennessee Warning then click “next”

Application Wizard

Tennessee

- Applicant Info
- Contact Info
- Occupation Education
- Preliminary Education
- Other Licenses
- Other Memberships
- Practice Locations
- Accounting of Time
- Practice Questions
- Review
- Fee Information

Tennessee Warning

The Minnesota Board of Physical Therapy is seeking data from you which may be considered private or confidential under the Minnesota Government Data Practices Act, Minn. Stat. § 13.01 et seq. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself: (1) This data is being collected to determine whether you meet the requirements for licensure as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to provide this information, but failure to do so may result in the denial of this licensure application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your licensure application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) the data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities that have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

Acknowledgment

By checking here you agree to the above Tennessee

[Cancel](#) [Previous](#) [Next](#)

All information on this page is REQUIRED; please fill out all sections **Previous name not required if no name change

Application Wizard

Tennessee

Applicant Info

Contact Info

Occupation Education

Preliminary Education

Other Licenses

Other Memberships

Practice Locations

Accounting of Time

Practice Questions

Review

Fee Information

Enter Applicant Information

First Name: Aaron

Middle Name: Charles

Last Name: Carter

Previous Name: ?

Gender: Female Male

Social Security No: ***-**-1111

Previous Name
All maiden, alias, and/or former names.

Birth Information

Date: 12/07/1987

City: Tampa

State: FL

Country: United States

Cancel Previous Next

Contact Information – please enter one public, one mailing, (these may be the same address) and one business address. If you do not have a business address check the appropriate box to advance through the application.

Application Wizard

Tennessee

Applicant Info

Contact Info

Occupation Education

Preliminary Education

Other Licenses

Other Memberships

Practice Locations

Accounting of Time

Practice Questions

Review

Fee Information

Enter Contact Information

One public, one mailing, and one business address is required. These addresses may be different, or if you provide one address, it will be considered your public, mailing, and business address.

Public - can be seen and/or provided to the public
Mailing - is where all correspondence is mailed to

One public phone number is required.

Addresses

Location	Address	Public	Mailing		
Home	123 House Street Lakeville, MN 55444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Business	Physical Therapy Center 123 Business Address Minneapolis, MN 55414	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Phone Numbers

Type	Number	Public	Primary		
Home	8001561236	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>

Email Address: aaronsparty@hotmail.com

Website:

Cancel Previous Next

Occupation Education – please enter schooling information for your professional degree. Click the blue plus sign to add school(s). Include your degree, start, and end dates (graduation date)

Select Occupation Education

Please enter your Physical Therapist or Physical Therapist Assistant Education. Please include the city, state, dates of attendance (MO/YEAR) and the degree earned. *If you are experiencing problems inputting your education on this page, please switch to Google Chrome as your web browser.*

Education +				
Program	School	Degree	Start	End
Basis for Licensure	University of Minnesota	Bachelor of Science	09/01/2006	12/12/2010 ✎ 🗑

⌂ Cancel
< Previous
Next >

Preliminary Education – enter all education from high school to present (not including occupation education information). Include dates and degree type (including high school diploma). If your school is not on the list, please scroll to the bottom of the list of schools, select “other”, and enter your school’s name, city, and state.

Add Preliminary Education

Please document all education from High School to current. High school information is mandatory. Please include the city, state, dates of attendance (MO/YEAR) and the degree earned (including high school diploma). *If you are experiencing problems inputting your education on this page, please switch to Google Chrome as your web browser.*

Education +				
Program	School	Degree	Start	End
High School	Roseville High School	High School Diploma	09/2000	06/2003 ✎ 🗑

⌂ Cancel
< Previous
Next >

Other Licenses – add information for all licenses you have held. If you are a new graduate or have not held any licenses click [I do not have other licenses/registrations/certifications.](#)

Add Other Licenses

For the purpose of this section, “license” includes licensing, registration, credentialing, certification, or any other form of government regulation of individual practitioners.

- Please list all licenses held or previously held, and applications in process or previously closed without licensure, in any state or any jurisdiction for this profession. (**NOTE:** You need to obtain a written license verification from each state/jurisdiction. All verifications must be sent directly from the agency(ies) to the MN Board of PT office).
- Please list all other health care licenses currently held or expired in Minnesota or any other jurisdiction.
- You do not need to list certifications like CPR or Basic Life Support.

Other Licenses/Registrations +				
State	Country	License (type/number)	Issued	Expired
WI	USA	Physical Therapist 1324098	1/19/2011	4/15/2015 ✎ 🗑
OH	USA	Physical Therapist OH90342	7/7/2015	3/25/2017 ✎ 🗑

⌂ Cancel
< Previous
Next >

Add Other Memberships

Please list all Memberships in Professional Societies and Organizations.

Other Membership(s) +		
Facility	From	To
APTA 1111 North Fairfax Street Alexandria , VA	09/2010	04/2017

Cancel Previous Next

Practice Locations – Please follow the on screen instructions closely. Provide full addresses for EACH reference (tip: ctrl + c = copy, ctrl + v = paste)

Enter Practice Locations

Please enter where you have practiced, and provide two references from each facility, preferably two licensed physical therapists.

New Graduate: Please provide full addresses and phone numbers for each of your clinical affiliations and include 2 references, including their full address and phone number for each location.

Licensed in Another State: Please list all of your practice locations since graduation from PT school and include 2 references for each location, including full address details and phone numbers. If you are a new graduate licensed in another state and do not have any practice locations, please list your clinicals. You must list an ADDRESS for ALL references you submit. If you do not provide addresses the Board will contact you for more information and your application will not be considered complete.

Practice Location(s) +			
Location	From	To	References
<i>No entries. Click (+) to add.</i>			

Cancel Previous Next

A COMPLETE entry will look like this:

Location Information - {new}			
Name	Lakeville Physical Therapy	Address	1453 Lake Ave W.
City	Lakeville	State	MN
Country		Phone	507-865-8884
From	05/14	To	07/14
Reference #1			
Name	Paul Guy	Address	1453 Lake Ave W.
City	Lakeville	State	MN
Phone	507-865-8884		
Reference #2			
Name	Ashley Timm	Address	1453 Lake Ave W.
City	Lakeville	State	MN
Phone	507-865-8884		

Ok Cancel

Accounting of time – please follow on screen instructions

Enter Accounting of Time

Accounting of time (since high school) not noted elsewhere on this application. If none please enter none in the box below. Please account for the period(s) of time between DATES including activities/employment, date ranges (MM/YYYY-MM/YYYY), city and state.

Accounting of time

06/2003 to 9/2005: Worked as a camp counselor for Adventure Project in Minneapolis, MN
02/2014 to 05/2014: Traveled abroad, Ecuador and El Salvador

Have you served in the military?

No

Cancel

Previous

Next

Answer questions for ALL practice questions. If you answer Yes to a question, you will be required to write an explanation in the space provided. If you do not have enough room to answer the question, please email the Board at physical.therapy@state.mn.us.


Answer Practice Questions

This information is for the purpose of determining whether you meet the statutory and rule requirements for licensure. The information may also be used as the basis for further investigation by the Board into your qualifications as a licensee. **MN Rules, Part 5601.3200 Subparts 3 & 4** require all applicants to self-report impairment, criminal and disciplinary actions, and to cooperate with questions raised by the Board.

- 1 Is your cognitive, communicative, or physical ability to engage in practice as a physical therapist or physical therapist assistant with reasonable skill and safety been impaired or limited in any way? No
- 2 Does your use of alcohol or chemical substances, including prescription medications, in any way impair or limit your ability to practice as a physical therapist or physical therapist assistant with reasonable skill and safety? No
- 3 Are you engaged in any illegal use of controlled substances including use of illegal controlled substances (e.g. heroin, cocaine) or illegal use of legal controlled substances (i.e. not obtained pursuant to a valid prescription of a licensed health care provider)? No
- 4 Have you within the past five years been advised by your treating physician that you have a mental, physical, or emotional condition, which, if untreated, would be likely to impair your ability to practice as a physical therapist or physical therapist assistant with reasonable skill and safety? No
- 5 Have you ever been diagnosed as having or have you been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders? No
- 6 Have you ever been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances? No
- 7 Have you ever been denied licensure/registration by, or the privilege of taking an examination before any examining board, or has a conditioned license/registration ever been issued to you by any state board or other licensing authority? No
- 8 Has your license/registration to practice as a physical therapist or physical therapist assistant in any state or country ever been voluntarily or involuntarily (e.g. by State Board Order or any other form of disciplinary action) revoked, suspended, restricted, or conditioned by a State Board or other licensing authority? No
- 9 Have you ever been notified of any investigations by any state board, physical therapy society, certifying authority or any health facility of any complaints against you relative to the practice of physical therapy, or have you been reprimanded or censured by any physical therapy society or licensing board? No
- 10 Have you ever been a defendant in any malpractice lawsuits, had any malpractice settlement, or have any pending? If so, give a detailed clinical explanation of each case as well as documentation of outcome (insurance papers or court documents). No
- 11 Have you ever been denied, restricted, or revoked staff affiliations with a hospital, nursing home, clinic, or other health care facility? No
- 12 Have there been any criminal charges filed against you? This includes adult or juvenile charges of misdemeanor, gross misdemeanor, or felony and any offenses which have been expunged, dismissed or otherwise removed from your record. If so, give particulars including the date of conduct, state or local jurisdiction in which the charges were filed. No
- 13 Have there been any charges of Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or other impaired driving offenses involving alcohol or other chemicals filed against you? If so, give particulars including date of conduct, state and local jurisdiction in which the charges were filed. Yes

[Explain in detail](#)

INCLUDE DETAILED EXPLANATION OF EVENTS. THIS INFORMATION CAN ALSO BE EMAILED TO THE BOARD AT PHYSICAL.THERAPY@STATE.MN.US.

Review – click the blue confirmation button () to download a PDF copy of the information you provided in your application. Review this PDF for accuracy before submitting your application.


Review

Please review all information entered on your application. Your answers can be viewed by clicking on the 'Confirmation' icon below.

If any information is incorrect in the confirmation document, return to the appropriate step to correct. You can return to the step by clicking the Previous button.

Application: Physical Therapist

Reference #: 13640

Confirmation: 

If all information is correct then affirm the statements below and continue.

Statutes Affidavit

I have read MN Statutes Sections 148.65 through 148.78 and I understand that these are the laws that govern the practice of physical therapy in Minnesota. I have read MN Rules 5601.0100 through 5601.3200, and I understand these are the rules established by the Minnesota Board of Physical Therapy to administer and enforce the laws that govern Physical Therapy. I understand that as a licensee, I will be legally and ethically obligated to be familiar with and abide by the laws and rules described above.

By checking here and submitting this application I affirm the information provided during the application process is true and correct.

[Cancel](#) [Previous](#) [Next](#)

Payment Fee Details – review the information and click “proceed to checkout”. If you are not ready to pay for your application at this time, click “add to cart and continue shopping”. The fee will be added to your cart in the upper right hand of the web browser and you may complete the payment this way later.

Payment Fee Details

Payment Information	Amount
Application Fee	\$100.00
Annual License Fee	\$60.00
Exam Fee	\$50.00
Criminal Background Fee	\$32.00
Total Amount	\$242.00

[Add to Cart and Continue Shopping](#) [Cancel](#) [Previous](#) [Proceed To Checkout](#)

After you click “proceed to checkout” you will be redirected to the License Minnesota online payment page. This is a secure site.

Enter your personal information, billing information, and credit card information. Click “continue” when you are done, the click “confirm”.

Make a Payment

My Payment

Board of Physical Therapy
Amount Due \$246.66
Application Description Application to Practice Physical Therapy
License Description PT




Payment Information

Frequency One Time
Payment Amount \$246.66
Payment Date Pay now

Contact Information

First Name	<input type="text"/>
Last Name	<input type="text"/>
Company	<input type="text"/> (Optional)
Address 1	<input type="text"/>
Address 2	<input type="text"/> (Optional)
City/Town	<input type="text"/>
State/Province/Region	<input type="text"/>
Zip/Postal Code	<input type="text"/>
Country	<input type="text"/>
Phone Number	<input type="text"/>
Email Address	<input type="text"/>

Payment Method

Card Number	<input type="text"/>	 
Expiration Date	Month <input type="text"/> Year <input type="text"/>	
Card Security Code	<input type="text"/>	
Card Billing Address	<input checked="" type="radio"/> Use my contact information address <input type="radio"/> Use a different address	

[Cancel](#)

You have completed the application process. You may log in to your online application at any time to check the status of your application and see what documentation you need to submit to the Board. Log in through this website: <https://phy.hlb.state.mn.us/#/login>