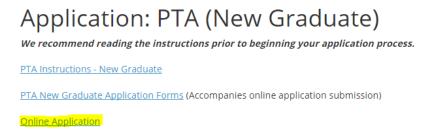
HOW DO I COMPLETE AN ONLINE APPLICATION

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)

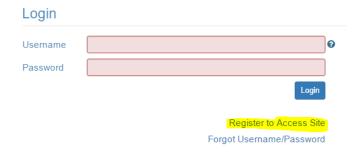


Read the respective Application Instructions and view the Application Forms within the applicant instructions. You will need to read the instructions and print out the forms to be able to successfully complete the application process.

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.

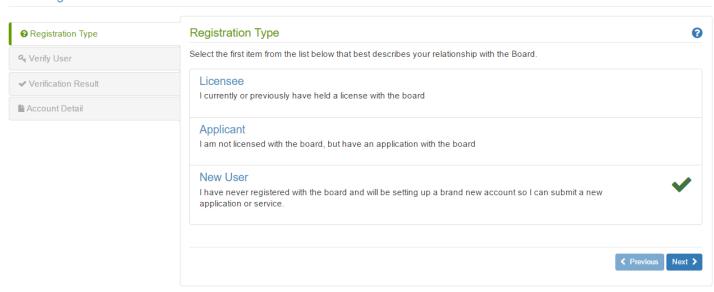


First, you will need to register as a new user. Click "Register to Access Site"



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"

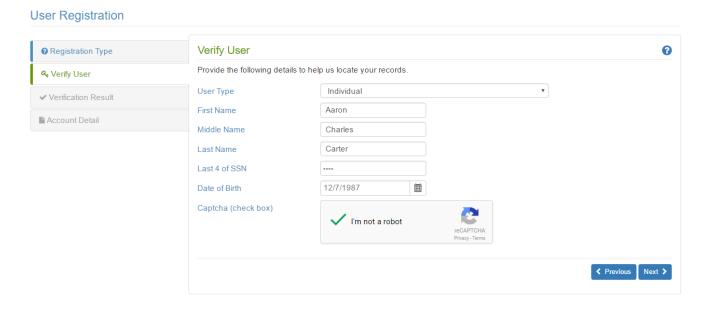
User Registration



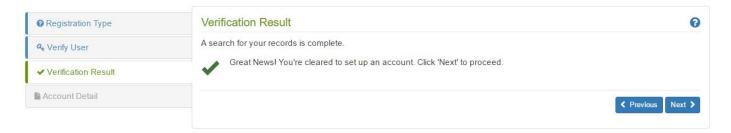
There should be a green check mark next to your selection. Click "Next"

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"



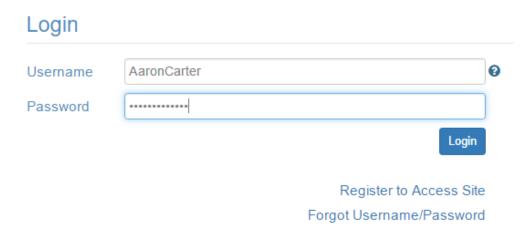
The system will verify your information



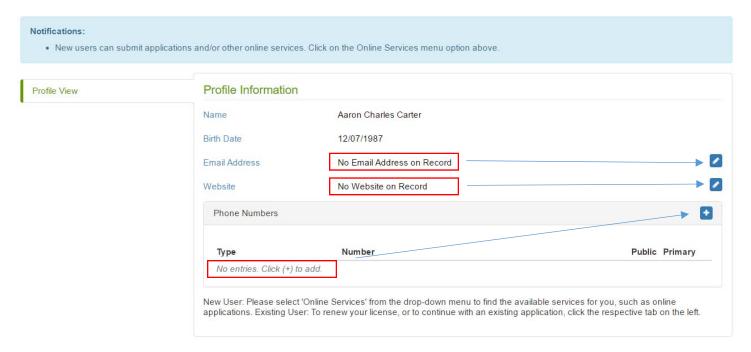
Enter all information under "New Account Detail" to create your account. This information will be on file indefinitely so please remember your username, password, and security answers as you will use this information every year to renew your license, access online services, and keep your contact information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

User Registration Registration Type **New Account Detail** 0 Provide the following details to help us locate your records. Q Verify User Social Security # ✓ Verification Result Username AaronCarter Account Detail Password Password Confirmation Security Question #1 What is your favorite food? Security Answer #1 Candy Security Question #2 What is the name of your favorite pet? Doggo Security Answer #2

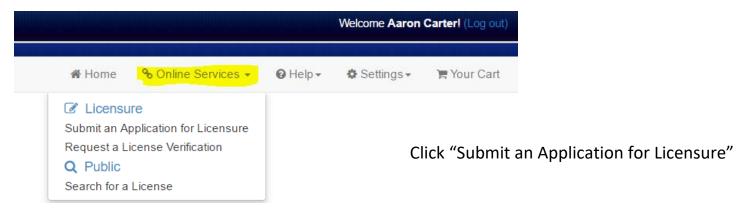
After you click "finish" you will be brought back to the licensee login screen. Enter your username and password to log into your online user account.



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.



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



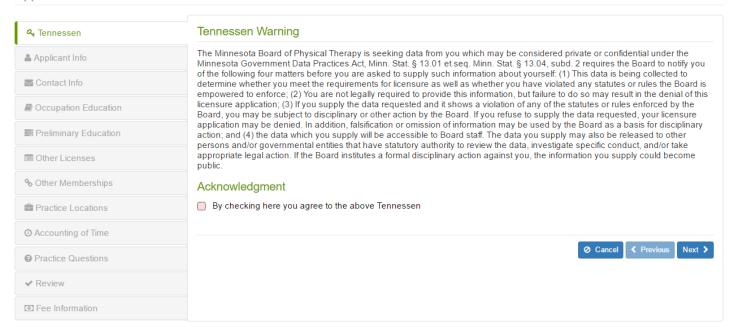
Select Type (Physical Therapist or Physical Therapist Assistant) and Basis. Review the Licensure Requirements before proceeding. These requirements will outline the application process for you. https://mn.gov/boards/physical-therapy/applicants/. Review the Criminal Background Check Information then click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

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 Physical Therapist Basis NPTE Exam (new grad) Licensure Requirements By checking here you affirm that you have reviewed the Licensure instructions. PTA Licensure Requirements PTA 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

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".

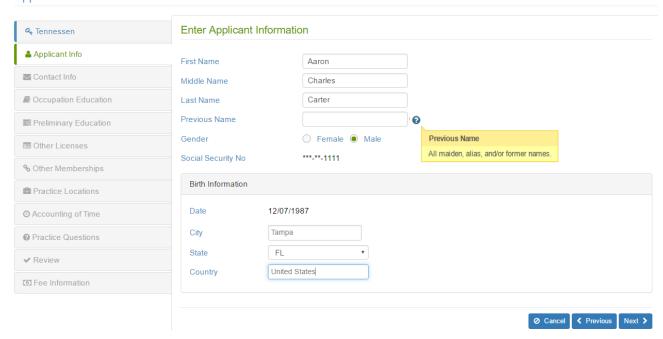
Check to agree to the Tennessen Warning then click "next"

Application Wizard



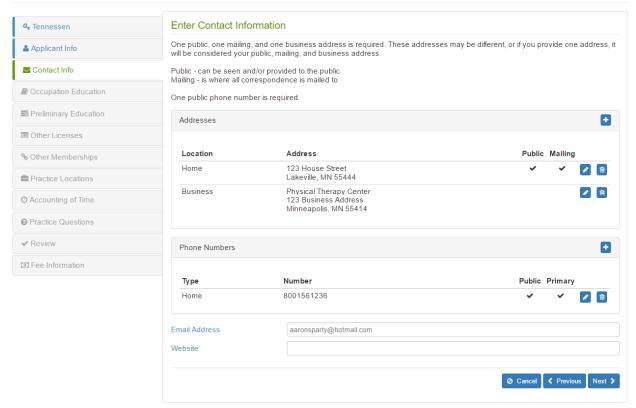
All information on this page is REQUIRED; please fill out all sections **Previous name not required if no name change

Application Wizard



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



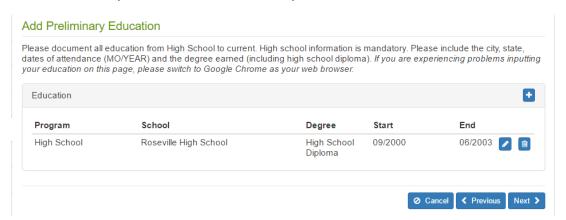
Occupation Education – please enter schooling information for your professional degree. Click the blue plus sign to add school(s). Include your degree, start, and end dates (graduation date)

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.

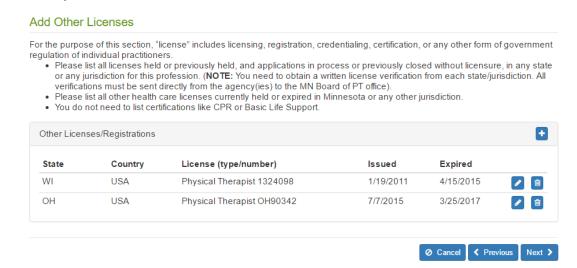


Preliminary Education – enter all education from high school to present (not including occupation education information). Include dates and degree type (including high school diploma). If your school is not on the list, please scroll to the bottom of the list of schools, select "other", and enter your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



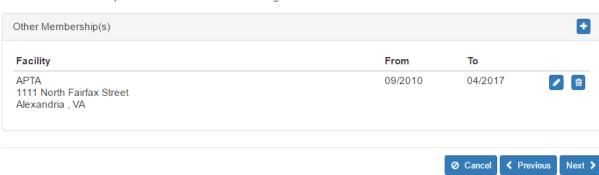
Other Licenses – add information for all licenses you have held. If you are a new graduate or have not held any licenses click

I do not have other licenses/registrations/certifications.



Add Other Memberships

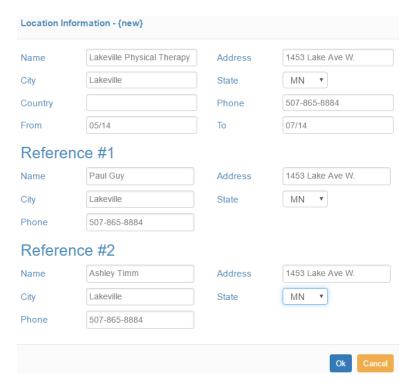
Please list all Memberships in Professional Societies and Organizations.



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 То References No entries. Click (+) to add. **∢** Previous

A COMPLETE entry will look like this:



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 Projectin 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.

	ormation is for the purpose of determining whether you meet the statutory and rule requiremen	
Part 56	tion may also be used as the basis for further investigation by the Board into your qualification 01.3200 Subparts 3 & 4 require all applicants to self-report impairment, criminal and disciplina estions raised by the Board.	
I	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 v
ļ	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 •
5	Have you ever been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances?	No
,	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
3	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
)	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
1	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 v
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.	es v
	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.



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	② Cancel

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

y Payment	
Board of Physical Therapy	
Amount Due	\$246.66
Application Description	Application to Practice Physical Therapy
License Description	PT
ayment Information	
Frequency	One Time
Payment Amount	\$246.66
Payment Date	Pay now
ontact Information	
First Name	
Last Name	
Company	(Optional)
Address 1	
Address 2	(Optional)
City/Town	
State/Province/Region	
Zip/Postal Code	
Country	
Phone Number	
Email Address	
ayment Method	
Card Number	ManierCard VISA
Expiration Date	Month ▼ Year ▼
Card Security Code	
Card Billing Address	 Use my contact information address

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