Application for PT/PTA Licensure

Please review the application instructions listed on the Board website **prior** to submitting an online application. Please select the appropriate basis for licensure for the application instructions for licensure:

- Physical Therapist (New Grad): New Graduate who will be registering with FSBPT to have Minnesota as their jurisdiction for approval to sit for the NPTE.
- Physical Therapist (Another State): Applicant who has received a passing score on the NPTE AND is licensed in another state/jurisdiction.
- Physical Therapist Assistant (New Grad): New Graduate who will be registering with FSBPT to have Minnesota as their jurisdiction for approval to sit for the NPTE.
- Physical Therapist Assistant (Another State): Applicant who has received a passing score on the NPTE AND is licensed in another state/jurisdiction.
- Foreign Educated Physical Therapist: Applicant who did not graduate from a program accredited by CAPTE – please see the application forms and instructions listed on the website for submitting the paper application and fee to the Board via mail.

PLEASE NOTE: If you have recently graduated and passed the NPTE through another jurisdiction, you will need to become licensed and transfer your license to MN through the PT/PTA Licensed in Another State application process. Please contact the Board office at: 612.627.5406 (phone) or email at: physical.therapy@state.mn.us if you have any questions about which application for licensure you should be submitting to the Board.

How Do I Complete an Online Application?

Visit the PT Board Website: https://mn.gov/boards/physical-therapy/ and click "Your Account Login"

You will be taken to the Online Service Login page, click "Register to Access Site"

m1 BOARD OF PHYSICAL THERAPY
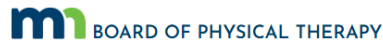
LOGIN

Please register and login to access Online Services.

USERNAME ⑦

NAVIGATE

Register to Access Site

PASSWORD

Forgot Username/Password

Search for a Licensee

Log In

For registration type, click "Register" in the **New User** tile.

REGISTER INDIVIDUAL

LICENSEE	Register ›	APPLICANT	Register ›	NEW USER	Register ›
I currently hold or previously held a license with the board and have not registered to this site.		I am not licensed with the board but have an application with the board and have not registered to this site.		I have never registered with the board and will be creating a new account so I can submit a new application or request a service and have not registered with this site.	

To verify New User - Enter your information into all the boxes. Enter your full name (including your middle name) and not nicknames. Complete CAPTCHA activity to verify that you are not a robot and click "Next".

REGISTER - NEW USER

1 ⚷ Verify New User

FIRST NAME

MIDDLE NAME

LAST NAME

BIRTH DATE

MM/DD/YYYY

LAST 4 OF SSN

☐ I'm not a robot
reCAPTCHA
Privacy - Terms

Next ›

Register New User - Enter all information requested under "New Account Detail" to create your user account. This information will be used permanently for your license file, license maintenance, license verification requests, and renewal of your MN license. It is important that you remember this information for logging into your account in the future.

Your password for your login must include:
- At least one lowercase
- At least one uppercase
- At least one numeric
- Minimum 8 characters

REGISTER - NEW USER

🔑 Verify New User

2 📄 New Account Detail

USERNAME

PASSWORD   CONFIRM PASSWORD

SECURITY QUESTION #1   SECURITY ANSWER #1

SECURITY QUESTION #2   SECURITY ANSWER #2

‹ Previous   Next ›

Once you have entered your account information and clicked "Next", you will need to enter your full Social Security # and click "Next".

Social Security #

Once your account has been created, click the home button 🏠 in the upper right-hand corner. You will be brought to the homepage of your online services account. To start the online application, click "Apply for a License" located in the tile labeled **General**.

m1 BOARD OF PHYSICAL THERAPY

GENERAL

Choose from these options to access features not specific to your current records with our agency.

NAVIGATE

Apply for a License

License Verification

BOARD OF PHYSICAL THERAPY

ATTENTION
- 'Type' is required.
- 'Minnesota Statutes and Rules' is required.
- 'Licensure Requirements' is required.

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

APPLY FOR A LICENSE

Licensed in Another State - for applicants who are licensed in another jurisdiction and are seeking licensure in Minnesota
Licensure by Examination - for new grad applicants who have yet to take the National Physical Therapy Examination

TYPE | BASIS

ACKNOWLEDGMENT

☐ **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

Select Application Type (Physical Therapist or Physical Therapist Assistant) and Basis for Licensure (NPTE Exam – Another State or NPTE Exam – New Grad)

APPLY FOR A LICENSE

Licensed in Another State - for applicants who are licensed in another jurisdiction and are seeking
Licensure by Examination - for new grad applicants who have yet to take the National Physical The

TYPE | BASIS

Physical Therapist

Physical Therapist Assistant

By checking here you affirm that you have reviewed the Licensure instructions.

APPLY FOR A LICENSE

Licensed in Another State - for applicants who are licensed in another jurisdiction and are seeking licensure in Minnesota
Licensure by Examination - for new grad applicants who have yet to take the National Physical Therapy Examination

TYPE | BASIS

Physical Therapist ✕ ⌄ |

NPTE Exam (another state)

NPTE Exam (new grad)

ACKNOWLEDGMENT

☐ **Licensure Requirements**
By checking here you affirm that you have reviewed the Licensure instructions.

OR

Licensed in Another State - for applicants who are licensed in another jurisdiction and are seeking licensure in Minnesota
Licensure by Examination - for new grad applicants who have yet to take the National Physical Therapy Examination

TYPE | BASIS

Physical Therapist Assistant ✕ ⌄ |

PTA NPTE (another state)

PTA NPTE (new grad)

ACKNOWLEDGMENT

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

Once you have selected the License Type and Basis for Licensure, review the Licensure Requirements before proceeding. These requirements will outline the application process for you. Next review the Criminal Background Check Information. You will need to checkmark both acknowledgements to continue.

APPLY FOR A LICENSE

Licensed in Another State - for applicants who are licensed in another jurisdiction and are seeking licensure in Minnesota
Licensure by Examination - for new grad applicants who have yet to take the National Physical Therapy Examination

TYPE	BASIS
Physical Therapist ✕ ∨	NPTE Exam (new grad) ✕ ∨

ACKNOWLEDGMENT

☑ **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

Please Note: You may log out of the application at any time and your information will be saved automatically. You will be able to login and continue the process at a later time. Once you have submitted the online application and paid the applicable fees you will not be able to edit the information; if you need to edit your application, please do so before proceeding to checkout.

You will now begin your online application. Checkmark the acknowledgment box to agree to the Tennessen Warning then click "Next".

ATTENTION
  - 'Acknowledgment of Tennessen' is required.

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

APPLICATION

1 🔑 Tennessen 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 Tennessen

⊘ Cancel   Next ❯

Enter all applicant information - all information on this page is required.

- Leave the previous name box blank if you have never had a name change. If you've at any point in your life had a name change, please list all previous names in the box.
- If you were not born in the United States, select the country of birth and enter the city of birth, and for State please select "Minnesota" to proceed to the next section.

ATTENTION
- 'Gender' is required.
- 'BirthCity' is required.
- 'BirthState' is required.

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

APPLICATION

✎ 🔑 Tennessen Warning

② 👤 Enter Applicant Information

FIRST NAME	MIDDLE NAME	LAST NAME
Jane	Amanda	Doe

GENDER	PREVIOUS NAME ?
⌄	

SSN	DATE OF BIRTH
***-**-▮	▮

BIRTH INFORMATION

COUNTRY	STATE
🇺🇸 USA ✕ ⌄	⌄

CITY

[ ]

⊘ Cancel   ❮ Previous   Next ❯

Contact Information – Please enter a current email address. Please remember to keep your email address current since the Criminal Background Check Program and the MN Board of PT both use the email on file for corresponding with applicants/licensees. To add addresses and phone numbers click the blue plus symbols for adding information. For Addresses - please enter one public, one mailing, and one business address (these may be the same address). If you do not have a business address, check the "I do not have a business address" box to advance to the next section. You will need to keep a public and primary phone number on file.

3 ✉ 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.

PUBLIC EMAIL ⑦

WEBSITE

ADDRESSES ✚

LOCATION	ADDRESS	PUBLIC	MAILING
No entries. Click (+) to add.			

☐ I do not have a business address because I am not currently in the workforce for this profession.

PHONE NUMBERS ✚

TYPE	NUMBER	PUBLIC	PRIMARY
No entries. Click (+) to add.			

⊘ Cancel   ‹ Previous   Next ›

Once you have added your address and phone number information for both public and mailing/primary click "Next" to continue.

ADDRESSES ✚

LOCATION	ADDRESS	PUBLIC	MAILING		
Home/Business	335 Randolph Ave., Suite 285 St. Paul, MN 55102	✔	✔	✏	🗑

PHONE NUMBERS ✚

TYPE	NUMBER	PUBLIC	PRIMARY		
Home	(612) 627-5406	✔	✔	✏	🗑

⊘ Cancel   ‹ Previous   Next ›

Occupation Education – Please enter your schooling information for your professional degree. Click the blue plus sign to add school(s).

4 📖 Select Occupation Education

Please enter your Physical Therapist or Physical Therapist Assistant Education. Include dates of attendance (mo/year).

EDUCATION ➕

PROGRAM	SCHOOL	DEGREE	START	END
No entries. Click (+) to add.				

⊘ Cancel ❮ Previous Next ❯

Click the blue magnifying glass button to begin searching for your school

EDUCATION - {NEW}   ⊗¹

Click/tap the school search (magnifying glass button) to choose your school from known schools. If not found via searching you will be allowed to specify that and enter details below.

SCHOOL

Choose...   🔍

COUNTRY	CITY
⌄	

DEGREE	FROM	TO
⌄	MM/DD/YYYY	MM/DD/YYYY

DATE OF COMPLETION	MAJOR
MM/DD/YYYY	⌄

✓ Ok ✕ Cancel

Next select the Country & State and click the green "Search" button to generate a list of accredited PT/PTA Programs and Schools within that Country & State.

SCHOOL SEARCH   ⊗¹

Specify country, state/province and/or city where you attended school then click Search. If you don't see your school in the results try broadening the search by searching just Country and State/Province.

Click/tap the your school result once you find it and then click Ok.

If you're not able to find your school check the '[_] My school was not found...' checkbox and then click Ok. This will allow you to enter details of your school instead.

COUNTRY	STATE
🇺🇸 USA ✕ ⌄	MN ✕ ⌄

Search

SCHOOL	CITY	STATE
College of St Scholastica	Duluth	MN
Concordia University-Saint Paul	St. Paul	MN
Mayo School of Health Sciences	Rochester	MN
St Catherine University	Minneapolis	MN
University of Minnesota	Minneapolis	MN

☐ My school was not found in the results. Allow me to enter my school information. ⓘ

✓ Ok ✕ Cancel

If your PT/PTA school is not listed as an option in the results, please contact the MN Board Office directly at: 612.627.5406 (Phone). If your school is listed as an option, select the school, and click "OK" to add your schooling details.

SCHOOL SEARCH

Specify country, state/province and/or city where you attended school then click Search. If you don't see your school in the results try broadening the search by searching just Country and State/Province.

Click/tap the your school result once you find it and then click Ok.

If you're not able to find your school check the '[_] My school was not found...' checkbox and then click Ok. This will allow you to enter details of your school instead.

COUNTRY
USA   × ∨

STATE
MN   × ∨

Search

SCHOOL	CITY	STATE
College of St Scholastica	Duluth	MN
Concordia University-Saint Paul	St. Paul	MN
Mayo School of Health Sciences	Rochester	MN
St Catherine University	Minneapolis	MN
University of Minnesota	Minneapolis	MN

☐ My school was not found in the results. Allow me to enter my school information. ⑦

✓ Ok   ✕ Cancel

Education details that need to be entered include degree granted and dates of attendance - start and end dates (graduation date). Note: You can leave Major blank and click "OK" to Continue.

EDUCATION - {NEW}

Click/tap the school search (magnifying glass button) to choose your school from known schools. If not found via searching you will be allowed to specify that and enter details below.

SCHOOL
St Catherine University   🔍

COUNTRY
USA   ∨

CITY
Minneapolis

STATE
MN   ∨

DEGREE
                    ∨

FROM
MM/DD/YYYY

TO
MM/DD/YYYY

DATE OF COMPLETION
MM/DD/YYYY

MAJOR
                    ∨

✓ Ok   ✕ Cancel

Once you click "Ok" you will need to provide your Preliminary Education information. Use the blue plus symbol to add schools you attended for High School, College, etc. Each school will have its own entry.

The School Search will open. After you click the green "Search" button, you will need to checkmark the option "My school was not found" to enter your school information.

Education details that need to be entered include degree granted and dates of attendance - start and end dates (graduation date). Note: You may enter Major if listed in drop down or leave blank and click "OK" to continue.

EDUCATION - {NEW}   ⊗

If you were unable to find your school in the search you can enter the details below.

SCHOOL

[   ] [🔍]

COUNTRY   CITY

[⌄]   [   ]

PROGRAM   DEGREE

[High School   ✕ ⌄]   [⌄]

FROM   TO   DATE OF COMPLETION

[MM/DD/YYYY]   [MM/DD/YYYY]   [MM/DD/YYYY]

MAJOR

[⌄]

                                                         [✓ Ok] [✕ Cancel]

⑤ ▤ 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).

        EDUCATION   +

PROGRAM	SCHOOL	DEGREE	START	END	
High School	Chaska High School	High School Diploma (HS)	09/09/2014	05/12/2018	🗑
High School	University of St. Thomas	Bachelor of Science (BS)	09/05/2018	05/14/2022	🗑

                                                [⊘ Cancel] [‹ Previous] [Next ›]

Add Other Licenses – add information for all licenses you have held (current, expired, inactive etc.) This
includes COMPACT Privileges. Note: If you are submitting the new graduate application, click the box for
"I do not have other licenses..." and click "Next".

⑥ ▤ 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
No entries. Click (+) to add.				

        ☐ I do not have other licenses/registrations/certifications

                                                [⊘ Cancel] [‹ Previous] [Next ›]

Add Other Memberships – Please follow the on-screen instructions.

7 ⚲ **Add Other Memberships**

Please list all Memberships in Professional Societies and Organizations.

OTHER MEMBERSHIPS   ✚

FACILITY	FROM	TO
No entries. Click (+) to add.		

⊘ Cancel   ‹ Previous   Next ›

Enter Practice Locations – Please follow the on-screen instructions. Note: For reference's contact information you may use the facility's phone number and facility's business address for the reference's contact information.

8 💼 **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 physical therapists 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. If you do not provide addresses the Board will contact you for more information and your application will not be considered complete.

PRACTICE LOCATIONS   ✚

LOCATION	FROM	TO	REFERENCES
No entries. Click (+) to add.			

⊘ Cancel   ‹ Previous   Next ›

Accounting of Time – Please follow the on-screen instructions.

9 ⏲ **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

HAVE YOU SERVED IN THE MILITARY?

⊘ Cancel   ‹ Previous   Next ›

Answer Practice Questions: Answer 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 in the space provided to answer the question, please email your explanation to the Board at: physical.therapy@state.mn.us

10 ❷ 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?

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?

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)?

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?

5   Have you ever been diagnosed as having or have you been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders?

6   Have you ever been the subject of an investigation by any Federal, State, or Local agency having jurisdiction over controlled substances?

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?

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?

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?

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).

11   Have you ever been denied, restricted, or revoked staff affiliations with a hospital, nursing home, clinic, or other health care facility?

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.

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.

⊘ Cancel   ‹ Previous   Next ›

Once you answer the practice questions, click "Next" to review payment fee details.

11   ▣ Payment Fee Details

All payments are non-refundable.

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**

⊘ Cancel   ‹ Previous   Next ›

Review – Click the green "Download Confirmation" button to download a PDF copy of the information you provided in your application. Review the PDF for accuracy before submitting your application. Checkmark to affirm the information provided is true and correct and click "Proceed to Checkout". If you are not ready to pay for your application, click "Add to Cart and Continue Shopping". The fee will be added to your cart in the upper right-hand corner of your online services account, and you may submit the application and payment later.

After you click "Proceed to Checkout" you will be brought to Your Cart to review items ready for payment.

After you click "Proceed to Payment" you will be redirected to the License Minnesota Online Payment page. **Note: Please remember all fees are nonrefundable**.

License Minnesota Online Payment Page - This is a secure site. Enter your personal information, billing information, and credit card information. After you entered all payment information, click "Continue" to submit your application payment to the Board.

Make a Payment

My Payment

Board of BOARD NAME

Amount Due	$242.00
Application Description	Application to Practice Physical Therapy
License Description	PT

Payment Information

Frequency	One Time
Payment Amount	$242.00
Payment Date	Pay Now

Contact 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	

Payment Method

Card Number	
Expiration Date	Month ⌄ Year ⌄
Card Security Code	
Card Billing Address	◉ Use my contact information address
	○ Use a different address

A service fee will be charged for this transaction. This fee amount will display on the next page where you will be able to cancel or confirm your payment.

Continue   Cancel

You have completed the online application process. Once the Board has opened your file, you will be sent an email (to the email address listed in your online application) notifying you that your online checklist has been generated with documents/information needed and items received. You may log in to your online account at any time to check the status of your application. Log in to your account at: https://phy.hlb.state.mn.us/#/Login