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## Physical Therapist New Grad Instructions (Taking the Exam with Minnesota)

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 The Board reserves the right to reject any outdated applications submitted.

PLEASE NOTE: Before beginning the online application process, you will need to have the following information available:

- Social Security number or alien registration number or tax ID number
- 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
- A record of postgraduate work and military service (copy of military discharge papers, if applicable)
- Other licenses or registration numbers, date issued & expiration dates (if applicable)
- Record of all clinicals, include facility name, facility address & phone number with time frame you were there (mm/yyyy to mm/yyyy) and two references (preferably 2 PTs) for each location with address and phone number. You may list the facility's contact information for your references' contact information
- Accounting of time (if applicable) - All time must be accounted for on the application from high school to the date of application. For any time from high school to present that is not accounted for elsewhere on the application, you will need to list your activities/employment, city and state, and date ranges (mm/yyyy-mm/yyyy). During continuous years of education, periods of three months or less (summer break) do not need to be accounted for on the application
- A record of any disciplinary action taken against the applicant by another state board or physical therapy society
- A record of any disease, illness or injury that impairs the applicant's ability to practice physical therapy and record of the applicant's personal use or administration of any controlled substances and treatment for alcohol or drug abuse
- A record of any convictions for crimes related to the practice of physical therapy, felonies, gross misdemeanors, and crimes involving moral turpitude
- Payment for application fees

### Application Fees

Fees are nonrefundable, even if it is determined that you are not eligible for licensure. Fees may be paid via credit card with submission of an online application.

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

This fee must be submitted with your completed online application.

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

This fee must be submitted with your completed online application.

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

This fee must be submitted with your completed online application.

**Examination Processing Fee: \$50.00 (Required for all New Graduate applicants)**

This fee must be submitted with your completed online application. This fee is required for applicants who have not taken the exam and must be paid for each exam attempt. \*If you have already taken the NPTE through approval from another state, please see the application instructions for "Licensed in Another State".

**Temporary Permit Fee: \$25.00 (optional)**

This fee must be sent with a completed Temporary Permit Request Form. Fees may be paid via check or money order and must be made payable to the MN Board of Physical Therapy.

## Required Application Forms and Documentation

In addition to submitting the online application, there are required forms and documentation that will need to be submitted to the Board, along with completing a fingerprint-based criminal background check. You will not be licensed until your application has been submitted and all requirements for licensure have been met.

Forms and documentation may be mailed to the Board Office prior to submission of your online application and fees. Forms and documentation submitted prior to submission of your online application and fees will be placed in a pending file until your application file is opened. After your online application and fees are received, Board staff will email you when your file has been opened with instructions on how to use your online services account:

<https://phy.hlb.state.mn.us/#/login> to view your application checklist for completed, missing and/or outstanding information. If an item is marked “completed” no further action is required.

### A. Forms to print out from this PDF and have mailed separately to the Board Office:

- **Affidavit of Applicant (notarized – requires two notary stamps)** with recent photograph of applicant. **May be mailed by applicant**
- **Certification of Education** completed and mailed by your school not more than 13 weeks prior to graduation. **Must be mailed directly by your school**
- **Two Recommendation forms (total)** - New Graduates: your licensed PT Program Director, Professor, or Clinical Instructor may complete and submit form. **Must be mailed by individual filling out the form**

### B. Documents to be mailed directly to the Board Office:

- **Official Transcript** with the degree granted and date degree was granted posted. **Must be sent directly from your school to the Board office via secure email or in a sealed envelope**

### C. Fingerprint-Based Criminal Background Check (CBC)

- The Criminal Background Check Program will email you the fingerprinting and background check information and forms **after** you submit your online application and pay fees. A CBC is required for final licensure. NOTE: The CBC Program will contact you via the email address that you list on your initial online application.

### D. Miscellaneous Documentation (if applicable)

- **If you answer YES to any of the practice questions**, please submit further legal/medical documentation. For legal documents: have the county or jurisdiction provide the MN Board with any legal documents (arrest records, court documents, dismissal of charges, etc.) related to the incident. Legal documents must be mailed to the Board office by the jurisdiction. If the documentation cannot be mailed directly to us have the appropriate agency mail them directly to you and do not open the envelope. Please put the sealed envelope in a new envelope and mail to the Board office. If records are no longer available, have the jurisdiction send a letter indicating this.

- **Military Documents** – Copy of military discharge papers
- **Name Changes** - If you've had a name change, you will need to submit a legal document demonstrating your name change. You can submit an original certified copy or a notarized copy. The Board is unable to accept foreign marriage certificates that do not reflect your name change following marriage for purposes of changing your name on your license. [How to obtain a notarized copy of the document:](#)

1. Make a photocopy of the document (certified marriage certificate, divorce or dissolution of marriage decree, court order, etc.)
2. Take the photocopy along with the original document to a Notary
3. The Notary will look at the original document and the photocopy

4. The Notary will sign/stamp/seal the photocopy and write a statement to the effect that they have viewed the original and this is an exact copy. Some Notaries will attach a paper (with a similar statement, signature/stamp/seal) to the copy
- **Testing accommodations (ADA) – FORMS & DOCUMENTATION NEEDED:** For instructions and request forms see the [ADA Exam Accommodations page](#)

### NPTE Registration Information: 2026 Test Dates

Test Date	Applicant FSBPT Registration & Payment Deadline	Deadline for approval from MN Board of PT for required information
January 27-28	December 23	December 30
April 28-29	March 24	March 26
July 28-29	June 23	June 25
October 27-28	September 22	September 24

1. Have all required documents to the Board of Physical Therapy by the deadline listed above.

- ☐ Two recommendation forms
- ☐ Certification of Education
- ☐ Completed online application and affidavit of applicant form
- ☐ Name Change (if applicable)
- ☐ Legal documents (if applicable)
- ☐ ADA Testing Accommodation Request Forms and required documentation (if applicable)
- ☐ Any other information requested by the Board

**Your official transcript and completed criminal background check are not required for the Board to make you eligible for the NPTE but are required to be completed before you can be licensed.**

2. The Board will promptly approve all qualified applicants to test. Applicants will be able to view approval from the Board via the Online login: <https://phy.hlb.state.mn.us/#/login>

3. Instructions for scheduling the exam with Prometric can be found at: <https://www.fsbpt.org/>

### Board Meetings (application review dates and deadlines)

It is your responsibility to make sure your file is complete and all requirements have been met. The Board will not review applicants with incomplete files. Applicants who answer “yes” to a question on their application or provide incomplete information are reviewed by the Licensure Committee at a PT Board meeting\*. Wall certificates and license cards will be issued after the Board meetings/review dates. \*On rare occasions a Board meeting date may be changed. The chart below provides a list of possible licensure dates for applicants with complete files that receive a passing score on a fixed testing date.

Fixed Date Testing	PT Board Meeting* or Review Date
January 27-28	February 5* or 19 March 5 or 19
April 28-29	May 6* or 21 June 4 or 18
July 28-29	August 6* or 20 September 3 or 17

October 27-28	November 4* or 19
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## Temporary Permits for New PT Graduates

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

1. Board has received completed application and all supporting documentation
2. Board has approved applicant to take NPTE exam and has notified FSBPT. (Reminder – applicants must also register separately for exam with FSBPT – see: <https://www.fsbpt.org>)
3. FSBPT has notified applicant with “Authorization to Test” letter
4. Applicant has scheduled an exam date with Prometric
5. Temporary permit form and fee have been received by the Board
6. Applicant has notified Board of Prometric test confirmation number and exam date

Please note: Temporary permit issue and expiration dates are related to the exam date you select. See chart “[Temporary Permits for PT New Graduates in 2026](#)”. This permit allows applicants to practice physical therapy under direct, immediate, and on premises supervision. **A temporary permit may be issued only once and cannot be renewed.**

## 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 Avenue, 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; view online at: <https://mn.gov/boards/physical-therapy/board-info/statutes-rules/practice-act/>
  - Minnesota Statutes 148.65-148.78
  - Minnesota Rules 5601.0100-5601.3200

Temporary Permits for PT New Graduates in 2026						
Temp Permit Issued	Exam Date	Temp Permit Expiration: Next Exam Date	Temp Permit Expiration: 90 days	Temp Permit Expiration: Next Board Meeting	Temp Permit Expiration: If the applicant doesn't take scheduled exam	License Issue Date with Passing Score on Exam & Final Transcript
Dec. 2025-Feb. 5, 2026	Jan. 27-28	N/A	April 28* or	Feb 5*	Jan. 28	**Feb. 5 or 19
Dec. 2025-Jan. 28, 2026	April 28-29	Jan. 28	N/A	N/A	N/A	**May 6 or 21
Jan. 29-May 6	April 28-29	N/A	July 28* or	May 6*	April 29	**May 6 or 21
Jan. 29-April 29	July 28-29	April 29	N/A	N/A	N/A	**Aug. 6 or 20
April 30-Aug.6	July 28-29	N/A	Oct. 27* or	Aug. 6*	July 29	**Aug. 6 or 20
April 30-July 29	Oct. 27-28	July 29	N/A	N/A	N/A	**Nov. 4 or 19
July 30-Nov. 4	Oct. 27-28	N/A	Jan. 26, 2027* or	Nov. 4*	Oct. 28	**Nov. 4 or 19

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

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

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

#### 148.71 TEMPORARY PERMITS.

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

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

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

**AFFIDAVIT OF APPLICANT:****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: \_\_\_\_\_

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

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

The Board cannot accept  
photocopied or  
scanned images.

## 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: \_\_\_\_\_

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

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

School Seal\*\*

\*Please attach letter of explanation.

Disciplinary action: formal action taken by the school/program, i.e., non-academic probation, dismissal, etc.

Derogatory information: behavior that may reveal a lack of professionalism as a potential threat to public safety.

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



## 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: \_\_\_\_\_



## 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: \_\_\_\_\_

**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.

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

\_\_\_\_\_  
**Signature of Applicant**

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

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Professional address at which the temporary permit will be used  
(attach an additional sheet if more than one location)

Hospital/Clinic: \_\_\_\_\_

Department: \_\_\_\_\_

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

Professional telephone number(s): \_\_\_\_\_ (Include area code)

Anticipated date of commencing practice: \_\_\_\_\_

Address you wish to have the temporary permit mailed to:

\_\_\_\_\_  
**NOTE: It is your responsibility to immediately notify the Board if you wish to add or change the supervisor(s) and/or practice site(s) and receive Board approval prior to working under a new supervisor or at a new practice site.**