

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 The Board reserves the right to reject any outdated applications submitted.

Licensure Requirements – PTA (Licensed in Another State)

A completed application consists of: *Please note most forms to be filled out are contained in this document. The application for licensure is submitted and paid for online through the [MN Board of PT website](#).*

Contents of Application:

1. Evidence satisfactory to the board that the applicant has met the educational requirements of section 148.721 or 148.722 as demonstrated by a certified copy of a transcript, (The transcript must be sent directly to the MN Board of PT office from the school)
2. Two recommendation forms submitted by two physical therapists registered or licensed to practice physical therapy in the United States or Canada (Choose two physical therapist references from those listed in your online application to complete the recommendation forms. Forms must be mailed by individual filling out the form)
3. A recent full faced photograph of the applicant attached to affidavit form completed and notarized, (2x3 photograph printed on photo paper affixed)
4. A record of the applicant's high school, college and board-approved physical therapy school education listing the names, locations, dates of attendance and diplomas, degrees or certificates awarded (All time must be accounted for on the application from high school to the date of application. During continuous years of education, period of three months or less (summer break) need not be accounted for)
5. A record of postgraduate work and military service (Notarized copy of military discharge papers, if applicable)
6. If applicable, a listing of the United States jurisdictions, and countries in which the applicant is currently licensed or registered, or has been in the past (Please have each jurisdiction/country verify your license/registration. All verifications must be sent directly from the agency(ies) to the MN Board of PT office)
7. A record of the applicant's current and previous physical therapy practice experience (Employment verifications forms from each of your employers during the past 5 years)
8. A record of disciplinary action taken on past complaints, refusal of licensure or registration, or denial of examination eligibility by another state board or physical therapy society against the applicant
9. A record of the applicant's personal use or administration of any controlled substances and treatment for alcohol or drug abuse
10. A record by the applicant of any disease, illness or injury that impairs the applicant's ability to practice physical therapy
11. A record of any convictions for crimes related to the practice of physical therapy, felonies, gross misdemeanors, and crimes involving moral turpitude
12. A listing of any memberships in a physical therapy society
13. The applicant's name (*including middle name*) and address (*public, mailing, business*)

14. The applicant's social security number, alien registration card number, or tax identification number, whichever is applicable. (required for final licensure)
15. Completed copies of credentials verification forms provided by the Board
16. Any other information deemed necessary by the board to evaluate the applicant**
17. A person who has previously practiced in another state shall submit the following additional information with the license application for the five-year period of active practice preceding the date of filing application in this state (Malpractice History Form) a. The name and address of the person's professional liability insurer in the other state b. The number, date, and disposition of any malpractice settlement or award made to the plaintiff relating to the quality of services provided
18. **If the applicant has taken a US licensing exam, then the passing exam scores (NPTE, ASI, or PES) must be sent directly from FSBPT to the Minnesota Board of Physical Therapy indicating a passing score.
19. **Physical Therapy Certificate of Education form. (From your school showing all didactics and clinical training are complete)
20. **Notarized copy of legal document supporting a legal name change
21. **Criminal Background Check (fingerprinting packet will be emailed to you after you submit a licensure application and 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 or personal check with submission of a paper application. Check or Money Order payments must be made payable to the MN Board of Physical Therapy.

Permanent 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 (If applicable)

Applicants licensed in another state who have not practiced 320 hours in the past 5 years may choose to retake and pass the exam or complete no less than 320 hours of Board-approved supervised clinical practice.

Temporary Permit Fee: \$25.00 (optional)

Applicants licensed in another state who have not practiced 320 hours in the past 5 years may choose to retake and pass the exam or complete no less than 320 hours of Board-approved supervised clinical practice.

The supervised clinical practice length, supervisor and site must be pre-approved by the Board prior to beginning. This fee must be sent with a completed Temporary Permit Request Form. A temporary permit form and fee is required for a supervised traineeship.

Questions

If you have specific questions about the application process, please contact the Board at: 612.627.5406 (phone) or email Board at: 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:
 - o Minnesota Statutes 148.65-148.78
 - o Minnesota Rules 5601.0100-5601.3200

The Minnesota Physical Therapy Practice Act can be viewed online at: <https://mn.gov/boards/physical-therapy/statutesandrules/>

CHECKLIST OF REQUIREMENTS:

- ☐ Online application submission and fee payment
- ☐ Recommendations from licensed PTs (2 total forms)*
- ☐ Affidavit of Applicant*
- ☐ Official transcript from PT school*
- ☐ Certification of Education*
- ☐ National exam score transfer*
- ☐ Employment Verification form(s)*
- ☐ Malpractice History Form*
- ☐ License verification(s)*
- ☐ Legal documents, if necessary*
- ☐ Criminal Background Check

*These forms may be mailed to the Board office prior to submission of your online licensure application and fees. They will be placed in a pending file until your application file is opened. After your file is opened you will receive an email in regard to your online account/application. You may view your application checklist online at any time during the application process: <https://phy.hlb.state.mn.us/#/login> If an item is marked "complete" no further action is required.

Board Meeting and Review Dates and Deadlines

It is your responsibility to make sure your file is complete; i.e. verifications, completed application, exam scores, and documentation have been received by the Board. The Board will not review applicants with incomplete files. As a general rule, the application and documentation must be received two weeks prior to the meeting or review date. Please note: 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.

Document Deadline	PT Board Meeting* or Review Date
January 2, 2025	January 9, 2025
January 16, 2025	January 23, 2025
January 23, 2025	February 6, 2025*
February 13, 2025	February 20, 2025
February 27, 2025	March 6, 2025
March 13, 2025	March 20, 2025
March 27, 2025	April 3, 2025
April 10, 2025	April 17, 2025
April 23, 2025	May 7, 2025*
May 15, 2025	May 22, 2025
May 29, 2025	June 5, 2025
June 12, 2025	June 19, 2025
July 3, 2025	July 10, 2025
July 17, 2025	July 24, 2025
July 24, 2025	August 7, 2025*
August 14, 2025	August 21, 2025
September 4, 2025	September 11, 2025
September 18, 2025	September 25, 2025
October 2, 2025	October 9, 2025
October 16, 2025	October 23, 2025
October 23, 2025	November 6, 2025*
November 13, 2025	November 20, 2025
November 27, 2025	December 4, 2025
December 11, 2025	December 18, 2025

Physical Therapist Assistant Fact Sheet

PHYSICAL THERAPY BOARD

The Physical Therapy Board is appointed by the Governor to act on issues regarding physical therapist licensure standards, enforcement of laws and complaint review. The Board is composed of five physical therapists, one licensed physician, two physical therapist assistant, and three public members.

TITLE PROTECTION

Nonlicensed individuals are prohibited from using the title "Physical Therapist," "Physiotherapist," "Physical Therapy Technician," "Registered Physical Therapist," "Licensed Physical Therapist," "P.T.," "P.T.T.," "R.P.T.," "L.P.T." or any other words, letters, abbreviations, or insignia indicating or implying that the individual is licensed by the state. Nonlicensed individuals holding themselves out as a physical therapist shall be subject to criminal prosecution for the unauthorized practice.

LICENSURE REQUIREMENTS

US/Canadian Graduates. To establish eligibility for licensure, an applicant must have successfully completed an accredited physical therapy educational program and have passed an approved licensing exam.

DELEGATION OF DUTIES

The PT is responsible for all procedures or tasks delegated to a PTA or PT Aide.

PT Assistant. The PT may delegate patient treatment procedures to a qualified PT Assistant (PTA). The PT may not delegate: patient evaluation, treatment planning, initial treatment, change of treatment, and initial or final documentation. The PT must provide on-site observation of the treatment and documentation of its appropriateness at least every six treatment sessions. A PT may supervise no more than two PTAs at any time. The PT is not required to be onsite, but must be easily available by telecommunication.

PT Aide. A PT may assign selected treatment procedures to a PT Aide. The PT must observe the patient's status before and after the treatment. All tasks must be performed under the direct supervision of a PT who is readily available for advice, instruction, or immediate assistance.

CONTINUING EDUCATION

Each licensed physical therapist must complete at least 20 contact hours of continuing education credit every two years as a condition of licensure renewal. A minimum of 2 of the 20 hours of CE each cycle shall be on professional ethics directly related to the practice of physical therapy. Newly licensed physical therapists commence their two year cycle on January 1 immediately following the date licensure was granted, and continuing education credits may be accrued during the first partial year in addition to the two full years of licensure. Licensees are required to attest to completion of continuing education by reporting to the Board at renewal time. Continuing education documentation must be retained by each licensee in the event they are selected for an audit.

PRACTICE REQUIREMENT

Physical therapists must practice 320 hours during the past five years in order to be issued a license, renew, reinstate following a lapse in licensure, or return to active licensure status from inactive status. Alternatively, physical therapists may choose to retake and pass the National Physical Therapy Exam or complete no less than eight weeks of Board approved supervised clinical practice. The supervised clinical practice length and site must be preapproved by the Board.

RENEWAL CYCLE

Licensure must be renewed annually before **January 1** of each year. Renewal reminders are sent approximately 45 days prior to expiration. It is the physical therapist's responsibility to keep the Board advised of their current address with written notification within 30 days of any address change. The Board will mail the renewal reminder to the address on file. Failure to receive the renewal reminder does not relieve the physical therapist of his or her renewal obligation.

AFFIDAVIT OF APPLICANT:**PTA**

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 THERAPIST ASSISTANT CERTIFICATION OF EDUCATION

This form is for certification of Physical Therapist Assistant 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 therapist assistant 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 therapist assistant on: _____

Select type of degree received / will receive: _____

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 THERAPIST ASSISTANT 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 assistant? Yes No

5. Additional comments:

COMPLETED BY

Name: _____ Title: _____

Professional Designation: _____ Phone #: _____

Address: _____

Email address: _____

Signature: _____ Date: _____

PHYSICAL THERAPIST ASSISTANT 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 assistant? Yes No

5. Additional comments:

COMPLETED BY

Name: _____ Title: _____

Professional Designation: _____ Phone #: _____

Address: _____

Email address: _____

Signature: _____ Date: _____

PHYSICAL THERAPIST ASSISTANT VERIFICATION OF LICENSURE

This form must be completed by the State Board in which you now hold, or have held a registration or license, and must be mailed by the state board directly to our office.

NOTE: Some states require a fee for this service, paid in advance. To expedite the process, you may wish to contact the state(s) prior to sending your request. Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to this Board.

Name: _____

SSN: _____

Signature: _____

Date: _____

.....
THE STATE BOARD COMPLETES THE FOLLOWING INFORMATION:

It is hereby certified that: (Name of Applicant)		
Date of birth: (Month, Day, Year)		
Was issued license/registration number:		
By: (state)	On: (Month, Day, Year)	
Expiration date is: (Month, Day, Year)		
Issued on the basis of: (exam, reciprocity, endorsement):		
Disciplinary action ever initiated, pending, or invoked*:		
Ever voluntarily relinquished license*:		
	Print Name	
	Signature	
	Title	
	Date	

*If yes, please attach letter of explanation

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

FAXED DOCUMENTS WILL NOT BE ACCEPTED

PHYSICAL THERAPIST ASSISTANT CERTIFICATION OF EMPLOYMENT

Applicant: This form must be completed by your employer and mailed directly to our office by the employer. Any processing fees are the applicant's responsibility.

Name of Applicant: _____

Signature of Applicant: _____

This signature authorizes release of information, favorable or otherwise, directly to the Board.

Date: _____

.....

THE EMPLOYER COMPLETES THE FOLLOWING INFORMATION

It is hereby certified that: (Name of Applicant) _____

Was/is employed by: (Name of Employer) _____

Address of Employer: _____

Phone Number of Employer: _____

Dates of Employment: From: _____ / _____ To: _____ / _____ (Month/Year)

INDICATE BELOW FULL OR PART-TIME STATUS:

Full Time _____ Part time _____ Hours per week _____

Name of Administrator: _____

Signature: _____ Date: _____

Subscribed and sworn to me this _____ day of _____, _____ Notary public _____ My commission expires _____
--

PHYSICAL THERAPIST ASSISTANT MALPRACTICE HISTORY FORM

1. Minnesota PTA License Application date: _____
2. Five-Year Period of Active Practice, preceding the application, starts on _____
(Use your graduation date if less than five years) (month & year)
3. For this period please provide the following information:
(a) Name and Address of Professional Liability insurer(s). Please attach additional pages if necessary

- (b) The number, date, and disposition of any malpractice settlement(s) or award(s). Please attach additional pages, if necessary. **If none, please write none.**

Print Full Name: _____

Signature of Applicant: _____

Date: _____

Minnesota Statute 148.705 Malpractice history.

Subdivision 2 (b) A person who has previously practiced in another state shall submit the following additional information with the license application for the five-year period of active practice preceding the date of filing application in this state:

- (1) The name and address of the person's professional liability insurer in the other state.
- (2) The number, date, and disposition of any malpractice settlement or award made to the plaintiff relating to the quality of services provided.

PHYSICAL THERAPIST ASSISTANT 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 therapist assistants.

Applicant's Name (please print)

Signature of Applicant

List name(s) of supervising physical therapist(s) and license number(s)

--

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.*