

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

Please thoroughly 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 The Board reserves the right to reject any outdated applications submitted.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 detailed information including:

- Social Security number or Alien Card number or Tax ID number
- If applicable other licenses or registration numbers, date issued & expiration dates
- Record of Clinical affiliations
 - o INCLUDING: facility name, address, phone numbers from MM/YYYY to MM/YYYY and two references (preferably 2 PTs) for each location with address and phone number

The following forms may be mailed to the Board office *prior* to submission of your online application and fees. Forms will be placed in a pending file until your application file is opened. After your file is opened – you will receive an email regarding your online application/account. 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 “completed” no further action is required.

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

- Notarized Affidavit with photograph (may be mailed by applicant)
- Certification of Education (mailed by your school not more than 13 weeks prior to graduation).
- Two Recommendation forms (total) mailed by the licensed Physical Therapist filling out the form. **New Graduates:** licensed PT Program Director, Professor, or Clinical Instructor may complete and submit form.

B. Documents to be mailed directly to the Board Office

- Official Transcript with the degree granted and date degree was granted posted (please have this sent directly from your school to the Board office via secure email or in a sealed envelope).

C. 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 fees. A CBC is required for final licensure. CBC results can take 2-4 weeks. NOTE: The CBC Program will contact you via the email address that you list on your initial online application.

D. Miscellaneous Information

- 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.
- If you’ve had a name change, please submit a notarized copy of a legal document supporting the legal name change.
 - 1) a certified marriage certificate specifying the name change following marriage;*
 - 2) a certified divorce or dissolution of marriage decree specifying the name change, or;*
 - 3) other certified court order specifying the name change.*

***You may submit a notarized copy**

How to obtain a notarized document:

1. Make a photocopy of the document (marriage certificate, 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.

Please do not submit foreign marriage certificates that do not reflect your name change following marriage, as the Board is unable to accept them for purposes of changing your name on your license.

Testing Accommodations (ADA)

Please see the MN Board of PT's website: <https://mn.gov/boards/physical-therapy/applicants/ada-accommodations/>

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 and physical therapist assistant 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 and physical therapist assistants 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 and physical therapist assistants 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 and physical therapist assistants 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.

NPTE REGISTRATION INFORMATION

2026 PTA Test Dates:

Test Date	Applicant FSBPT Registration & Payment Deadline	Deadline for approval from MN Board of PT for required information
January 6-7	December 2	December 4
April 7-8	March 3	March 5
July 8-9	June 3	June 4
October 6-7	September 1	September 3

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

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 Test Center can be found at: <https://www.fsbpt.org/>

TEMPORARY PERMITS FOR NEW PTA 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 supported documentation.
2. Board has also 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 Testing Centers.
5. Temporary permit form and fee have been received by the Board.
6. Applicant has notified Board of test confirmation number from Prometric and exam date.

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

BOARD MEETINGS AND DEADLINES

It is your responsibility to make sure your file is complete; i.e. completed application, exam scores, and documentation have been received by the Board. The Board will not review applicants with incomplete files. An official transcript with the degree granted and grant date listed must be received prior to PT Board Meeting or Review Date. 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.

Passing score on fixed testing date for 2026:

Fixed Date Testing	PT Board Meeting* or Review Date
January 6-7	January 22 or February 5* or 19
April 7-8	April 16 or 30 or May 6* or 21 or June 4 or 18
July 8-9	July 16 or 30 or August 6* or 20
October 6-7	October 15 or 29 or November 4* or 19

*On rare occasions a Board meeting date may be changed.

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/>

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 for PTA – New Graduate (Taking NPTE with Minnesota)

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 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
8. A record of the applicant's personal use or administration of any controlled substances and treatment for alcohol or drug abuse
9. A record by the applicant of any disease, illness or injury that impairs the applicant's ability to practice physical therapy
10. A record of any convictions for crimes related to the practice of physical therapy, felonies, gross misdemeanors, and crimes involving moral turpitude
11. A listing of any memberships in a physical therapy society
12. The applicant's name and address
13. The applicant's social security number, alien registration card number, or tax identification number, whichever is applicable. (required for final licensure)
14. Completed copies of credentials verification forms provided by the Board (if applicable)

15. Any other information deemed necessary by the board to evaluate the applicant**
16. **Physical Therapy Certificate of Education form. (From your school showing all didactics and clinical training are complete)
17. **Notarized copy of legal document supporting a legal name change
18. **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 (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. A temporary permit form and fee is required for a supervised traineeship.

IMPORTANT NOTICE REGARDING PEAT AND NPTE

New graduate applicants need to be VERY CAREFUL about what study materials they use and share. FSBPT will continue to aggressively penalize those who share copyrighted questions from PEAT or the NPTE. Pleading ignorance of the source ("I didn't know they were real PEAT or NPTE test questions") will not sway the Federation to mitigate those penalties.

Temporary Permit for PTA 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. 6-7	N/A	N/A	Feb. 5*	Jan. 7	Jan. 22 or **Feb. 5
Jan. 8-May 6	April 7-8	N/A	July 7* or	May 6*	April 8	April 16 or 30
Feb. 6-April 8	July 8-9	April 8	N/A	N/A	N/A	July 16 or 30
April 9-August 6	July 8-9	N/A	Oct. 7* or	Aug. 6*	July 9	July 16 or 30
Feb. 6-April 8	Oct. 6-7	April 8	N/A	N/A	N/A	Oct. 15 or 29
April 9-July 9	Oct. 6-7	July 9	N/A	N/A	N/A	Oct. 15 or 29
July 10-Nov. 4	Oct. 6-7	N/A	Jan. 5, 2027* or	Nov. 4*	Oct. 7	Oct. 15 or 29

***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:**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.

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New Graduates: Physical therapy professors or clinical affiliation supervisors may be used.

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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 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)

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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.*