

IDAHO PHYSICAL THERAPY LICENSURE BOARD

Division of Occupational and Professional Licenses
11351 W. Chinden Blvd., Building #6 Boise ID 83714 or
P.O. Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: pht@dopl.idaho.gov

APPLICATION FOR LICENSURE INSTRUCTIONS

Attached is the required application form for licensure to practice physical therapy in Idaho. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. You must also review the Idaho Laws and Rules Governing the Physical Therapy Licensure Board. The most current version can be found on this website and will assist you in completing the required open book examination. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will not be processed and will be returned, which will delay licensure.**

APPLICATION CHECKLIST FOR LICENSURE BY EXAMINATION

- ☐ The completed application form (including signature and notary)
- ☐ The completed open book examination
- ☐ Evidence of graduation sent directly from the issuing authority. (see question #7)
- ☐ Two (2) completed reference forms
- ☐ If you answered 'Yes' to question #11, 12, 13 or 14; Documentation as it relates to the question(s) for which you answered Yes.
- ☐ The total payment of fees.

\$45.00 if you have taken and passed the NPTE or have already registered through another jurisdiction.

OR

\$65.00 if you are applying through Idaho to register and sit for the NPTE

There is an optional verification of licensure form at the end of the application for those who are planning to pursue licensure in a state other than Idaho and need verification from Idaho.

APPLICATION CHECKLIST FOR LICENSURE BY ENDORSEMENT

- ☐ The completed application form (including signature and notary)
- ☐ The completed open book examination
- ☐ Evidence of graduation sent directly from the issuing authority. (see question #7)
- ☐ Two (2) completed reference forms
- ☐ If you answered 'Yes' to question #11, 12, 13 or 14; Documentation as it relates to the question(s) for which you answered Yes.
- ☐ NPTE exam score
- ☐ Verification of licensure from all other state(s) in which you have held a license.
(please note a photo copy of your license card(s) will not meet this requirement.)
- ☐ The payment of fees for a total of \$45.00.

If you are applying for licensure as a foreign educated physical therapist assistant, please also provide or arrange to provide the following:

- *Education credentials evaluated by a credential evaluation agency
- *Written proof your school is recognized by its own ministry of education and that the education you received qualify you to practice physical therapy without limitation in the country where the education occurred
- *If you have practiced abroad, written proof of authorization to practice without limitation in the country where you practiced.
- *Proof of legal authorization to reside and seek employment in the U.S. or its territories
- *If English is not your native language, proof of successfully passing either the Test of English as a Foreign Language (TOEFL) or the Test of English as a Foreign Language – Internet Based (TOEFL – IBT). Please refer to Board Rule 175 for requirements or visit the TOEFL website at: <https://www.ets.org/>

If you wish to be scheduled for these examinations or want to have verification of your scores sent to this office, contact the TOEFL/TSE Registration Office at P.O. Box 6152, Princeton, NJ 08541-6152 or call 1-609-771-7100. Fax: 1-610-290-8972. Email: toefl@ets.org The "TOEFL code" for Idaho State is 7321.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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APPLICATION FOR PHYSICAL THERAPIST ASSISTANT LICENSE

The application fee is \$25.00

The initial licensure fee is an additional \$20.00

If applying to take the National Physical Therapy Examination (NPTE) there is also an additional \$20.00 fee

All returned checks are subject to a \$20.00 fee.

Note: You may combine the fees into one payment in the form of a money order, cashier's check, certified check, or personal check and made payable to DOPL.

I hereby submit my qualifications and make application for a Physical Therapist Assistant license in the State of Idaho under the provisions of Title 54, Chapter 22, Idaho Code, and provide the following:

1. Full Name (Mr., Mrs., or Ms.) _____

2. Address of Record _____
(The above address is a public record.) Street City State Zip

3. Mailing Address _____
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. Date of Birth ____/____/____ **Social Security #** ____/____/____
 mm dd yyyy (This is not a public record; required by Idaho Code § 73-122.)
(Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license must be attached.)

5. Business Phone (____) _____ **Home Phone (____)** _____ **E-mail** _____
(The above phone number is a public record.) (The above phone number is a public record.) (This is not a public record; required by I.C. § 67-2609.)

6. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?
(To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

7. I am a graduate of _____ **educational institution on** _____ **(date)**
(If applying by exam, official transcripts or the certificate of professional education form must be received by this office directly from the school registrar. If you have not yet graduated but will within 90 days prior to taking the scheduled national examination (NPTE); then ADDENDUM 1 must be completed.)
(If applying for endorsement, attach a copy of the diploma.)

8. Is the institution a nationally accredited school of Physical Therapy? () Yes () No
(If No, additional documentation may be requested.)

9. Have you passed the National Physical Therapy Examination? () Yes () No
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

10. Are you or have you ever been licensed as a physical therapist or PT assistant in any state, territory, or country?
List licensure states: _____ () Yes () No
(If Yes, we must receive certification of licensure from the issuing authority.)

11. Have you ever had disciplinary action taken against you by any professional regulatory agency, including any agency within the state of Idaho or any other state? () Yes () No
(If Yes, a copy of the charges & the final order must be received before your application will be processed.)

12. Have you ever had a license revoked or suspended or other disciplinary action taken or have had an application for licensure refused, revoked or suspended by the proper authorities of another state, territory or country? () Yes () No
(If Yes, related documentation must be received before your application will be processed.)

13. Have you ever been charged, convicted, found guilty, received a withheld judgment or suspended sentence for any crime, other than minor traffic offenses, in this or any other state, territory, or country? () Yes () No
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

14. Do you have any physiological or other condition that impairs or might impair your ability to safely and competently practice?
(If Yes, a detailed statement, medical records & any other relevant information must be received before your application will be processed.) () Yes () No

APPLICATION FOR PHYSICAL THERAPIST ASSISTANT LICENSE

(continued)

15. RELATED WORK EXPERIENCE: List your physical therapy work experience including employers' names, addresses, phone numbers and dates of practice. If you are a new graduate, please check here: _____ and leave this section blank.

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

EMPLOYER'S NAME _____ PHONE NO. _____

DATES OF EXPERIENCE FROM: _____ TO: _____

NARRATIVE OUTLINING SCOPE OF DUTIES _____

(If more space is needed, attach a separate sheet of paper.)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant

This box is for notary use only. All applications must be signed and notarized to be complete.

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

REFERENCE FORM

The Idaho Physical Therapy Licensure Board requires an application to include two (2) references from individuals, other than relatives or individuals living with the applicant, who have at least two (2) years of personal knowledge of the applicant's character and ability to provide physical therapy.

NOTE: These completed forms may either be sent separately (via fax or postal mail) or can be included with the submission of the application form. You will need to duplicate this form.

1. Applicant Name: _____

2. Reference Name: _____

3. Have you known the candidate for at least two (2) years? _____

4. Please describe your relationship with the candidate: (check all appropriate boxes)

☐ Colleague ☐ Teacher ☐ Supervisor ☐ Personal acquaintance ☐ Other _____

5. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship: from _____ to _____, AND the candidate's title/position _____, AND
mm/dd/yyyy mm/dd/yyyy
the name of the organization _____

6. Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

7. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is qualified for licensure to practice in the profession of physical therapy? ☐ Yes ☐ No
(If No, please explain on a separate sheet)

8. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a physical therapist assistant? ☐ Yes ☐ No
If Yes, please explain:

Signature of Person Completing Reference Form

Date

Phone Number

OPEN BOOK TEST

This is the “Open Book Test (Examination)” and must be completed in full and submitted for licensure.

Please print your name in the upper right corner of all examination pages. Answer all 20 questions. Failure to submit or failure to pass the examination will result in the license not being issued.

Should you have questions regarding the examination, please contact The Bureau of Occupational Licenses at (208) 334-3233 or pht@dopl.idaho.gov.

You may also access the Idaho Physical Therapy Licensure Board’s homepage at <https://dopl.idaho.gov>. Click on the links “State Licensure Law” and “State Licensure Rules” to access information in answering the questions for this exam, which you may download and print from this site as well.

Name_____

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Open Book Jurisprudence Examination

CAREFULLY READ EACH NUMBERED STATEMENT. BELOW EACH STATEMENT CLEARLY MARK THE WORD OR PHRASE THAT MOST CORRECTLY COMPLETES OR RESPONDS TO THE STATEMENT. RETURN THE COMPLETED EXAMINATION WITH YOUR APPLICATION.

1. Physical therapists and physical therapist assistants shall adhere to the recognized standards of ethics of the physical therapy profession as set forth in the:
 - a. Idaho State Constitution
 - b. Western Region of Physical Therapists
 - c. administrative rules adopted by the Physical Therapy Licensure Board
 - d. the laws governing the Idaho Physical Therapy Association
2. All of the following are procedures and interventions which shall be performed exclusively by a physical therapist except for the:
 - a. prescribing of medication to relieve pain
 - b. interpretation of a referral for physical therapy
 - c. development or modification of a treatment plan of care
 - d. performance of a re-evaluation when any change in a patient’s condition occurs
3. The practice of physical therapy shall not include the use of radiology, surgery, or:
 - a. bronchopulmonary hygiene
 - b. medical diagnosis of disease
 - c. debridement
 - d. joint mobilization

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Open Book Jurisprudence Examination

4. The board may conduct random continuing education audits of those persons required to obtain continuing education in order to renew a license and require that proof acceptable to the board of meeting the continuing education requirement be submitted to:
 - a. the Idaho Physical Therapy Association
 - b. the licensee's employer
 - c. the Federation of State Boards of Physical Therapy
 - d. the Bureau of Occupational Licenses
5. The board may, upon proof that a person has been in violation of the law, take the following actions except:
 - a. impose a restriction and/or condition as to the scope of practice
 - b. revoke the certificate of graduation
 - c. suspend a license
 - d. refuse to issue or renew a license
6. A physical therapist assistant may not continue to provide treatment as specified under a treatment plan of care if:
 - a. a patient's condition changes
 - b. a patient's insurance benefit change
 - c. a patient has been a no-show for two (2) appointments
 - d. it's within their scope of practice
7. The application for licensure shall be made under oath, and shall:
 - a. show evidence of graduation from a nationally accredited school
 - b. disclose any criminal conviction or charge against the applicant, other than minor traffic violations
 - c. disclose the denial of registration or licensure by any other state or district regulatory body
 - d. all of the above
8. All licenses shall be subject to annual renewal and shall expire unless renewed in the manner prescribed by the board regarding applications for renewal, continuing education and:
 - a. employment status
 - b. fees
 - c. work history
 - d. supervisor's name
9. A licensed physical therapist shall provide direct supervision and be responsible for routine physical therapy tasks given by:
 - a. physicians
 - b. physician assistants
 - c. supportive personnel
 - d. licensed nursing staff

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10. The ratio of a physical therapist to a physical therapist assistant should be no more than:
 - a. 1:5
 - b. 1:4
 - c. 1:3
 - d. 1:2
11. The Board may condition, limit, suspend, or refuse to renew the license of any individual whom the Board determines submitted a false report of continuing education or failed to comply with:
 - a. the open public meeting law
 - b. parliamentary procedures
 - c. building safety requirements
 - d. the continuing education requirements
12. The following are principles to the code of ethics which shall be binding for a physical therapist except:
 - a. the financial responsibility of patients
 - b. to achieve and maintain professional competence
 - c. to exercise sound professional judgment
 - d. to endeavor to address the health needs of society.
13. All of the following conduct, acts, or conditions shall constitute grounds for disciplinary action except:
 - a. providing patient care
 - b. obtaining or attempting to obtain a license by fraud
 - c. having been convicted of a crime involving moral turpitude
 - d. commission of any act of sexual contact, misconduct, exploitation or intercourse with a patient
14. Every person holding a license issued by the Board must annually complete the following number of contact hours of continuing education prior to license renewal:
 - a. twelve (12)
 - b. ten (10)
 - c. fifteen (15)
 - d. sixteen (16)
15. Reinstatement of a lapsed license shall require all of the following except:
 - a. payment of a renewal fee
 - b. proof of successful completion of continuing education
 - c. a letter of recommendation from a supervisor
 - d. a reinstatement fee

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16. The Idaho Physical Therapy Licensure Board does not have the authority to:
 - a. impose incarceration upon an individual
 - b. evaluate the qualifications of applicants
 - c. perform investigations of misconduct
 - d. evaluate curricula of nationally accredited schools of physical therapy
17. The following are principles to the code of ethics which shall be binding for a physical therapist assistant except:
 - a. to respect the rights and dignity of all individuals
 - b. to comply with laws and regulations governing physical therapy
 - c. to develop a patient's plan of care
 - d. to protect the public and the profession from unethical, incompetent, and illegal acts
18. All licensed physical therapists or physical therapist assistants shall report to the Board any name change or changes in business and home addresses within:
 - a. seven (7) days
 - b. fourteen (14) days
 - c. five (5) business days
 - d. immediately
19. Any person who shall be aggrieved by any action of the board in denying, refusing to renew, suspending or revoking a certificate of licensure, issuing a censure, imposing any restriction upon a license, or imposing any fine, may seek:
 - a. refund for licensure fees
 - b. judicial review
 - c. a review by the Idaho Physical Therapy Association
 - d. a review by the Federation of State Boards of Physical Therapy
20. An applicant who fails an examination may retake an examination one (1) additional time without reapplication for licensure, provided the second examination occurs within the following number of months from the notification of the first failure:
 - a. six (6) months
 - b. nine (9) months
 - c. three (3) months
 - d. twelve (12) months

ADDENDUM 1
(complete only if you have not yet graduated)

APPLICANT NAME _____

I hereby certify that the applicant named above is on schedule to graduate pending compliance with all requirements with a degree in

_____ issued by _____
Name of Institution

located in _____ and which shall be granted on _____.
City, State Date

(Official Institution seal)

Signature of Registrar

Printed Name of Registrar

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REQUEST FOR OFFICIAL PT/PTA LICENSE/REGISTRATION CERTIFICATION

This is an optional form. Those who plan to work in Idaho do not need to complete this form. Those who plan to practice in a state other than Idaho and need verification of licensure in Idaho, may complete the following and submit it with this application. Please include the additional \$10 fee. A verification of your license will be sent upon your passage of the exam and the issuance of your Idaho license.

All requests for the official certification of a license/registration must be in writing and include a \$10.00 fee.

Requestor Name: _____

Phone Number: _____ E-mail: _____

I hereby request an official certification of license/registration # _____ or, if your license has not yet been issued, please supply your social security number _____.

Please mail the certified document to the State Board listed below:

State Board:

Address: _____
Street/ PO Box City State Zip

AFFIDAVIT

I hereby certify that I am the holder of the license/registration noted above or that I have applied for such a license/registration and that by signing this form I am authorizing the Bureau of Occupational Licenses to certify to any licensure or registration issued to me and to release information that is not public record to the person or entity noted above.

Signature: _____ Date: _____

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____