New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Physical Therapy Examiners
124 Halsey Street, 6th Floor, P.O. Box 45014
Newark, New Jersey 07101
(973) 504-6455

Physical Therapist Assistant Application Instructions / Checklist

Use this checklist to determine whether you have complied with all of the requirements for licensure in New Jersey as a Physical Therapist Assistant. Once your application has been received, a file will be established and you will be notified regarding any missing documents.

Upon approval of your application, you will be notified by letter and requested to provide your initial license fees.

Please note that as of February 17, 2003, the State Board of Physical Therapy Examiners is **no longer** issuing temporary licenses.

- ☐ Application Fee:

  Please enclose a nonrefundable check or money order in the amount of $125.00 to the "State Board of Physical Therapy Examiners" and mail it with your application to: State Board of Physical Therapy Examiners, P.O. Box 45014, Newark, N.J. 07101.

  There are two ways to obtain a license in New Jersey:

  1. Apply to take the National Physical Therapist Assistant Exam (N.P.T.A.E.).
  2. Apply by endorsement. The applicant must meet all of New Jersey's requirements even if he or she is licensed in another state or jurisdiction.

- ☐ **Answer all of the questions on the application form.**
- ☐ Attach one passport-style photograph of your head and shoulders to the front page of the application. Please sign and print your name along with the date on the back of the photo.
- ☐ Enter your Social Security number. (If you do not have a Social Security number at the time that you apply, you must obtain one prior to being issued a permanent license number. In addition, you must provide a photocopy of your Social Security card with your signature on the photocopy. Please remember to write the Social Security number below your signature on the photocopy.)
- ☐ All applicants who have had a name change since physical therapist assistant school due to naturalization, marriage, divorce or other decrees, must submit legal documentation.
- ☐ Have your school(s) provide an official transcript in a sealed envelope. **Do not** open the envelope. Attach each sealed transcript to the application, or arrange to have the school(s) forward the transcript(s) directly to the Board office.
- ☐ Make photocopies of the Verification of State License form and mail it to each state in which you hold (or have held) a license. The board in each state where you are or have been licensed must fill out the form, stamp it with the board's official seal and mail it directly to: State Board of Physical Therapy Examiners, P.O. Box 45014, Newark, New Jersey 07101. Please contact each state office for the necessary processing fees for verification before mailing out your verification forms.
- ☐ If you are seeking endorsement, you must submit a photocopy of your current license/registration that shows the expiration date.
- ☐ If you have previously taken the N.P.T.A.E., please have your official N.P.T.A.E. scores sent directly to the Board office at: State Board of Physical Therapy Examiners, P.O. Box 45014, Newark, New Jersey 07101. You may reach the Federation of State Boards of Physical Therapy Examination Service at (703) 739-9420.

Please use additional paper if you cannot fit all of your information in the space provided on this form. Make a notation by each question that more information has been attached. Please mark your attached answers with the same number corresponding to the question that you are answering.

- ☐ If you have any disabilities that require any accommodations at the testing site for the N.P.T.A.E., please complete the "Documentation of Disability Related Needs" form.
- ☐ If you answered "Yes" to any of the child-support questions, please attach to this application an explanation written on a separate sheet of paper.
- ☐ All applicants must take and pass the "Jurisprudence Assessment Module" for New Jersey which can be found on the Federation of State Boards of Physical Therapy's website at www.fsbpt.org.
- ☐ Fill out the medical conditions section on this application.
- ☐ Fill out the Certification and Authorization form for a criminal history record background check and mail it with the application to the Board.
- ☐ Once the **entire application** has been completed, have it signed and stamped/sealed by a notary public.

Notice

Any applicant filing an application after November 22, 2003, will be subject to a criminal history record background check pursuant to P.L. 2002, Chapter 104. Information regarding this background check will be provided to applicants.

Attach a clear, full-face passport-style photograph (2″x 2″) of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

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Application for Licensure as a Physical Therapist Assistant

Date: _____

A nonrefundable application filing fee of $125, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

_____ _____
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

_____
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*Social Security Number: _____- _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

a. Do you currently have a child-support obligation? ☐ Yes ☐ No

(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No

b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No

d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

_____	_____	_____
Applicant's name (please print)	Applicant's signature	Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a physical therapist assistant" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a physical therapist assistant and to learn and keep abreast of professional developments; and

b. The ability to communicate those judgments and related information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform the duties of a physical therapist assistant, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**?

☐ Yes ☐ No ☐ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?

☐ Yes ☐ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

_____ Applicant's signature

_____ Date

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

   If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name. _____

    Last name First name Middle initial

Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

Note: If you are licensed or certified as a physical therapist assistant in any other state, the District of Columbia or in any other jurisdiction, it is your responsibility to contact the licensing board in that jurisdiction to request that verification of your licensure or certification be sent directly to the New Jersey State Board of Physical Therapy Examiners.

11. Have you ever been cited for disciplinary reasons or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to practice as a physical therapist assistant or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to practice as a physical therapist assistant or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

    If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

18. Have you ever taken a state board or regional board examination and failed? ☐ Yes ☐ No

19. Please list below the date(s) each test was taken and passed.

(a) N.P.T.A.E. _____ (b) N.J. Law and Jurisprudence Exam (if taken) _____

20. Have you previously applied for a license as a physical therapist assistant in the State of New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," when and where? _____ .

21. **Education**

Have you acquired an associate's degree from an accredited college or university? ☐ Yes ☐ No

Year graduated _____ Degree _____

College or University _____

Please list below any other college or university you have attended. (Use a separate sheet of paper if necessary.)

Attach a sealed official transcript from every college or university you have attended or have each college or university send a sealed transcript to the Board's office.

Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted

22. **Experience**

List in chronological order any employment or residencies you have acquired or participated in since your graduation from college or university. (Please account for all of the years since graduation and include addresses and dates. Use additional sheets of paper if necesary.)

a. _____
Name of institution or company Street address

_____
City State ZIP code Telephone number (include area code)

_____
Name of supervisor Supervisor's title Applicant's title

Dates of employment: from _____ to_____ _____
Month/Day/Year Month/Day/Year Total hours worked per week

Description of job functions and responsibilities:

b. _____

Name of institution or company | Street address

_____

City | State | ZIP code | Telephone number (include area code)

_____

Name of supervisor | Supervisor's title | Applicant's title

Dates of employment: from _____ to_____ _____

Month/Day/Year | Month/Day/Year | Total hours worked per week

Description of job functions and responsibilities:

c. _____

Name of institution or company | Street address

_____

City | State | ZIP code | Telephone number (include area code)

_____

Name of supervisor | Supervisor's title | Applicant's title

Dates of employment: from _____ to_____ _____

Month/Day/Year | Month/Day/Year | Total hours worked per week

Description of job functions and responsibilities:

Affidavit

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } ss.

I, _____ , in making this application to the State Board of Physical Therapy Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Physical Therapy Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:9-37.11 et seq., together with the Rules and Regulations of the State Board of Physical Therapy Examiners, N.J.A.C. 13:39A-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

_____
Applicant's signature

Sworn and subscribed to before me this _____

day of _____ , _____
Month Year

_____
Name of Notary Public (please print)

_____
Signature of Notary Public

Affix seal here

Official Use Only
☐ Dual License
License Type 1
_____
Applicant's Number
_____
License Type 2
_____
Applicant's Number
_____

New Jersey Office of the Attorney General
Division of Consumer Affairs
State Board of Physical Therapy
P.O. Box 45014
Newark, New Jersey 07101
(973) 504-6455

Official Use Only
☐ Resubmit
_____
Board or Committee
_____

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____ (_____)
   Last First Middle Maiden Name

2. Address _____
   Street or P.O. Box City State ZIP code

3. Date of birth __ __ /__ __ /__ __ Sex: ☐ Male ☐ Female
   Month Day Year

4. Social Security number _____/ _____ / _____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No
   If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
   If "Yes," please provide the following information and follow the instructions outlined below:

   _____ _____
   Board or committee requiring the fingerprinting Month and year you were fingerprinted

   If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is $20.25.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

   Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

   Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

   Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➨

Certification

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

_____ Signature of applicant

_____ Date

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Requirements for a Physical Therapy License
(Graduates of Foreign Schools of Physical Therapy Only)

1. The applicant must be at least 18 years of age (N.J.A.C. 13:39A-5.1).
2. The applicant must be of good moral character (N.J.A.C. 13:39A-5.1).
3. The applicant must furnish evidence to the Board that he/she has completed a course of study in physical therapy which is substantially equivalent to that provided in a physical therapy program approved for the education and training of physical therapists by an accrediting agency recognized by the Council of Post Secondary Accreditation and the United States Department of Education (N.J.A.C. 13:39A-5.1).

   All foreign-trained physical therapy applicants must complete a Credential Evaluation from one of the following agencies. The report of evaluation of education credentials is an advisory report only. **The final determination is made by the Board.**

   F.C.C.P.T. - Foreign Credentialing Commission on Physical Therapy
   124 West Street South
   Alexandria, Virginia 22314
   (703) 684-8406 ext. 401
   Web site: www.fccpt.org

   I.C.A. - International Credentialing Association
   7245 Bryan Dairy Road
   Largo, Florida 33777
   (727) 549-8555

   I.C.D. - International Consultants of Delaware
   3600 Market Street, Suite 450
   Philadelphia, Pennsylvania 19104
   (215) 222-8454 ext. 603
   Web site: www.icdeval.com

   I.E.R.F. - International Education Research Foundation
   6133 Bristol Park Way, Suite 300
   Culver City, California 90230
   (310) 258-9451
   Web site: www.ierf.org

4. The applicant must be a graduate of a college or university which is recognized by that country's Ministry of Education/ Health for the education of physical therapists (N.J.A.C. 13:39A-5.1).
5. The applicant must successfully complete a written examination as set forth in N.J.A.C. 13:39A-5.7.

   N.J.A.C. 13:39A-5.7 - Language comprehension requirements

   (a) An applicant for licensure as a physical therapist or a physical therapist assistant who has received his or her physical therapy training in a country other than the United States of America, the United Kingdom, the Republic of Ireland, Canada (except Quebec Province), Australia or New Zealand, shall submit to the Board evidence of attainment of a passing score on the Test of English as a Foreign Language (TOEFL) examination or Test of English

as a Foreign Language Internet Based Test (TOEFL IBT) examination, which **test shall have been taken within the two years immediately preceding the filing of the application for licensure in New Jersey.**

(b) A passing score on the TOEFL examination shall be a score of at least 220. A passing score on the TOEFL IBT examination shall be a score of at least 24 on the writing portion, at least 26 on the speaking portion, at least 18 on the listening portion and at least 21 on the reading portion.

(c) The TOEFL examination score shall be submitted with the application for licensure. **(TOEFL examination scores must be sent to the Board office directly from TOEFL.)**

TOEFL - TOEFL Services (25Q-310)
Educational Testing Service
P.O. Box 6151
Princeton, New Jersey 08541
(609) 771-7100 or (877) 863-3546

As of January 17, 2007, the Board no longer has a regulation which gives it the discretion to grant a waiver of the TOEFL examination.

(6) The applicant must successfully complete a written examination as set forth in N.J.A.C. 13:39A-5.3.

N.J.A.C. 13:39A-5.3 - Examination standards for applicants for licensure as physical therapists and physical therapist assistants

(a) Applicants for licensure as physical therapists and physical therapist assistants submitting satisfactory proof of educational credentials as set forth in N.J.A.C. 13:39A-5.1 and 5.2, respectively, shall be approved to take the National Physical Therapy Examination or the National Physical Therapy Assistant Examination, as applicable, administered by the Federation of the State Boards of Physical Therapy and the State jurisprudence examination.

(b) Upon satisfactory passage* of the National Physical Therapy Exam and the State jurisprudence examination, an applicant shall be deemed eligible for licensure provided the applicant meets all other requirements for licensure.

*Satisfactory passage means: 1 and 2 below

(c) Passing examination scores shall be as follows:

1. National Physical Therapy Exam: 600 based on a scale of 200 to 800.

2. State jurisprudence examination: 80% out of 100%.

(d) An applicant who does not pass the National Physical Therapy Exam within two years from the date of taking the initial examination shall update his or her application for licensure filed with the Board.

Please review all of the State Board of Physical Therapy Examiner's statutes and regulations which can be found under "Laws & Regulations" on the Board's Web site at http://www.njconsumeraffairs.gov/pt/p_rules.htm .

New Jersey Office of the Attorney General
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Newark, New Jersey 07101
(973) 504-6455

Certification of Valid Licensure

Please complete only the top portion of this form and send one to each state where you hold, or have held, a license in Physical Therapy. This form may be copied if needed.

I, _____ , am applying for a New Jersey Physical Therapist / Physical
Print name

Therapist Assistant license based on endorsement. I was granted License Number_____

on _____ by the State of _____ . The State Board of Physical
Month Day Year

Therapy Examiners requires that I submit evidence that my license is in good standing. Your office is hereby authorized to release any information in your files, favorable or otherwise, directly to the State Board of Physical Therapy Examiners.

_____
Signature of applicant

Please complete and return to:

State Board of Physical Therapy Examiners
P.O. Box 45014
Newark, New Jersey 07101

This section is to be completed by an official of the Board.

☐ Physical Therapist ☐ Physical Therapist Assistant

Name _____
Last name First name Middle initial

License number _____ Date issued _____
Month Day Year

Licensed by: (Check one)

☐ N.P.T.E. ☐ State examination ☐ Reciprocity ☐ Endorsement ☐ Other _____

Is the applicant's license current? ☐ Yes ☐ No

If "No," date of expiration _____

Is the applicant's license in good standing? ☐ Yes ☐ No

If "No," please explain.

Has the applicant's license ever been suspended or revoked? ☐ Yes ☐ No

If "Yes," please explain.

Has there been any derogatory information reported or disciplinary action taken against the applicant? ☐ Yes ☐ No

If "Yes," please explain.

_____ _____ Affix Board seal
Date Signature of Board official

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State Board of Physical Therapy Examiners
124 Halsey Street, 6th Floor, P.O. Box 45014
Newark, New Jersey 07101
(973) 504-6455

Special Accommodations Request Form

Section I - Applicant information

Name _____
Last name First name Middle initial

Current street address _____

City _____ State_____ ZIP code _____

Home telephone number _____ (include area code)

Alternate telephone number _____ (include area code)

E-mail address _____

Date of birth_____ / _____ / _____ Gender (check one): ☐ Male ☐ Female
Month Day Year

Section II - Information about your disability and requested accommodations.

Which type of disability do you have? Please indicate the specific diagnosis.

When was your disability first diagnosed?

How does your disability affect your daily life?

How does your disability affect your ability to take computerized examinations?

Which accommodations are you requesting during the exam?

- ☐ Additional time - Time and a half
- ☐ Additional time - Double time
- ☐ Paper and pencil exam
- ☐ LARGE PRINT - Paper and pencil exam
- ☐ Reader
- ☐ Scribe
- ☐ Separate room
- ☐ Other _____

Which accommodations have you received in the past for the following exam?

- ☐ National Physical Therapy exam _____
- ☐ P.T. / P.T.A. school exam _____
- ☐ Undergraduate college exams _____
- ☐ Standardized exams (e.g., S.A.T., G.E.D., etc.)_____

Section III - Documentation Requirements

You **must** submit along with this request form a comprehensive and current report (no more than three years old) from a qualified professional examiner such as a clinical psychologist, psychiatrist, physician or educational professional with qualifying credentials appropriate for evaluating your disability. The report **must** include the following:

- Name, title, credentials and area of specialization for the qualified examiner;
- Specific diagnosis;
- Specific findings in support of the diagnosis (include relevant test results);
- Recommendation for specific accommodations; and
- Rationale for requesting specific accommodations.

Section IV - Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

_____ Date

_____ Signature of applicant