

**STATE OF MAINE**

**STATE BOARD OF  
EXAMINERS IN PHYSICAL THERAPY**

**APPLICATION FOR LICENSURE**

- PHYSICAL THERAPIST
- PHYSICAL THERAPIST ASSISTANT
- LICENSED IN ANOTHER STATE
  - FOREIGN EDUCATED
  - EXAMINATION



Department of Professional and Financial Regulation  
Office of Licensing and Registration  
35 State House Station  
Augusta, ME 04333-0035

Office Telephone: (207) 624-8600 or (207) 624-8620  
HEARING IMPAIRED (207) 624-8563

*Office located at: 122 Northern Avenue, Gardiner, Maine*

LAST REVISED: 5/2000

## APPLICATION INSTRUCTIONS

The Board of Examiners in Physical Therapy requires that all supporting documents and fees be submitted with the filing of your application with the exception of the exam scores. The exam scores must be sent directly from the Testing Company. **Incomplete applications will be returned and will not be accepted if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

Please refrain from calling to inquire about your application or license, it will only serve to delay our ability to expedite the process. Once approved, your license will be mailed directly to the address indicated on the application form. It will take approximately two to three weeks to receive your license, please plan accordingly. You cannot practice in Maine until you receive your license, don't call for approval or license numbers, we will not give approval over the telephone.

Listed below are the requirements for licensure as a physical therapist assistant or physical therapist in Maine. This is provided for informational purposes only. For details you must refer to the enclosed Laws and Rules. **Please make checks payable to Treasurer, State of Maine.**

### **FOR APPLICANTS CURRENTLY HOLDING A LICENSE FROM ANOTHER STATE**

- Completed application form
- Application fee: \$60.00
- License fee: \$60.00/(\$30.00 after March 31<sup>st</sup> of odd numbered years)
- Completed reference form (**ATTACHMENT "A"**)
- Official transcripts in a sealed envelope
- Verification of licensure from each state where the applicant holds or has ever held a license (**ATTACHMENT "C"**)
- Documentation of any name change
- Payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Maine State Treasurer
- Please go the web site [http://www.apta.org/PT\\_Practice/ethics\\_pt/code\\_ethics](http://www.apta.org/PT_Practice/ethics_pt/code_ethics) for a copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants**

**Exam scores must be sent directly to the Board from the Testing Company, you can reach the Federation of State Boards of Physical Therapy at 1-800-200-3031.**

### **FOR APPLICANTS APPLYING FOR EXAMINATION**

- Completed application form
- Application fee: \$60.00
- License fee: \$60.00/(\$30.00 after March 31<sup>st</sup> of odd numbered years)
- Completed reference form (**ATTACHMENT "A"**)
- Official transcripts in a sealed envelope
- Documentation of any name change
- Completed supervisor's affidavit form (For graduates who want to practice and are waiting exam results) Refer to the Board's Law, §3113-B (**ATTACHMENT "B"**)
- Payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Maine State Treasurer
- Please go the web site [http://www.apta.org/PT\\_Practice/ethics\\_pt/code\\_ethics](http://www.apta.org/PT_Practice/ethics_pt/code_ethics) for a copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants**

**Information about the procedure for computerized testing will be mailed to you after we have received your completed application and you have been approved to sit for the exam.**

**FOR FOREIGN EDUCATED APPLICANTS**

A foreign educated applicant seeking licensure in Maine is required to pass an examination approved by the Board.

- Completed application form with English translations where applicable.
- Application fee: \$60.00
- License fee: \$60.00/(\$30.00 after March 31st of odd numbered years)
- Completed reference form (**ATTACHMENT "A"**)
- Official transcripts in sealed envelope
- Documentation of any name change
- Submit written proof that the school of physical therapy education is recognized by the ministry of education in the country where the school is located
- Submit his or her credentials to an approved agency for evaluation of their equivalence to the United States trained applicant
- The applicant must demonstrate proficiency in written and spoken English:
  1. The Board will accept written verification that the courses were taught in English to satisfy the requirement of proficiency in written and spoken English
  2. If the course work was not taught in English, the applicant must attain a passing score that is recommended by the Federation of State Boards of Physical Therapy on the Test of English as a Foreign Language (TOELF), on the Test of Spoken English For Professionals (TSE-P), and the Test of Written English (TWE).
- Payment of a separate \$8.00 fee for a criminal records (SBI) check. Make check payable to: Maine State Treasurer
- Please go the web site [http://www.apta.org/PT\\_Practice/ethics\\_pt/code\\_ethics](http://www.apta.org/PT_Practice/ethics_pt/code_ethics) for a copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants**

**FOREIGN EDUCATED APPLICANTS LICENSED IN ANOTHER STATE MUST COMPLETE ALL THE ABOVE REQUIREMENTS, PLUS THE FOLLOWING:**

- Verification of licensure from each state where the applicant holds or has ever held a license (**ATTACHMENT "C"**)
- Please go the web site [http://www.apta.org/PT\\_Practice/ethics\\_pt/code\\_ethics](http://www.apta.org/PT_Practice/ethics_pt/code_ethics) for a copy of the Physical Therapist Code of Ethics or Standards of Ethical Conduct for the Physical Therapist Assistants**

**Exam scores must be sent directly to the Board from the Testing Company, you can reach the Federation of State Boards of Physical Therapy at 1-800-200-3031.**

**SPECIAL NOTICE:** Please contact the office for current requirements. The Board cannot accept any faxed documents, please send originals.

***YOU CANNOT PRACTICE IN MAINE UNTIL YOU RECEIVE YOUR LICENSE. YOUR LICENSE WILL BE MAILED TO THE ADDRESS INDICATED ON THE APPLICATION FORM***

Contact person: Linda Duffy (207) 624-8600



STATE OF MAINE  
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 AND FINANCIAL REGULATION  
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 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035

ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**APPLICATION FORM**

- CHECK APPROPRIATE BOX (S):                       EXAMINATION
- PHYSICAL THERAPIST                                       LICENSED IN ANOTHER STATE
- PHYSICAL THERAPIST ASSISTANT                       FOREIGN EDUCATED

*The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section 405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.*

PERSONAL INFORMATION

<b>Name:</b>		
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #: (____) _____ - _____</b>
<b>Business Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>		<b>Telephone #: (____) _____ - _____</b>
<b>Social Security #: (____)-(____)-(____)</b>		<b>Date of Birth: _____</b>

**EDUCATION**

NAME AND LOCATION OF SCHOOL	DATE GRADUATED	MAJOR	DEGREE AWARDED
<p>HIGH SCHOOL</p> <p><u>NAME:</u> _____</p> <p><u>ADDRESS:</u> _____</p> <p><u>CITY AND STATE:</u> _____</p> <p><u>TO/FROM:</u> _____</p>			
<p>COLLEGE</p> <p><u>NAME:</u> _____</p> <p><u>ADDRESS:</u> _____</p> <p><u>CITY AND STATE:</u> _____</p> <p><u>TO/FROM:</u> _____</p>			
<p>PROFESSIONAL SCHOOL</p> <p><u>NAME:</u> _____</p> <p><u>ADDRESS:</u> _____</p> <p><u>CITY AND STATE:</u> _____</p> <p><u>TO/FROM:</u> _____</p>			
<p>POST GRADUATE</p> <p><u>NAME:</u> _____</p> <p><u>ADDRESS:</u> _____</p> <p><u>CITY AND STATE:</u> _____</p> <p><u>TO/FROM:</u> _____</p> <p><u>DATE OF MATRICULATION:</u> _____</p>			

1. Have you ever been licensed or registered in another state or territory?  Yes  No

If yes, please list each state that you hold or have held licensure in.

State: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

State: \_\_\_\_\_ Registration #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**(Use blank piece of paper for additional States)**

2. In which state were you licensed by examination? \_\_\_\_\_ date \_\_\_\_\_

3. Has any state board denied your application for examination or license governing the practice of physical therapy?  Yes  No

If yes, please explain? \_\_\_\_\_

4. Have you failed an examination before any state board?  Yes  No

If yes, name the board and give date of examination \_\_\_\_\_

5. Have you ever been convicted of a crime, other than a minor traffic violation?  Yes  No

If yes, please submit a copy of the court judgment and decision and a detailed explanation of the crime convicted.

6. Has your license ever been suspended or revoked by any state?  Yes  No

If yes, please submit a copy of the court judgment and decision and a detailed explanation of the crime convicted.

7. Have you ever been convicted of violating any federal, state or local statute?  Yes  No

If yes, please explain.

*The undersigned, in making this application, affirms that he/she is the applicant named herein and that all information provided in connection with this application is true to the best of his/her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the Board. The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine Board of Examiners in Physical Therapy any and all criminal history record information pertaining to said applicant.*

Signature:

Date:

Printed Signature:



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**REFERENCE FORM**  
**ATTACHMENT "A"**

Name of applicant: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

In what professional capacity do you know the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Are you related to the applicant? If so, how? \_\_\_\_\_

Please give a brief statement of your knowledge of the applicant's ethical practice of Physical Therapy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Printed name and title of reference: \_\_\_\_\_

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

Telephone number during working hours: ( ) \_\_\_\_\_

**Please complete form and return to applicant at the above address**



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**SUPERVISORS AFFIDAVIT**  
**ATTACHMENT "B"**

I, \_\_\_\_\_, assume responsibility and liability for  
(Supervisor's printed name)

\_\_\_\_\_,  graduate physical therapist  physical therapist  
(Employee's printed name)

assistant who is awaiting results of the computerized physical therapist/physical therapist assistant examination. I will immediately notify the Board of Examiners in Physical Therapy of any change in supervision of this employee prior to publication of the examination results.

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Supervisor's license number

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED FORM TO THE APPLICANT**



PRINTED ON RECYCLED PAPER









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**AUTHORIZATION OF CREDIT CARD PAYMENT**

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #: ( ) -</b>	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_ **Card number**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (207)624-8600  
 (Office Phone)



PRINTED ON RECYCLED PAPER  
 (207)624-8653 (TTY/HEARING IMPAIRED)

FAX: (207)624-8637



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**ACCOMMODATION REQUEST FORM**

*The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

*Accommodations Requested for the \_\_\_\_\_ Examination.  
 Disability \_\_\_\_\_*

Please check all that apply

- Accessible Testing Site**
- Separate Testing Site**
- Braille**
- Large Print**
- Tape**
- Reader as Accommodation for Visual Impairment**
- Scribe/Amanuensis as Accommodation for Visual or Motor Impairment**
- Reader as Accommodation for Learning Disability**
- Scribe/Amanuensis as Accommodation for Learning**
- Sign Language Interpreter**
- Extended Time**
  - Time-and-a-half**
  - Double time**
  - More than double time (specify) \_\_\_\_\_**
- Use of Computer or Other Adaptive Equipment (specify) \_\_\_\_\_**
- Other:**  
 \_\_\_\_\_

**Signed and dated:**

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# DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known \_\_\_\_\_ since \_\_\_\_\_ in my  
capacity as a \_\_\_\_\_  
(Test applicant) (date)

\_\_\_\_\_  
(Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her: (check all types)

- Taped test
- Large print test
- Reader
- Scribe/amanuensis
- Extended time
  - Time-and-a-half
  - Double time
  - More that double time (please justify) \_\_\_\_\_
- Separate Testing Area
- Use of Computer or Other Adaptive Equipment (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_