



# Arkansas Department of Health

## Arkansas State Board of Physical Therapy

P.O. Box 250254 • Little Rock, AR 72225  
(501) 228-7100 • Fax: (501) 228-0294  
arptb@arkansas.gov • www.arptb.org

### APPLICATION INSTRUCTIONS FOR LICENSURE BY EXAMINATION

#### GENERAL INFORMATION

The **Arkansas State Board of Physical Therapy (ARPTB)** requires that applicants sit for and pass the appropriate **National Physical Therapy Examinations (NPTE)** as a prerequisite for licensure. **The Federation of State Boards of Physical Therapy (FSBPT)** is the organization responsible for administering and developing these examinations. Although ARPTB neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exam and that FSBPT receives the necessary approval. No person who has failed the exam two times is eligible for licensure without presenting proof of additional education to the board office. This is whether or not the exam was taken in Arkansas. Exam score must meet the criterion-referenced passing point equal to a scaled score of 600 based on a range of 200-800.

Applicants must be graduates of a Board approved physical therapy program at a school, college or university located within the continental United States or its territories. Those who are not must have their educational credentials evaluated to determine if their education is equivalent to the requirements of physical therapists and physical therapist assistants educated in United States educational programs as determined by the Board.

No application is complete without all of the required documents and fees. Application for licensure must be completed within one year from submission to ARPTB or the application and credentials must be brought up to date and resubmitted with payment of the applicable fees. All fees are non-refundable.

#### SPECIAL ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act (ADA) you may request special accommodations to take the examination by completing the ADA Request Form. The form is on the Board's website at [www.arptb.org](http://www.arptb.org). A comprehensive and current report (no more than three years old) from a qualified examiner appropriate for evaluating your disability must accompany the request form. **The request and supporting documentation must be submitted at the time of application submission.** The ADA accommodations question must also be marked appropriately when registering with FSBPT.

#### QUESTIONS ABOUT THE COMPUTERIZED NPTE

The licensure examinations for physical therapists and physical therapist assistants are offered on computer at Prometric Testing Centers. For common questions about the NPTE, refer to the candidate handbook by clicking the Exam Candidates tab on the FSBPT website at [www.fsbpt.org](http://www.fsbpt.org).

#### ELIGIBILITY TO SIT FOR THE NPTE

ARPTB determines eligibility to take the examination based on educational requirements and other guidelines listed in this application packet. If you are eligible to sit for the exam, ARPTB will inform FSBPT. When you have been approved to test, FSBPT will email you confirmation and information about scheduling the examination. Your authorization to test letter will also be available on the FSBPT website under Status of My Request. If you are not eligible, ARPTB will inform you in writing of outstanding requirements to complete before you are eligible to sit for the examination.

## **SCHEDULING QUESTIONS**

Please do not call ARPTB about scheduling your examination. Scheduling questions should be addressed to FSBPT, which will send you confirmation and information about scheduling the examination. A listing of Prometric Testing Center locations is also available on the Internet at [www.prometric.com](http://www.prometric.com). You will be responsible for payment of the Prometric Testing Center fee at the time you schedule your examination.

## **JURISPRUDENCE EXAM**

A passing score on the Arkansas State Board of Physical Therapy Jurisprudence Exam is required for licensure. To take the exam, log on to the Board's website at [www.arptb.org](http://www.arptb.org). The jurisprudence exam link is under the online services menu button. Prior to taking the exam, download the Practice Act and the Rules and Regulations to reference during the exam. At the end of the exam, a certificate of completion is available and may be printed for your records. ARPTB will print the certificate for your file.

## **BACKGROUND CHECKS**

ArAC §17-39-303(b) & §17-39-304(b) requires all applicants for Physical Therapy and Physical Therapy Assistant to apply to the Identification Bureau of the Arkansas State Police for state and national criminal background checks prior to being issued licensure. A valid application for licensure must be on file prior to Background checks being processed. No Applicant will be issued licensure until the results of the criminal background check are received. If you live in the state of Arkansas an Email with BGC forms, instructions and payment information will be sent to the address provided. If you live outside of Arkansas a BGC packet will be mailed to the address provided on your application.

## **REGISTERING WITH FSBPT**

FSBPT registration may be completed prior to applying with ARPTB but the process is not complete until ARPTB receives all required documentation. Register with FSBPT online at <http://www.fsbpt.org/OurServices/CandidateServices/ExamRegistrationPayment.aspx>. FSBPT does not accept checks or money orders.

## **EXAM DATES**

The exam is given four times per year. Exam dates are available on the FSBPT website at [www.fsbpt.org](http://www.fsbpt.org).

## **EXAM RESULTS**

If you pass and are eligible for licensure, your license will be issued and you will receive your exam results, a wall certificate and wallet size license. If you fail the examination, a letter will be mailed to you with your exam results. You may take the examination a second time by registering with FSBPT online. If you fail the examination a second time, additional education is required. The guidelines are listed in the ARPTB Rules. See Application Process Synopsis for more details regarding exam results.

## **FEE SCHEDULE TO ARPTB:**

**ARPTB application fees were required to be reduced by 95% from July 1, 2023 through June 30, 2024**

The application fee must be a **check or money order**. **Cash is not accepted.**

The application fee is to be mailed with the application.

- **Physical Therapist and Physical Therapist Assistant Application Fee - \$ 3.00**
- **Jurisprudence Exam - \$10.00** (paid online)

## FEE SCHEDULE TO FSBPT AND PROMETRIC

- **\$485.00** exam fee to FSBPT (credit or debit cards only)
- **\$100.30** paid to Prometric Testing Center when test is scheduled (**PT**)
- **\$ 82.60** paid to Prometric Testing Center when test is scheduled (**PTA**)

## DOCUMENTATION REQUIRED

**To apply for the PT or PTA examination, all forms, fees and documentation outlined below must be returned to ARPTB. All documents must have original signatures in ink.**

1. *Application for Licensure as a Physical Therapist or Physical Therapist Assistant in Arkansas* with all sections completed by applicant and a **non-refundable application fee of \$3.00 payable to ARPTB**. Personal checks, Cashier's Check or Money Orders are accepted for the application fee. Cash is not accepted. A fee will be imposed for checks returned for insufficient funds. The second page of the application is required to be notarized by a notary public.
2. *Certificate of completion of jurisprudence exam*. Log on to [www.arptb.org](http://www.arptb.org) to take the exam. Download the Practice Act and Rules and Regulations prior to taking the exam. Both will be referenced during the exam. Passing score is 70%. You may print a certificate for your records. ARPTB will print the certificate for your file.
3. *Background Check*. When a completed application & application fee have been received, ARPTB will send a BGC & FP Packet containing detailed instructions for your Background Check and Fingerprint Card. The packet Instructions are extremely important and should be followed explicitly. If you live in the state of Arkansas an email with BGC forms and instructions will be sent to the address provided. If you live outside of Arkansas a BGC packet will be mailed to the address provided on your application. The packet will include completion instructions and fees required.
4. *Official transcript* with registrar's seal **including physical therapy degree and date of graduation** must be mailed directly to ARPTB from the school before a permanent license is issued. ARPTB may also accept an electronic transcript **ONLY** if it is transmitted directly from the school through a *Secure Electronic PDF Transcript Delivery Service*. If an original transcript is provided to a credentialing agency for evaluation of education, a copy of the transcript is acceptable **only** from that agency in lieu of one mailed from the school. Transcripts sent by any other means are not acceptable. An official certification of graduation from the school is sufficient for approval to take the exam.
5. *English Language Proficiency Tests*. **If the applicant is non-USA trained**, proof of proficiency in the English language, both written and spoken, is required. Passing scores are required as follows: Reading - 21, Listening - 18, Speaking - 26, Writing - 24, Total - 89. Exam arrangements can be made with: TOEFL/TSE Services, P.O. Box 6151, Princeton, NJ 08541-6151, USA, Telephone: (609) 771-7100. The TOEFL code number for AR is 9862. Enter this code on the answer sheet and/or the score report request form. **Scores must be mailed directly to ARPTB from Educational Testing Service. Photocopies of score reports are not acceptable.**
6. *Educational Evaluation*. Applicants who are not graduates of a CAPTE-accredited program must submit an original evaluation done specifically for Arkansas by a Board approved agency. *A list of Board approved credentialing agencies can be downloaded from our website at [www.arptb.org](http://www.arptb.org) by clicking on the "applying for licensure" menu button.*

## **RECEIVING SCORES**

ARPTB receives scores from FSBPT five business days after the exam is taken. Exam dates with timelines are posted on the FSBPT website. **Results will not be given by phone.** You may check your pass/fail status on the FSBPT website at <https://www.fsbpt.org> by selecting “Status of My Request” under the “Top Services” heading. This status will not give the score but will read “Score Received from Prometric – Passed” or “Score Received from Prometric – Failed”. The pass/fail status is available five business days after the test date.

**You are not eligible for licensure until your transcript is received** by ARPTB. If you pass and are eligible for licensure your score will be mailed with your licensure packet within two business days after receipt of your score.

If you pass and you **are not eligible** for licensure your score will not be mailed until you are eligible and your license is issued. A score report is available ten business days after the test date at <https://fsbpt.org>.

If you fail the exam your score will be mailed to you within two business days after receipt by ARPTB.

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## **License Fee Waiver**

The Board shall waive the initial application fee if the applicant:

1. Is receiving assistance through the Arkansas Medicaid Program; the Supplemental Nutrition Assistance Program; the Special Supplemental Nutrition Program for Women, Infants, and Children; the Temporary Assistance for Needy Families Program; or the Lifeline Assistance Program;
2. Was approved for unemployment within the last twelve (12) months; or
3. Has an income that does not exceed two hundred percent (200%) of the federal poverty income guidelines.

Contact the board office by phone, email or mail to request the Fee Waiver Form.



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Office Use Only

Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION FOR LICENSURE BY EXAMINATION

Type of Licensure:  Physical Therapist  Physical Therapist Assistant

Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

\_\_\_\_\_  
(City) (State) (Zip) (County)

Maiden/Former Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City & State of Birth: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_

Male  Female Ethnic/Race Information:  American Indian  Black or African American  Hispanic/Latino  Native Hawaiian or Other Pacific Islander  White/Caucasian

### EDUCATION

List all colleges, physical therapy schools and universities attended in descending order beginning with the highest level of education.

| Institution and Locations<br><i>(Include city and state)</i> | Dates Attended<br><i>(Include month and year)</i> |    | Major | Degree |
|--|---|----|-------|--------|
|  | From  | To |       |        |
|  | From  | To |       |        |
|  | From  | To |       |        |
|  | From  | To |       |        |

### ADDITIONAL INFORMATION

Requested NPTE test date: \_\_\_\_\_

Are you currently licensed, or have you ever held licensure, registration or certification to practice as a physical therapist or physical therapist assistant in any other state: **Yes**  **No**

**If yes, you must complete the application for licensure by reciprocity instead of licensure by examination.**

Are you currently licensed, or have you ever held licensure, registration or certification to practice as a physical therapist or physical therapist assistant in any other country? **Yes**  **No**  *If yes, list each country:* \_\_\_\_\_

How many times have you taken the physical therapist/physical therapist assistant national examination? \_\_\_\_\_  
(This includes PES or ASI examinations taken anywhere in the United States, not just Arkansas.)

If one or more times, Indicate dates and locations: \_\_\_\_\_

Are you a current resident of the United States:  **Yes**.  **No**. If yes, indicate home state: \_\_\_\_\_

Are you an active member of the Military being stationed in Arkansas? **Yes**  **No**

Are you a former member of the Military? **Yes**  **No**  If yes, what year were you discharged? \_\_\_\_\_

Is your spouse an active member of the Military being stationed in Arkansas? **Yes**  **No**

Is your spouse a former member of the Military? **Yes**  **No**  If yes, what year were they discharged? \_\_\_\_\_

Have you ever had a license or certification sanctioned, restricted, revoked or suspended, other disciplinary action taken, or any application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? **Yes**  **No**  *If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements*

Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state or federal drug enforcement authority? **Yes**  **No**  *If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements.*

Have you ever been convicted of a felony (including a nolo contendere plea or guilty plea) in any state or federal court? **Yes**  **No**  *If yes, please explain and attach any pertinent documents including copies of court records and settlement agreements.*

**PROFESSIONAL EXPERIENCE**

| Dates | Employer/Location | Supervisor/Address |
|-------|-------------------|--------------------|
|       |                   |                    |
|       |                   |                    |
|       |                   |                    |

Your **notarized signature** must accompany this application.

I, \_\_\_\_\_ hereby certify under oath or affirmation that I am the person named in the application. I swear/affirm that the contents of this application are true. All information contained in this application may be verified by the Arkansas State Board of Physical Therapy.

\_\_\_\_\_  
**Applicant's Signature**

Signed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_  
(month) (year)

\_\_\_\_\_  
**Notary Public**

**Arkansas State Board of Physical Therapy**

ORI AR920633Z. ArCA §17-93-303(b) and §17-93-304(b)

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

List all Names Used: \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
(Married name(s), Maiden name(s), etc.)

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Month/Day/Year)

Social Security #: \_\_\_\_\_ Driver's License Number and State Issued: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
P.O Box or Street Address City State Zip code

**APPLICANT RECORD NOTIFICATION**

**Notification:** Fingerprints submitted will be used to check the criminal history records of the FBI.

**Obtaining Copy:** Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

**Privacy Act Statement**

**This privacy act statement is located on the back of the FD-258 fingerprint card.**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal records search on myself and release any results to the Arkansas State Board of Physical Therapy, PO Box 250254 Little Rock, AR 72225.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(First/MI/Last Name) (Month/Day/Year)

**BELOW FOR OFFICE USE ONLY**

- 82005 Civil Record Check     80019 FBI Check     80006 FBI Check (ASP)