



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 RECIPROCITY

APPLICATION FEE SCHEDULE

Application fees were required to be reduced by 95% between July 1, 2023 and June 30, 2024

Physical Therapist and Physical Therapist Assistant - \$5.00 (check or money order only)

EDUCATION

Applicants for licensure as Physical Therapists and Physical Therapist Assistants must have graduated from a school of physical therapy approved by a national accrediting body recognized by the Board.

REQUIRED DOCUMENTS

1. **Application for Licensure** as a Physical Therapist or Physical Therapist Assistant in Arkansas with all sections completed by applicant with an official notary seal or stamp, a **non-refundable application fee payable to ARPTB**. Personal checks, Cashier's Check or Money Orders are accepted for the application fee. **Cash is not accepted**. A charge will be imposed for checks returned for insufficient funds.
2. **Certificate of completion of jurisprudence exam**. Log on to 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. The jurisprudence exam is \$10.00 paid online.
3. **Proof of graduation (official transcript)** from a Physical Therapy/Physical Therapist Assistant education program accredited by a national accreditation agency approved by the Board. The Board may verify this information online or by telephone to the other state's licensing board.
4. **Passing score** on a national physical therapy examination approved by the Arkansas State Board of Physical Therapy. Contact the Federation of State Boards of Physical Therapy Score Transfer Service at 703-739-9420 or www.fsbpt.org.
5. **Official verification** of all current and/or all previously issued licenses to practice physical therapy. The Board office will verify the license on the state's website if the state offers a Primary Source Verification. If a Primary Source Verification is not available on the state's website or by phone, the candidate is responsible for requesting that each state in which they hold a license and has ever held a license send a verification of their license directly to the Arkansas State Board of Physical Therapy. The verification must include license number, date issued, current status of license, dates and reasons for disciplinary actions if any, and the official seal of the state licensing board.
6. **Background Check**. 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. Please note that it may take 2-6 weeks for the Board to receive the results. *Once a completed application & application fee have been received* an Email with BGC Forms, Instructions and payment information will be sent to the address provided, if you live in the state of Arkansas. If you live outside of Arkansas a BGC packet will be mailed to the address provided on your application.

7. **English Language Proficiency Tests.** If the applicant is non-USA educated, 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.**

8. **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.

BOARD APPROVED CREDENTIALING AGENCIES

Foreign Credentialing Commission on PT

124 West Street S. 3rd Floor
Alexandria, VA 22314
Phone: (703) 684-8562
Fax: (703) 684-8715

International Consultants of Delaware, Inc.

3600 Market St., Ste. 450
Philadelphia, PA 19104-2651
Phone: 215-222-8454 Ext. 603
Fax: (727) 549-9554

International Educational Research Foundation, Inc.

P. O. Box 3665
Culver City, CA 90231
Phone: (310) 258-9451
Fax: (310) 342-7086

Fee Waiver

The Board shall waive the 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 RECIPROCITY

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 <i>(Include city and state)</i>	Dates Attended <i>(Include month and year)</i>		Major	Degree
	From	To		
	From	To		
	From	To		
	From	To		

ADDITIONAL INFORMATION

List all states/countries where you are currently licensed or have ever held licensure, registration or certification to practice as a physical therapist or physical therapist assistant. _____

If you do not have a license in another state, you will need to complete the application for licensure by exam.

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.)

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)