



Jeremiah W. (Jay) Nixon  
Governor  
State of Missouri

Kathleen (Katie) Steele Danner, Division Director  
**DIVISION OF PROFESSIONAL REGISTRATION**

Department of Insurance  
Financial Institutions  
and Professional Registration  
John M. Huff, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard  
P.O. Box 4  
Jefferson City, MO 65102-0004  
573-751-0098  
866-289-5753 TOLL FREE  
573-751-3166 FAX  
800-735-2966 TTY  
website: <http://pr.mo.gov/healingarts.asp>

Connie Clarkston  
Executive Director

Dear Physical Therapist Assistant Applicant:

Attached are the forms required to make application for licensure as a Physical Therapist Assistant in the State of Missouri based on Examination. Included in this packet are:

1. Instructions for completing the application;
2. Documents and Fee you must furnish with your application;
3. Examination application;
4. Activities Statement form;
5. State Licensure Verification form (if necessary make additional copies);
6. Certificate of Professional Education form;
7. Temporary Licensure Agreement to Supervise form;
8. Authorization for Release of Medical Records;
9. Special Accommodation Request Form;
10. Application Checklist;
11. Jurisprudence Examination.

You are required to register with the Federation of State Boards of Physical Therapy (FSBPT) to take the examination. This can be done on the FSBPT's web-site at <http://www.fsbpt.org/ExamCandidates.aspx>

All applicants should read the Physical Therapy statutes and rules in their entirety before beginning the application process. These statutes and rules govern your professional conduct as a practitioner of Physical Therapist Assistant in the State of Missouri. The Physical Therapy statutes and rules can be found on the Board's website at the address listed above.

No application can be considered by the Board until the entire file is complete. **Therefore, you should not make any firm commitment to begin working until you have received notification of licensure in writing, from this office.** Please be advised that no application will be processed without a fee.

You will be notified in writing one (1) time if your application is deficient in any way. You should allow a minimum thirty (30) days for the processing of your application once you have filed the completed application and the required documents in this office. An answer shall be given for each question on the application. If the question does not apply write N/A-not applicable. If your file is complete on Wednesday it will be reviewed on Friday. A letter notifying you of the decision will be mailed to you by no later than the following Tuesday. Please do not telephone the office requesting the decision.

It is unlawful to misrepresent any material fact, in any way, in connection with your application for a Missouri license. It is also unlawful to practice Physical Therapist Assistant before a license has been issued. Proof that an applicant has practiced without a license or misrepresented any material facts is grounds for denial.

A license to practice as a Physical Therapist Assistant expires January 31<sup>st</sup> of every even numbered year **regardless of when it is issued**. A renewal application will be mailed to you on or before December 1<sup>st</sup> of each odd numbered year. You will be required to pay an additional fee for renewal and confirm on the renewal application that you obtained 30 hours of continuing education during the prior two calendar years. For complete information regarding the Board's continuing education requirement, please see Rules 20 CSR 2150-3.200 through 20 CSR 2150-3.203. Failure to receive the renewal application does not, however, relieve any person of the duty to register and pay the fee required nor exempt them from the penalties for failure to renew.

If you have any questions during the process which are not answered in the enclosed material, you may contact the Board of Healing Arts at (573) 751-0098 or toll free at (866) 289-5753 or via email at [licensure@pr.mo.gov](mailto:licensure@pr.mo.gov)

Sincerely,  
Licensure Section

**PHYSICAL THERAPIST ASSISTANT  
INSTRUCTIONS FOR COMPLETING THE EXAMINATION APPLICATION**

The Board wishes to stress that you should provide complete details, dates, names, addresses and zip codes as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. Please type or print your application in BLACK ink. The following information is provided to assist you in answering questions.

**QUESTION #1** - Name – Print your legal name as of the date of application. If your name has changed from that which is shown on your birth certificate, you will be required to submit name change documentation.

Please print your e-mail address. The ability to correspond via email will expedite the processing of your application.

**QUESTION #2** - Print your home address and telephone number including area code.

**QUESTION #3** - Print your Proposed Missouri Business name, and address. If unknown, please indicate the reason why a Missouri license is needed.

**QUESTION #4** - Indicate month, day, year of birth and city, state and country. Indicate Social Security number. State law mandates the submission of Social Security numbers on professional applications. A citizen of an international country applying for licensure in Missouri who does not hold a United States Social Security number may submit his/her Visa or Passport Identification number in lieu of the Social Security number.

**QUESTION #5** - List in chronological order the name and location of each and every educational institution you have attended, beginning with high school graduation. List the dates of attendance, graduation date and type of degree, certificate or diploma received.

**QUESTION #6** - Indicate whether you hold or have ever held a license, certificate or registration to practice as a Physical Therapist Assistant or any other profession in Missouri or in another state or country, including permanent, temporary or institutional licenses, certificates, permits or registrations. If yes, specify the state/country, the license number, date issued and expiration date.

**QUESTION #7** - Indicate if you have previously taken a state constructed examination. This would include any examination other than the nationally recognized P.E.S. (Professional Examination Service) or the NPTE (Federation of State Boards of Physical Therapy) Examinations. If “yes”, indicate the dates, number of times and which state(s) the examination was taken.

Document: You must contact the state in which you took such examination and request that a copy of your scores along with the examination topics/areas be sent directly to the Missouri Board for review.

**QUESTION #8** - Indicate whether you have taken a recognized National Physical Therapy examination (i.e. PES, NPTE, etc.). If “yes”, indicate the dates, number of times and state the examination was taken.

If yes, it will be necessary for you to submit a Score Transfer Request from the FSBPT. This request form can be obtained on the FSBPT's website at [www.FSBPT.org](http://www.FSBPT.org).

**QUESTION #9** - If your answer is “yes”, provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

**QUESTION #10** - If your answer is “yes”, provide complete details on a separate notarized statement. The statement must specify name, address of the association, society, hospital or agency, date and reason(s) for action.

**QUESTION #11** - If your answer is “yes”, provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

**QUESTION #12** - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

**QUESTION #13** - If your answer is "yes", provide complete details on a separate notarized statement. This should include States, Provinces or Country, dates and reason(s).

**QUESTION #14** - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. If you have ever been a defendant in any legal action, furnish a certified court copy (with court seal affixed) of the original complaint(s), the answer(s), and the disposition(s) of the case(s). If the case is still pending, your attorney must also submit a letter stating the current status of the case.

**QUESTION #15** - If your answer is "yes", provide complete details of arrest, the dates, places and disposition of the case on a separate notarized statement. Furnish a certified court copy (with court seal affixed) of the original charge, the judgement, the sentence, and/or the dismissal order, or other such documents which reflects the disposition of the matter.

This does not include any minor traffic or parking violations. We suggest that if you have ever had an arrest (no matter how minor), you answer the question "yes" on your application and furnish complete details of the incident leading up to and including the arrest and disposition of the case.

**QUESTION #16** - If your answer is "yes", provide complete details on a separate notarized statement. Furnish a certified court copy (with the court seal affixed) of the original complaint(s), the answer(s), and the disposition(s) of the case(s). If the case is still pending, please state. If your insurance company paid a claim without a formal case being filed, then include the dates, names of the patient(s) involved, insurance claim number, insurance carrier, and the facts and circumstances surrounding the claim. It will be necessary for you to contact the insurance carrier handling the claim and authorize them to submit, directly to the Board, all information they have on file regarding the claim.

**QUESTION #17** - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. This should include the States, Provinces or Country, dates and reasons.

**QUESTION #18** - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. This should include the States, Provinces or Country, dates and reasons.

**QUESTION #19-22** - If your answer is “yes”, provide complete details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice. The enclosed form titled “AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS” must be completed for each physician/therapist/hospital or institution, authorizing them to release whatever information the Board may request.

**QUESTION #23** - You must sign the oath **in the presence** of a Notary Public. The Notary Public must complete his/her portion.

**QUESTION #24 Application Information Release Authorization** - In the space provided please list the name of one other person with whom we may discuss your file. To expedite the processing of your application, we will only discuss your application with you and one other person.

**ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED.**

Allow thirty (30) days for processing your application once you have filed the completed application and the required documents in this office. An answer shall be given for each question. If the question does not apply write N/A-not applicable. If your file is complete on Wednesday it will be reviewed on Friday. A letter notifying you of the decision will be mailed to you by no later than the following Tuesday. Please do not telephone the office requesting the decision.

**PLEASE BE ADVISED THAT YOU SHOULD NOT MAKE ANY FIRM COMMITMENT TO BEGIN PRACTICING UNTIL YOU HAVE RECEIVED NOTIFICATION OF LICENSURE IN WRITING FROM THIS OFFICE.**

Please be advised that **incomplete** applications on file in this office for **one (1) year will be discarded.**

# DOCUMENTS AND FEES YOU MUST FURNISH WITH YOUR APPLICATION FOR PHYSICAL THERAPY ASSISTANT LICENSURE BASED ON EXAMINATION

THE BOARD WILL NOT ACCEPT DOCUMENTS VIA FAX.

1. **Fees** - Please submit the fee to this office in the form of a cashier's check or money order payable on or through a United States bank. **FEES WILL NOT BE REFUNDED.** If you are sitting for the examination and applying for a temporary license, one fee in the amount of \$35 is acceptable.  
Examination fee . . . . . \$25.00  
Temporary licensure fee . . . . . \$10.00
2. **Notarizations** - To insure that copies of the documents you furnish with your application will not have to be returned to you to be notarized properly, please have the notarizations completed as follows:
  - A) Affidavits and statements should be notarized as "Subscribed and Sworn to" before the Notary Public. The Notary Public must sign, date, and affix his/her notary seal to the document. Notary seal must show date of expiration.
  - B) Canadian documents may be stamped, dated, and signed by the Commissioner of the appropriate Providence if a Notary Public is not available.
  - C) The Board will also accept a notarization by the American Embassy.
3. **Activities statement** - Each applicant is required to provide a chronological listing of his/her professional and non-professional activities from high school graduation until the present date OR for the last ten years; **whichever is the most recent.** All periods must be reported. In chronological order, list the positions you held, complete names, addresses, and zip codes of employers and the beginning and ending dates of employment. **NOTE: This must be submitted in addition to the information provided on your application.** You may be required to update the Board on your activities if your application remains in a pending status for an extended period of time. A form is provided to document your activities. A resume may be submitted in lieu of the form provided it details all time periods.
4. **FSBPT Score Transfer Service** - If you have previously taken a Physical Therapist Assistant Licensing examination it will be necessary for you to submit a Score Transfer Request from the FSBPT. The FSBPT Score Transfer Service documents the number of times that an applicant has taken the examination. This form can be obtained on the FSBPT's website at [www.FSBPT.org](http://www.FSBPT.org).
5. **Verification of Licensure** - If you have ever held a permanent or temporary license to practice as a Physical Therapist Assistant or any other profession in any State or Province (including Canada), the enclosed form must be mailed to each licensing agency, regardless of whether or not the license is current. Make as many copies of this form as needed. To expedite the verification process, it is recommended that you contact the state licensing agency to determine if they charge a fee to verify your license.
6. **Photograph** - All applicants must attach a recent ORIGINAL photograph no larger than 3" x 5" in the space provided on the application. Copies of photographs or magazine clippings are not acceptable.
7. **Transcripts** - Official transcripts, with school seal affixed, and the degree awarded noted, must be submitted from each and every college and/or university attended confirming the courses taken towards your associate degree program. Transcripts must be sent directly from every college and/or university in a sealed envelope.
8. **Certificate of Professional Education** - This form may be submitted in lieu of the final transcript **ON THE DATE OF OR AFTER GRADUATION** for the purpose of obtaining a temporary license or to sit for the examination. However, complete transcripts must be received by the Board before your examination results will be released.
9. **Name Change** - If your name has changed from that which is shown on your birth certificate, you will be required to submit one of the following documents for verification:
  - Marriage** - Furnish a copy, no larger than 8½" x 11", of your marriage certificate.
  - Divorce Decree** - Furnish a copy, no larger than 8½" x 11", of your divorce decree.
  - Adoption** - Furnish a copy, no larger than 8½" x 11", of your adoption order.
  - Court Order** - Furnish a certified court copy of the name change document.
  - Naturalization** - If you have had a name change by Naturalization, you will be required to hand deliver your original Naturalization Certificate to this office for inspection, since it is unlawful to copy that document.
10. **Temporary Licensure Agreement to Supervise Form** - This form must be completed by a Missouri licensed Physical Therapist. **Applicants cannot begin practicing until the temporary license has been approved and issued.**
11. **Authorization for Release of Medical Records** - If you answered "yes", to questions 19-22 on the application, it will be necessary for you to complete and return this form to the Board office.
12. **Accommodation Request Form** - If you need special accommodations (i.e. reader, additional time, etc.) it will be necessary for you to complete and return this form to the Board office and provide the following:
  1. A statement to the Board advising whether or not special accommodations were granted during your professional education. If so, what type of accommodations were granted. It will also be necessary for your program director to provide a letter advising that accommodations were given and the type of accommodations provided.
  2. It will be necessary for your treating health care provider to send a letter directly to the Board stating the diagnosis, the test(s) performed to reach the diagnosis and how the diagnosis impacts your ability to take tests and whether or not it will impact your ability to practice your profession. The health care provider should also state the type of accommodations needed for the test.
13. **Application Checklist** - This form is provided to assist you in verifying that all of the required documents for examination have been included with your application. Please check off the documents that you are sending with your application. Sign, date, and enclose the form with your application.
14. **Social Security Card** - Furnish a copy of your Social Security card. (Do NOT fax) A citizen of an international country applying for licensure in Missouri who does not hold a United States Social Security number, shall submit his/her Visa or Passport in lieu of the Social Security card.
15. **Jurisprudence Examination** - All applicants for licensure are required to take and pass the PT and PTA jurisprudence examination. The answers are readily available in the PT and PTA statutes which are located on the Board's website.



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD.  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

**APPLICATION FOR PHYSICAL THERAPIST ASSISTANT LICENSURE**

I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A PHYSICAL THERAPIST ASSISTANT IN THE STATE OF MISSOURI ON THE BASIS OF EXAMINATION.  
 TEMPORARY LICENSE REQUESTED  YES  NO  
**Please be advised that you should not make any firm commitment to begin practicing until you have received notification of licensure in writing from this office. If a temporary licensed is issued, it expires 90 days from the date of issue or upon receipt of examination scores.**

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

1. APPLICANT NAME (LAST, FIRST, MIDDLE, SUFFIX, MAIDEN)	E-MAIL ADDRESS
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2. HOME ADDRESS (PO BOX, STREET, CITY, COUNTY, STATE, ZIP CODE)	HOME TELEPHONE NUMBER
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3. PROPOSED MISSOURI BUSINESS NAME

PROPOSED MISSOURI BUSINESS ADDRESS

4. DATE AND PLACE OF BIRTH	SOCIAL SECURITY NUMBER
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5. EDUCATION - STATE IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, BEGINNING WITH HIGH SCHOOL, THE DATES ATTENDED, AND THE DEGREE RECEIVED, IF ANY.

NAME AND LOCATION OF INSTITUTION	BEGINNING DATE	ENDING DATE	DEGREE RECEIVED

6. ARE YOU CURRENTLY LICENSED, OR HAVE YOU EVER HELD LICENSURE, REGISTRATION, OR CERTIFICATION (PERMANENT, TEMPORARY OR INSTITUTIONAL) TO PRACTICE AS A PHYSICAL THERAPIST ASSISTANT OR OTHER PROFESSION IN THIS OR ANY OTHER STATE OR COUNTRY? (E.G. PHYSICAL THERAPIST, REGISTERED NURSE, CHIROPRACTOR, ETC.)

YES  NO

IF YES, PLEASE LIST BELOW.

STATE/COUNTRY	LICENSE NUMBER	DATES HELD	PROFESSION

7. HAVE YOU PREVIOUSLY TAKEN A STATE CONSTRUCTED PHYSICAL THERAPIST ASSISTANT BOARD EXAMINATION (NOT THE PES OR NPTE EXAMINATION)?  
 YES  NO  
 IF YES, INDICATE THE DATE(S), NUMBER OF TIMES AND STATE(S):

8. HAVE YOU PREVIOUSLY TAKEN A NATIONAL PHYSICAL THERAPIST ASSISTANT EXAMINATION (PES, NPTE, ETC.)?  
 YES  NO  
 IF YES, INDICATE THE DATE(S), NUMBER OF TIMES AND STATE(S):

**PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.**

- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 9. Have you, or any license or right to practice held by you, been restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional association or society, or by any licensed hospital or medical staff of a hospital?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you surrendered a license issued to you by any U.S. state, Canadian provincial or international licensing agency for reasons other than failure to renew?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have any charges or complaints been filed against you with the federal government, any federal agency or any U.S. state or Canadian provincial licensing or disciplinary agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any disciplinary action ever been taken against you, or has your authority to practice been restricted, by any federal or state agency including, but not limited to, Medicare or Medicaid?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any lawsuit (other than malpractice) been filed against you?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any U.S. state or any canadian province whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence?                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such claim yourself?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you been denied a license to practice as a physical therapist assistant or any other profession or denied the privilege of taking an examination administered by a U.S. state, Canadian provincial or international licensing agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you made application for licensure in another state, province or country and subsequently withdrawn said application?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice as a physical therapist assistant in a safe and competent manner?  | <input type="checkbox"/> | <input type="checkbox"/> |

ALL APPLICANTS MUST PLACE AN  
**ORIGINAL RECENT PHOTOGRAPH**  
 IN THE SPACE PROVIDED



**23. APPLICANT'S OATH**

State/Province of \_\_\_\_\_ County/Parish of \_\_\_\_\_

I, \_\_\_\_\_, hereby certify under oath that I am the person named in this application for a license to practice as a Physical Therapist Assistant in the State of Missouri. I have personally read, reviewed and answered each of the questions. All statements I have made are true. I am the original and lawful possessor of and the person named in the various documents and credentials furnished to the Board in connection with the application.

I acknowledge and state that I have read Chapter 334, RSMo, which contains the Statutes, Rules and Regulations governing Physical Therapy, that can be located on the Board's website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I further state that by filing this application for a license to practice as a Physical Therapist Assistant in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for practice as a Physical Therapist Assistant, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), court, association, institution or other organization having control of any documents, records and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application subsequent licensure or practice hereunder.

**I understand that I should not make any firm commitment to begin practicing in the State of Missouri until I have received notification of licensure in writing from the Missouri Board of Healing Arts. If a temporary license is issued, it expires 90 days from the date of issue or upon receipt of examination scores.**

**MUST BE SIGNED IN PRESENCE OF NOTARY**

APPLICANT'S SIGNATURE



On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ this applicant appeared before me and swore to the truthfulness of this application.

**NOTARIZATION AND NOTARY INFORMATION**

STATE		COUNTY
The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the above photograph subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.		USE A RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSEER SEAL
NOTARY PUBLIC PRINTED NAME		

**24. APPLICATION INFORMATION RELEASE AUTHORIZATION**

I hereby authorize the State Board of Registration for the Healing Arts, its Directors or designee to release and/or discuss information contained in my application for licensure in the State of Missouri to the following individual:

NAME OF PERSON



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

BOARD OF REGISTRATION FOR THE HEALING ARTS  
P.O. BOX 4  
JEFFERSON CITY, MO 65102  
TELEPHONE (573) 751-0177  
TOLL FREE (866) 439-3897

### CERTIFICATION

During the period of time in which the Board is processing my application and determining whether to issue me a license, I will inform the Board of any change in information included in my application for licensure, including but not limited to malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to disclose this information could result in discipline pursuant to section 334.613.2(11).

Applicant Signature

Applicant Printed Name

Date

**EXAMINATION ON THE LICENSURE ACT, RULES AND REGULATIONS FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS**

**DIRECTIONS (10) true/false and (10) multiple choice questions**

This is an "open book" examination over Chapter 334.500-334.687 RSMo. of the PT/PTA practice act. Taking and passing this jurisprudence examination is required for licensure.

**JURISPRUDENCE EXAMINATION**

**SCORE ▶**

1. T F Missouri law states that anyone who has been denied a license, permit or certificate to practice physical therapy in another state shall automatically be denied a license to practice in this state.
2. T F All physical therapist and physical therapist assistant permanent licenses expire on January 31 of each year regardless of the date it was issued.
3. T F Section 334.613 RSMo provides the grounds for denial, suspension or revocation of a PT or PTA license.
4. T F Disciplinary action may be taken against a PT or PTA for willfully overcharging, overtreating, performing inappropriate or unnecessary treatment or services.
5. T F Missouri law requires that a PT or PTA notify the Board within fifteen days of any address change.
6. T F Conviction of a felony offense is not grounds for revocation of a PT or PTA license.
7. T F A physical therapist in Missouri may accept a referral from a licensed physician in another state.
8. T F In order to supervise a first time licensure applicant or an applicant for reinstatement of an inactive license, the physical therapist must have been engaged in active clinical practice in this state for a minimum of three years prior to supervising the temporary licensee.
9. T F There is no limitation on the number of times a PT or PTA may sit for the licensure exam in the state of Missouri.
10. T F A licensed physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating patients.
11. A physical therapist may delegate physical therapy treatment to:
  - A) A physical therapy aide
  - B) A physical therapist assistant
  - C) A licensed athletic trainer
  - D) All of the above
12. A physical therapist may treat under the referral of which one of the following:
  - A) Chiropractor
  - B) Physician Assistant
  - C) Advance Practice Registered Nurse
  - D) All of the above
13. Physical therapists and physical therapist assistants must maintain patient records for a minimum of:
  - A) 3 years
  - B) 5 years
  - C) 7 years
  - D) 10 years
14. A first time applicant for license may practice under a temporary license for a maximum of:
  - A) 60 days
  - B) 90 days
  - C) 120 days
  - D) 6 months
15. A physical therapist may supervise up to how many PTAs?
  - A) 2 full time equivalent
  - B) 4 full time equivalent
  - C) 6 full time equivalent
  - D) unlimited

**JURISPRUDENCE EXAMINATION (continued)**

16. A minimum of \_\_\_\_\_ hours of continuing education are required for license renewal every two years.
- A) 10
  - B) 15
  - C) 20
  - D) 30
17. When supervising a PTA, which of the following responsibilities are maintained by the licensed PT?
- A) Initial evaluation and interpretation of referrals
  - B) Development or modification of the plan of care
  - C) Delegation of services to be rendered by the physical therapist assistant
  - D) All of the above
18. A licensee who has obtained an APTA recognized specialty certification or other specialty certification shall be acceptable for \_\_\_\_\_ hours of continuing education for the reporting period in which the certification or recertification was received.
- A) 15
  - B) 20
  - C) 30
  - D) none
19. A physical therapist may provide which of the following without the prescription and direction of an approved healthcare provider.
- A) Educational resources
  - B) Fitness, wellness programs
  - C) Screening services
  - D) All of the above
20. PT and PTAs documentation must include all of the following except:
- A) Insurance information
  - B) Date or dates patients seen
  - C) Assessment of physical therapy diagnosis
  - D) Plan of care





STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**CERTIFICATION TO NOT PRACTICE UNTIL LICENSED**  
 (ALL APPLICANTS MUST COMPLETE THIS FORM)

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD.  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

**Please read carefully, sign, and return this document with your application.**

I hereby certify to the Missouri State Board of Registration for the Healing Arts that I am not presently functioning and will not function as a physical therapist or physical therapist assistant or use any initials, titles or words which imply that I am licensed in Missouri to perform physical therapy services until I am granted licensure by the Missouri State Board of Registration for the Healing Arts.

I further certify that if I accept employment in a physical therapy setting in Missouri prior to licensure by the Missouri State Board of Healing Arts, I will perform only at the direction of a licensed physical therapist and will only perform duties which may be legally performed by **“UNLICENSED PERSONNEL”**.

I understand that the Missouri State Board of Registration for the Healing Arts may refuse to grant licensure to me or suspend or revoke my license if I violate any provision of Chapter 334, RSMo.

APPLICANT'S SIGNATURE

DATE

PRINT NAME



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**VERIFICATION OF LICENSURE – PHYSICAL  
 THERAPIST ASSISTANT**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD. - P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

I, \_\_\_\_\_ hereby authorize and request the State Board of \_\_\_\_\_  
 having control of any documents, records and other information pertaining to me to furnish to the Missouri Board information, including  
 documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent  
 information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

OTHER NAMES USED IN OBTAINING LICENSURE

CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

**THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.**

STATE OF	FULL NAME OF LICENSEE		
LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

LICENSURE METHOD  
 NATIONAL EXAM                       STATE BOARD EXAM                       RECIPROCITY WITH \_\_\_\_\_  
 OTHER (SPECIFY): \_\_\_\_\_

1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**

YES     NO

2. HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**

YES     NO

3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**

YES     NO

4. HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? **IF YES, ATTACH DETAILS.**

YES     NO

COMMENTS, IF ANY

BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**CERTIFICATE OF PROFESSIONAL EDUCATION –  
 PHYSICAL THERAPIST ASSISTANT**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD. - P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

This form may be submitted in lieu of the final year transcripts for the purpose of obtaining a temporary license or to sit for the examination. However, completed transcripts must be received by the Board before your examination results will be released. **THIS FORM MUST BE SUBMITTED ON THE DATE OF OR AFTER GRADUATION.**

It is hereby certified that \_\_\_\_\_ attended the  
(USE NAME AS GIVEN ON DIPLOMA)

Physical Therapist Assistant school, \_\_\_\_\_  
(NAME OF PHYSICAL THERAPIST ASSISTANT SCHOOL)

at \_\_\_\_\_ from the \_\_\_\_\_ day of \_\_\_\_\_,  
(CITY AND STATE) (MONTH AND YEAR)

to the \_\_\_\_\_ day of \_\_\_\_\_, during which time he/she pursued and completed all  
(MONTH AND YEAR)

the requirements for the degree in Physical Therapist Assistant according to the standards of the Commission on

Accreditation for Physical Therapy Education. It is further certified that the applicant received the following diploma

\_\_\_\_\_ dated the \_\_\_\_\_ day of  
(SPECIFY DEGREE, CERTIFICATE, LETTER OF CERTIFICATION, OTHER)

\_\_\_\_\_, which is the final diploma offered by this school as a qualification for the practice as a Physical  
(MONTH AND YEAR)

Therapist Assistant.

DATE	PRESIDENT, REGISTRAR, DEAN OR DIRECTOR OF COURSE
(SCHOOL SEAL)	NAME OF SCHOOL
	ADDRESS OF SCHOOL

**IF SCHOOL HAS NO SEAL THE STATEMENT MUST BE NOTARIZED.**



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**PHYSICAL THERAPIST ASSISTANT EXAMINATION**  
**APPLICANT - AGREEMENT TO SUPERVISE**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD. - P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171 - TOLL FREE 866-289-5755

I \_\_\_\_\_, Physical Therapist license number \_\_\_\_\_, hereby  
(SUPERVISOR'S NAME - PRINTED)  
 accept responsibility for the clinical supervision of \_\_\_\_\_, while he/she is practicing under  
(PTA TEMPORARY LICENSEE NAME - PRINT)  
 a temporary license in accordance with the provisions of Chapter 334 RSMo. If a temporary license is issued, it expires 90 days from the date of issue or upon receipt of examination scores. **I also hereby certify that I am not an immediate family member of the applicant as defined by Rule 20 CSR 2150-3.053(2), and I have been involved in active clinical practice in the State of Missouri for a minimum of one (1) year.**

During the assigned supervision period, I understand that I must:

1. Maintain my license in good standing with the Board;
2. Supervise no more than one temporary licensee;
3. Be readily available, at all times, to provide advice to the temporary licensee;
4. Observe the temporary licensee performing measures, treatments, procedures, and functions;
5. Perform periodic chart reviews of at least three randomly selected patient charts on each site visit, and make modifications and adjustments in the patient's treatment plan as necessary;
6. Verify the issuance of the temporary license prior to allowing the temporary licensee to begin practicing under my supervision.
7. Notify the Board within three (3) days if the temporary licensee's employment ceases.

I understand that I must maintain continual verbal and written contact with my temporary licensee, and on-site contact every two (2) weeks. I understand that if it is determined that the temporary licensee needs additional supervision, that additional supervision shall occur on a weekly basis. I further understand that if I am unable to fulfill the supervision requirements for this temporary licensee, it is my responsibility to report this to the Board immediately.

**I further attest that the temporary licensee shall begin employment at a location in the State of Missouri within seven days of issuance of the temporary license.**

SUPERVISING PHYSICAL THERAPIST SIGNATURE	DATE
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**NOTARIZATION AND NOTARY INFORMATION**

STATE	COUNTY
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The individual who signed above identified him/herself with a government issued photographic identification and subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.	USE A RUBBER STAMP IN CLEAR AREA BELOW
---	--

NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSEER SEAL
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NOTARY PUBLIC PRINTED NAME	
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**APPLICANTS CANNOT BEGIN PRACTICING UNTIL THE TEMPORARY LICENSE HAS BEEN APPROVED AND A LICENSE HAS BEEN ISSUED BY THE MISSOURI BOARD OF HEALING ARTS.**



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BOULEVARD  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE (573) 751-0171  
 TOLL FREE (866) 289-5755

I hereby authorize any physician, therapist, counselor, hospital, clinic, or any other health care provider, medical records custodian, or any person or corporation (including insurance companies) which have records relating to medical, psychiatric, counseling or evaluation received by me, to furnish the Missouri Board of Healing Arts, or its representative, oral or written statements or testimony in any hearing, any and all information with respect to any medical, psychiatric, counseling or evaluation and copies of all hospital, medical, psychiatric, counseling, and evaluation records.

A photocopy of this authorization shall be accepted the same as the original in all instances.

PHYSICIAN/THERAPIST, HOSPITAL/INSTITUTION NAME	
ADDRESS	
APPLICANT'S NAME (PRINT OR TYPE)	TELEPHONE NUMBER(S)
APPLICANT SIGNATURE	DATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
_____	
_____	

**IMPORTANT NOTICE**  
**THIS AUTHORIZATION MUST BE NOTARIZED.**

NOTARIZATION AND NOTARY INFORMATION		
STATE	COUNTY	
The applicant identified him/herself with a government issued photographic identification and subscribed and swore to the truthfulness of this application before me, this _____ day of _____, _____.		USE A RUBBER STAMP IN CLEAR AREA BELOW
NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSEER SEAL
NOTARY PUBLIC PRINTED NAME		



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**ACCOMMODATION REQUEST –  
 PHYSICAL THERAPIST ASSISTANT**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD. - P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171 - TOLL FREE 866-289-5755

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 sources without your express written permission, or in accordance with State Law.

NAME	TELEPHONE NUMBER
------	------------------

ADDRESS

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ACCOMMODATIONS REQUESTED FOR THE  
 EXAMINATION

CHECK ALL THAT APPLY

ACCESSIBLE 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 DISABILITY

SIGN LANGUAGE INTERPRETER

EXTENDED TIME

TIME AND A HALF

DOUBLE TIME

MORE THAN DOUBLE TIME (SPECIFY) \_\_\_\_\_

SEPARATE TESTING AREA

USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (SPECIFY): \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS

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SIGNED	DATE
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SOME ACCOMMODATIONS MAY REQUIRE ADDITIONAL DOCUMENTATION.



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**PHYSICAL THERAPIST ASSISTANT  
EXAMINATION APPLICATION CHECKLIST**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
3605 MISSOURI BLVD. - P.O. BOX 4  
JEFFERSON CITY, MO 65102  
TELEPHONE 573-751-0171 - TOLL FREE 866-289-5755

**FORWARD TO THE MISSOURI BOARD OF HEALING ARTS**

- APPLICATION FORM
- FEE - \$25.00
- FEE - \$10.00 (Only applicable if applying for a Temporary License)
- ACTIVITY STATEMENT
- TRANSCRIPTS
- CERTIFICATE OF PROFESSIONAL EDUCATION (Forward only if you are unable to provide transcript where you attended and will obtain your degree from)
- AGREEMENT TO SUPERVISE FORM (Only applicable if applying for a Temporary License)
- AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS (Only applicable if you answered "yes" to questions 19-22)
- COPY OF SOCIAL SECURITY CARD
- NAME CHANGE DOCUMENT- (Only if you have had a name change through marriage, adoption, divorce, court order, naturalization.)
- JURISPRUDENCE EXAMINATION

**INFORMATION FROM THE FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY**

- I have registered with the FSBPT to take the examination.
- I have requested FSBPT Score Transfer Service Request (Only applicable if you have previously taken a licensing examination).

SIGNATURE

DATE

**WE ENCOURAGE YOU TO RETAIN COPIES OF YOUR APPLICATION AND SUPPORTING DOCUMENTS.**