

MONTANA BOARD OF PHYSICAL THERAPY EXAMINERS
PO BOX 200513
301 SOUTH PARK, 4th FLOOR
HELENA, MONTANA 59620-0513
(406) 841-2202 FAX (406) 841-2305
EMAIL: dllbsdptp@mt.gov WEBSITE: www.pt.mt.gov

(Please allow 14 days for processing from the date the Board has a complete routine application)

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANTS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT A CURRENT ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS

- Must submit a completed application.
- Must submit the application fee(s).
- Must be of good moral character.
- Must be at least 18 years of age.
- Must have graduated from an accredited school of physical therapy or graduated from an accredited physical assistant curriculum
- Must pass the National Physical Therapy Examination (NPTE) or the National Physical Therapy Assistant Examination (NPTAE).
- Must pass the Montana Physical Therapy jurisprudence examination.

FEES \$100.00 Application Fee (must be paid by all applicants)

\$125.00 Application for Out-of-State Fee (Total fee - \$225.00 -must be paid by applicants licensed in another state)

\$100.00 Temporary License Fee (Total Fee: \$200 – Must be paid by temporary applicants)

Make check or money order payable to the Montana Board of Physical Therapy Examiners (all fees are non-refundable).

DOCUMENTS

The following documents must be submitted to the Board office in order to complete your license application. Please make 8-½"x11" copies of the following and submit with your application.

U.S. GRADUATES

1. A completed Licensure Application form.
2. The application fee(s). The check is to be made payable to the Montana Board of Physical Therapy Examiners. All fees are non-refundable.
3. A copy of the certificate of graduation (diploma) **or** official transcripts sent directly to the Board from a board-approved physical therapy school or physical therapist assistant curriculum.
4. If the applicant has previously taken the national examination in **any** jurisdiction, official certification(s) of licensure must be submitted from **ALL** applicable states. A form is included for obtaining the verification(s). The form may be copied as needed.
5. If the applicant has previously taken the national examination in **any** jurisdiction the test scores must be obtained from the Federation of State Boards of Physical Therapy (www.fsbpt.org) who will report directly back to the Board office.
6. Complete the Jurisprudence Examination (attached).

FOREIGN GRADUATES

1. All the documents for U.S. graduates (above).
2. If from a non-English speaking culture, the applicant must pass the test of English as a foreign language (TOFEL) with a passing score as designated by the Federation of State Boards of Physical Therapy (FSBPT).
3. Evaluation of the applicant's educational background performed by a credentialing service such as Foreign Credentialing Commission of Physical Therapy (FCCPT).
4. Foreign trained physical therapy assistants are not eligible for licensure.

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

APPLICATION FOR A TEMPORARY LICENSE

Examination applicants are eligible for the issuance of a temporary license upon approval of the licensure application

1. After issuance of the temporary license, the applicant must take and pass the examination within 120 days of the issuance date.
2. Pay the temporary license fee of \$100.00, payable to the Montana Board of Physical Therapy Examiners.

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by Board members for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Complete non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verification. Contact each state board prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ The applicant must pass the Montana Jurisprudence Examination, which is an open book examination covering current Montana physical therapy statutes and rules. To pass the examination an applicant must score at least a 90%. You will find a copy of the Jurisprudence Examination attached to the application, which you must complete and return with the licensure application. The statutes and rules are located on our website at www.pt.mt.gov. Then click on the "regulations" tab. The exam is based on the Department and Board's statutes and rules. Applicants failing the Jurisprudence Examination shall retake the examination until passed. A fee of \$25.00 will be charged for each retake.
- ◆ The applicant must pass the National Physical Therapy Examination (NPTE) or the National Physical Therapy Assistant Examination (NPTAE). These examinations are computer-based (taken on a computer). The Federation of State Boards of Physical Therapy (FSBPT) is the organization responsible for administering and developing these examinations. Although Montana neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exams. The FSBPT is responsible for the examination registration and fees. To pass the licensing examination an applicant must score a passing grade equal to or higher than a scaled score of 600. An applicant failing to pass the examination will need to reregister with the FSBPT. Upon approval of the license application, the applicant will be notified by the Board authorizing them to retake the national exam.

- ◆ An applicant applying for out-of-state licensure who has not been actively engaged in the physical therapy profession in the four years immediately preceding application will be required to undergo continued study in the field of physical therapy. Subject to the discretion of the Board continued study may include, but will not be limited to, the following:
 - a. supervised Internships;
 - b. independent study;
 - c. refresher course;
 - d. pertinent graduate or undergraduate work;
 - e. pertinent continuing education courses;
 - f. specialized study in a specific area.

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 30 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.

For information with regard to the processing of this application or other concerns, please contact the Board of Physical Therapy Examiners staff at (406) 841-2202 or (406) 841-2300 or email us at dlibsdppt@mt.gov.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF PHYSICAL THERAPY ON OUR WEBSITE: www.pt.mt.gov

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Application for Licensure as:
Physical Therapist

Physical Therapist Assistant

Application by:
Examination

License from Another State

Allow 30 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME: _____
Last First Middle
2. OTHER NAMES KNOWN BY: _____
3. ORGANIZATION NAME: _____
4. ORGANIZATION ADDRESS: _____
Street or PO Box # City and State Zip Country
5. HOME ADDRESS: _____
Street or PO Box # City and State Zip Country
- PREFERRED METHOD OF CONTACT
Home Organization EMAIL ADDRESS: _____
6. TELEPHONE: _____ HOME _____ MOBILE _____
7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
8. DATE OF BIRTH: _____ MALE FEMALE
9. Which exam did you take for initial licensure? (Applies to out-of-state applicants).
National Physical Therapist Exam National Physical Therapist Assistant Exam
10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodations? If yes, you must provide supporting documentation. Yes No

11. Have you read the Physical Therapy Laws and Rules for the State of Montana? Yes No
12. List all professional licenses, registrations or certificates you hold or have **ever** held. Verification must be sent directly to Montana from each state/province/territory. Use supplemental sheet if necessary.

State	License Type	Issue Date	Exp.Date	Requested Verification?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO

13. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
14. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
15. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
16. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
18. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No
19. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

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| 20. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. | Yes | No |
| 21. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. | Yes | No |
| 22. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. | Yes | No |
| 23. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 24. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 25. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 26. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. | Yes | No |
| 27. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your professional or occupation? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 28. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |
| 29. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. | Yes | No |

30. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/ Territory	Dates Attended	Degree Earned

Check if you are submitting foreign education

31. PRACTICE HISTORY: List **all** places where you have practiced as a physical therapist or physical therapist assistant in the last five years in chronological order, up to and including the present. Use a supplemental sheet if necessary.

Name and Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau, Board of Physical Therapy Examiners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE PHYSICAL THERAPY. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice physical therapy/physical therapy assistant in the State of Montana and the Board of Physical Therapy Examiners requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PHYSICAL THERAPY EXAMINERS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature)

Name (Please Print)

Address _____

My License Number is _____

DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PHYSICAL THERAPY EXAMINERS.

State of: _____

Full Name of Licensee: _____

License No. _____

Issue Date: _____

Licensed by:

Examination

Endorsement
(List State) _____

Other (Please List) _____

License is Current?

Yes
No

If NO, explain _____

License Status:

Active

Inactive

Other

Has License been suspended, revoked, on probation or otherwise disciplined?

Yes

If YES, explain and attach documentation.

No

Has licensee ever been requested to appear before your Board?

Yes

If YES, explain.

No

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____

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EXAMINATION APPLICANTS - PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT
TEMPORARY LICENSE APPLICATION

To be completed by the examination applicant:

I, _____, (applicant), hereby apply for a temporary license to practice physical therapy in the State of Montana. I understand that the temporary license is valid until I either fail the first license examination or pass the examination, and the Board of Physical Therapy Examiners makes a final determination on my examination application. After issuance of the temporary license, the applicant must take his/her examination within 120 days of the issuance date. Only one temporary license will be issued per applicant. This form must also be signed by the licensed physical therapist responsible for providing direct on-site supervision, pursuant to ARM 24.177.504.

Signature of Applicant

Date

Signature of Supervisor

Date

Please Print Supervisor Name

Supervisor License Number

Agency/Organization

MONTANA BOARD OF PHYSICAL THERAPY EXAMINERS JURISPRUDENCE EXAMINATION

(To pass this examination you must score at least 90%) **\$25.00 RETAKE FEE**

Applicant's Name: _____ Date Taken: _____

PLEASE SELECT EITHER "T" FOR TRUE OR "F" FOR FALSE FOR EACH QUESTION.

- | | | | |
|---|---|-----|---|
| T | F | 1. | Topical medications obtained from one patient may not be used in treatment of another patient. |
| T | F | 2. | If an examination candidate fails the NPTE (National Physical Therapy Examination), a temporary license will not be extended while the applicant is waiting to retake the exam. |
| T | F | 3. | Twenty hours of continuing education is required biennially for the renewal of the physical therapy and physical therapist assistant license. |
| T | F | 4. | As provided by rule, unprofessional conduct includes sexual misconduct, failing to adequately supervise staff and violating child abuse reporting requirements. |
| T | F | 5. | All applicants for licensure or renewal must report any legal or disciplinary actions against them. |
| T | F | 6. | A written complaint of suspected violation of the Physical Therapy statutes or rules specifying the grounds for the complaint may be filed with the Board. |
| T | F | 7. | A supervising physical therapist must make an onsite visit to patients at least once for every 10 visits made by a physical therapy assistant. |
| T | F | 8. | A maximum of 10 credits from online or correspondence course is allowed per reporting period. |
| T | F | 9. | A physical therapy student or physical therapy assistant student may practice without the onsite supervision of a licensed physical therapist. |
| T | F | 10. | If a foreign-trained physical therapist has a valid unrestricted license in the United States jurisdiction in which he or she is currently practicing, he or she is not required to have his or her educational credentials evaluated by a board-approved credentialing agency to become licensed in Montana. |
| T | F | 11. | All continuing education credits/hours may be obtained online as long as the courses meet the current rule requirements. |
| T | F | 12. | “Direct supervision” means the supervising physical therapist or physical therapist assistant is onsite (on the premises physically) and immediately available for direction and supervision when a physical therapy aide is performing specified patient-supportive tasks. |
| T | F | 13. | Physical therapy evaluation includes the administration, interpretation and evaluation of tests and measurement of bodily functions and structures. |
| T | F | 14. | A licensed physical therapist may not concurrently supervise more than four aides or the equivalent or two assistants and two aides or the equivalent. |

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|---|---|-----|---|
| T | F | 15. | Unauthorized representation of oneself, orally or in writing, as a licensed physical therapist may result in a misdemeanor charge. |
| T | F | 16. | Failure to receive a renewal notice shall release the licensee from the obligation to make a timely renewal. |
| T | F | 17. | Continuing education coursework may be live, by correspondence, video conferencing, internet, or be satellite-based. |
| T | F | 18. | The Montana Chapter of the APTA governs, controls the functions of, and elects members to the Montana Board of Physical Therapy Examiners. |
| T | F | 19. | The ultimate responsibility for physical therapy care rendered by a physical therapist assistant rests with the supervising physical therapist. |
| T | F | 20. | A copy of the written prescription from an authorized licensed medical provider specifying the topical medication to be applied and the method of application must be retained in the patient's physical therapy medical records. |
| T | F | 21. | The Board of Physical Therapy may establish a screening panel to determine whether there is reasonable cause to believe that a licensee has violated a particular statute or rule. |
| T | F | 22. | The Board may refuse to license any applicant who is, in the judgment of the Board, guilty of practicing physical therapy or practicing as an assistant beyond the scope and limitation of the person's training and education. |
| T | F | 23. | A physical therapist may not evaluate and treat a patient without a referral in Montana. |
| T | F | 24. | A licensee may reactivate a lapsed license within 45 days after the April 1 renewal date. |
| T | F | 25. | The licensee shall display their current license in a conspicuous place in the principal office where they practice physical therapy. |