

Nevada Physical Therapy Board



3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129
Phone (702) 876-5535 · Facsimile (702) 876-2097

FOREIGN EDUCATED PHYSICAL THERAPIST ENDORSEMENT APPLICATION

Dear Applicant:

Enclosed please find the application for licensure in physical therapy in our Great State of Nevada! Please note that Physical Therapists and Physical Therapist's Assistants must have a Nevada license to practice physical therapy in Nevada.

Per Board policy, fingerprint submissions expire 6 months after receipt unless an application is received. Any items received in the Board office towards the licensure process (transcripts, etc.) will only be held for 6 months from the date of receipt, unless an application is received. Board staff will not verify receipt of any items received until such time an application has been received by the Board.

Please note that the Board office will only work directly with the applicant during the application process. We will not discuss your application or status of licensure with prospective employers or recruiters. This is to protect your privacy and to avoid confusion.

After mailing your application, please allow 10 days before contacting the Board for status. This will allow staff sufficient time to create your database file and permanent file. Please make all inquiries for application status via email at ptapplication@govmail.state.nv.us. Be sure to include your full name, last four numbers of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) in your email. Note: ITIN numbers are issued by the IRS to individuals who do not have, and are not eligible to obtain, a valid U.S. Social Security Number, but who are required by law to file a U.S. Individual Income Tax Return.

Please update the Board with any changes to your residential address or phone numbers. Also, when you've secured employment in Nevada, please provide the name of the Nevada facility, completed address, phone and fax numbers. You may submit updates via fax, mail, or to the licensing assistant via the email provided above. Upon licensure, a copy of your license will be faxed to your Nevada facility of record (if provided) which will allow you to work. Please post a copy of the license until you have received the original in the mail.

If you have any questions, please contact us.

Sincerely,

The Nevada Physical Therapy Board

Revised: 7/14/2020

**INSTRUCTIONS FOR COMPLETING THE
NEVADA PHYSICAL THERAPY BOARD
FOREIGN EDUCATED PHYSICAL THERAPIST ENDORSEMENT APPLICATION**

ALL INFORMATION REQUESTED MUST BE PRINTED AND COMPLETE

Illegible or Incomplete Applications Will Be Returned

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- 1) Complete all information as indicated.
 - a) Provide Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
 - b) Identify military service (if applicable).
 - c) List all PT or PTA schools attended.

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- 1) List Physical Therapy Experience, including your work history, and clinical affiliations if necessary. Please provide complete addresses and phone numbers.
- 2) Mark the appropriate response under the Child Support Information section.
- 3) Arrests, Charges or Convictions of Federal Law, State Law or Municipal Ordinance: Applicants are required to submit a letter to the Board explaining each incident in detail (dates, charges and outcomes). As a licensing body, we are authorized by Nevada Revised Statute (NRS) 179.259(3) to receive sealed criminal records. NRS 640.160(1)(a) and 640.160(2)(g) allow the Board to deny a license if an applicant is found to have attempted to obtain a license by material misrepresentation. **It is in your best interest to disclose all arrests, charges and convictions.**
- 4) Complete the physical description section and **attach** a photograph taken within 60 days. The photo must be at least 2 x 2, no larger than 3 x 3. A passport photo usually works best.

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- 1) Attach applicant photo. Minimum 2 x 2 inches, maximum 3 x 3.
- 2) Complete all requested information.
- 3) Transfer your National Physical Therapy Examination score.
- 4) Indicate exactly how you want your name to appear on your permanent license (first, middle initial and last name, or first and last only, etc.). This must be your legal name, no nicknames. This is how you will be signing your patient notes.
- 5) Verify that all required steps have been completed prior to mailing your application.
- 6) Mail completed application, fee and jurisprudence exam to the Board office.

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- 1) Complete the top section if the Affidavit in the presence of a Notary Public. The Notary Public does not have to be in the State of Nevada.

NEVADA PHYSICAL THERAPY BOARD REQUIREMENTS FOR THE ENDORSEMENT APPLICANT

FINGERPRINTING: The fingerprint packet and fingerprint waiver is located on the Board website at: <http://ptboard.nv.gov/Forms/Home/>. The fingerprint packet includes instructions for completing your fingerprinting requirements. You are encouraged to begin this process before applying for licensure, however do not begin this process unless an application will follow within 4-5 months. NOTE: The application process takes approximately 3-4 weeks for endorsement candidates using the electronic fingerprinting submission option, and approximately 6-8 weeks using the hard card fingerprinting option. These are only estimates and not a guarantee of a licensure date.

LICENSE VERIFICATION: Complete the top section of the License Verification Form and mail to each state in which you are now, or were previously, ***licensed in any healthcare related field***. Note: Some states only provide online verifications. Please contact the receiving jurisdiction(s) to determine if a fee is required. We will not accept faxes or verifications, nor will the Board verify your license on-line. We require original license verifications received directly from the issuing bodies in sealed envelopes.

TRANSCRIPTS: For PT or PTA colleges attended, original transcripts in sealed envelopes must be mailed to the Board office.

JURISPRUDENCE EXAM: Complete the provided jurisprudence (Law) Examination and return it to the Board office with the completed application. We will return a copy of the graded examination to you. Please use the Practice Act (Nevada Revised Statutes and Nevada Administrative Code) when taking this examination. All of the answers can be found in the Practice Act. The Practice Act can be found on the Board's website at: www.ptboard.nv.gov, click on Practice Act. Be sure to print the NAC and the NRS. Changes to the NAC are included at the end of this packet as a supplement.

SCORE TRANSFER: Go to the FSBPT Website: www.fsbpt.net/pt to transfer your score.

NEVADA PHYSICAL THERAPY BOARD
REQUIREMENTS FOR THE FOREIGN-TRAINED APPLICANT
(applicants who attended non-accredited programs)

H1B-Visa Applicants and U.S. Citizen Applicants (or other applicants holding a US Social Security #)

Submit an original evaluation of credentials from the FCCPT that states the education of the applicant is equivalent in content to an accredited educational program for physical therapy in the United States. This is required whether or not you hold a license in another jurisdiction.

Foreign Credentialing Commission on Physical Therapy (FCCPT):
511 Wythe Street
Alexandria, VA 22314
(703) 684-8406 phone
(703) 684-8715 fax
www.Fccpt.org

In addition to the requirements above and in the application packet, all Foreign-Trained applicants must:

1. Submit proof satisfactory to the Board of your licensure to practice as a physical therapist without limitation in the country in which you were trained. Send a copy of the Verification of License form to the licensing Board for completion. If the applicant provides proof that he/she was a citizen of the United States on the date of his/her graduation from physical therapy school, this requirement may be waived. The applicant must prove, to the satisfaction of the Board, they were a US citizen on the date of graduation. The Board will not accept copies from FCCPT or any other entity. The verification must be an original document in a sealed envelope as issued by your licensing jurisdiction. *This required whether or not you hold a license in another jurisdiction.*
2. Unless your native language is English and you graduated from a program of physical therapy that was conducted entirely in the English language, demonstrate proficiency in the English language by successfully completing the language tests administered by TOEFL/TSE Services. This is required whether or not you hold a license in another jurisdiction. Our Board's institution code is 9882. Passing scores on the computer-based tests are as follows:

Reading | 21

Speaking | 26

Listening | 18

Writing | 24

Scores more than two years old will not be reported to the Board. If your score is more than 2 years old, please contact Educational Testing Services to re-test. The Board will not accept copies from FCCPT or any other entity. Scores must be received directly from Educational Testing Service.

Educational Testing Service
Post Office Box 4151
Princeton, NJ 08541-6151
(609) 771-7100
ww.ets.org

If an applicant from a non-accredited school has not worked in the US for at least 1-year full time, an appearance before the Board may be required to address the request for licensure.

NEVADA PHYSICAL THERAPY BOARD ENDORSEMENT APPLICATION

Please Print Legibly – Failure to do so will result in the Application being returned

PHYSICAL THERAPIST APPLICANT

- or -

PHYSICAL THERAPIST ASSISTANT APPLICANT

I, _____
FIRST NAME MIDDLE NAME LAST NAME MAIDEN (or other name used)

herewith apply for licensure as a physical therapist / physical therapist’s assistant in accordance with the provisions of Chapter 640, Nevada Revised Statutes and Chapter 640, Nevada Administrative Code.

Place of Birth _____ Date of Birth _____
CITY STATE MONTH/DAY/YEAR

Mailing Address: _____
STREET CITY STATE ZIP

Phone Numbers: HOME _____ CELL _____

Email Address: _____

Are you a citizen of the United States? Yes No

Social Security Number: _____ **or** Individual Taxpayer Identification Number: _____

Have you ever served in the military? Yes No List Branch(es): _____

Dates of service: From ___/___/___ to ___/___/___ Military Occupation Specialties? _____

EDUCATION				
TYPE	NAME	LOCATION	DATES	DEGREE
PT or PTA School				
PT or PTA School				
PT or PTA School				

PHYSICAL THERAPY EXPERIENCE

List your three most recent Physical Therapy Experiences. Indicate type of practice. List your position.

Dates - From/To	Name	Complete Address	Phone	Type	Position

Please note that any absence of practice for two years or longer will require an appearance before the Board.

Please list the information for your Physical Therapy Examination:

_____ City(s)

_____ Date(s)

List the state(s) of previously held and current licenses in Physical Therapy and / or other health care fields:

CHILD SUPPORT INFORMATION: Please mark the appropriate response (failure to mark one of the three will result in denial of application).

_____ **I am not subject** to a court order for the support of a child.

_____ **I am subject** to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, or;

_____ **I am subject** to a court order for the support of one or more children and not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Has your application, license, registration, or certification to practice physical therapy in any jurisdiction ever been **denied, revoked, suspended, cited, fined, surrendered, restricted, limited or placed on probation?** [] Yes [] No.

Have you ever been **reprimanded or fined** in relation to the practice of physical therapy? [] Yes [] No.

Is there any **action pending?** [] Yes [] No.

Have you ever had a **problem related to the habitual use of alcohol or drugs or been diagnosed and/or treated for addiction?** [] Yes [] No. (See instruction sheet for information regarding sealed records)

Have you ever **been arrested for a violation of a Federal Law, State Law, or Municipal Ordinance?** [] Yes [] No. (See instruction sheet for information regarding sealed records)

Have you ever been **charged with a violation of a Federal Law, State Law, or Municipal Ordinance?** [] Yes [] No. (See instruction sheet for information regarding sealed records)

Have you ever been **convicted of a violation of a Federal Law, State Law, or Municipal Ordinance?** [] Yes [] No. (See instruction sheet for information regarding sealed records)

Have you ever been **diagnosed, treated or hospitalized for a psychiatric or mental health condition** that will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist assistant? [] Yes [] No.

Have you ever been **diagnosed as having a physical or medical condition** which will result in your not being able to practice the essential job functions of a licensed physical therapist/physical therapist assistant [] Yes [] No.

A “**Yes Answer**” to any of the above questions will affect the processing of your application and may result in issuing a limited or restricted license or denying your request for licensure. Failure to answer truthfully is grounds for a fraudulent applicant and may result in denial of your request for licensure.

A **new graduate** may not be eligible to become a “Graduate of Physical Therapy” if the answer is yes to any of the above questions.

If the answer is yes to any of the above questions, provide details on separate sheet.

Applicant Name: _____

Photo of applicant taken within 60 days of application must be attached here.

Minimum 2 x 2 inches, maximum 3 x 3. Photo must clearly show facial features.

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

IDENTIFYING MARKS: _____

LICENSING FEES

Application Fee for the Physical Therapist - \$300 (Non-refundable)

All licensing fees are payable directly to the Nevada Physical Therapy Board.

We accept credit cards, personal checks, money orders and cashier's checks. We do not accept cash.

SCORE TRANSFER

Transfer your National Physical Therapy Examination score at:

<http://www.fsbpt.org/OurServices/LicenseeServices/ScoreTransferService.aspx>

PLEASE INDICATE HOW YOU WANT YOUR NAME TO APPEAR ON YOUR LICENSE

(do not list a nickname or degree or title)

VERIFY THAT YOU HAVE COMPLETED THE FOLLOWING ITEMS BEFORE MAILING IN YOUR APPLICATION

- | | |
|---|--|
| <input checked="" type="checkbox"/> Completed the application legibly & completely; | <input checked="" type="checkbox"/> Included the transcripts or have ordered them; |
| <input checked="" type="checkbox"/> Included the appropriate fee; | <input checked="" type="checkbox"/> Ordered the license verifications; |
| <input checked="" type="checkbox"/> Included the completed jurisprudence exam; | <input checked="" type="checkbox"/> Transfer you score. |
| <input checked="" type="checkbox"/> Retained the application instructions; | |

MAIL COMPLETED APPLICATION, FEE AND JURISPRUDENCE EXAM TO:

**NEVADA PHYSICAL THERAPY BOARD
3291 NORTH BUFFALO DRIVE, SUITE 100
LAS VEGAS, NV 89129**

**Nevada Physical Therapy Board
APPLICANT AFFIDAVIT**

AFFIDAVIT OF _____
(Applicant Name)

STATE OF _____

COUNTY OF _____

I, _____, being duly sworn, and under penalty of perjury, state:
(Applicant Name)

1. That affiant has personal knowledge of the information contained herein and could testify to same if called upon to do so.
2. That affiant is applying for a license to practice physical therapy in the State of Nevada.
3. That the information contained in the application to practice physical therapy is true and correct.
4. That the photograph attached to the application to practice physical therapy is a true and correct image of the affiant taken within the last sixty days.

(Signature of Applicant)

SUBSCRIBED AND SWORN to before me

This _____ day of _____ 20 _____.

(Notary Public)

My commission expires _____ 20 _____.

BOARD MEMBER APPLICATION REVIEW SECTION

Approve Disapprove _____
Chairman Date

Approve Disapprove _____
Board Member Date

Approve Disapprove _____
Executive Director Date

Nevada Physical Therapy Board
JURISPRUDENCE EXAMINATION FOR APPLICANTS

Per Nevada Administrative Code 640.040, all applicants for licensure must complete and pass a jurisprudence examination. These questions cover the provisions of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), Chapters 640. These provisions are known as the Practice Act.

The answers to these questions can be found by reviewing the Practice Act. Please follow the application instructions to download the Practice Act from the Board's website.

Circle one answer for each question. ***Return the original completed examination to the Board with your application.*** The examination will be reviewed by the Board office and you will be mailed a graded copy of the examination.

A minimum of 15 correct answers is required to pass this examination.

1. A physical therapist may supervise a maximum of _____ physical therapist assistants.
 - a. 1
 - b. 2
 - c. 3
 - d. 4

2. All licensees must report any changes to their residential address or primary professional address within _____ days after the change.
 - a. 30
 - b. 60
 - c. 45
 - d. 15

3. All licensees must report residential address changes and primary professional addresses to the Board:
 - a. Verbally
 - b. In writing
 - c. In person
 - d. All of the above

4. Unless renewed, all licenses expire annually on _____.
 - a. July 31st
 - b. The licensee's birthday
 - c. 1 year after date of issuance
 - d. June 30th

5. Licensees are required to obtain _____ units of continuing education for the annual renewal of their license.
 - a. 1.0 units (10 hours)
 - b. .8 units (8 hours)
 - c. 1.5 units (15 hours)
 - d. 2.0 units (20 hours)

Applicant Name: _____

6. A licensee shall, within _____ after providing treatment to a patient, indicate in the record of the patient the treatment that was provided.
- a. 72 hours
 - b. 5 days
 - c. 14 days
 - d. 24 hours
7. The Board has the authority to refuse to issue a license, refuse to renew a license, suspend or revoke a license, place a licensee on probation and/or impose an administrative fine of up to \$5,000. Under what section is this located?
- a. NAC 640.680
 - b. NRS 640.100
 - c. NRS 640.160
 - d. None of the above
8. Immediate supervision means that a person is _____ to give aid, direction and instruction to the person he is supervising.
- a. Physically on the premises
 - b. Present onsite and immediately available within the treatment area
 - c. Within 30 miles of the facility
 - d. Available by cell-phone
9. What does the term "primary professional address" mean?
- a. Address where the licensee is practicing on any given day.
 - b. Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 30-day period.
 - c. Address where the licensee works for the majority of time within the calendar year.
 - d. Address where a licensee practices physical therapy or carries out any other activities relating to physical therapy for the majority of his working hours within a consecutive 60-day period.
10. A physical therapist who supervises a physical therapist assistant who provides treatment to a patient shall:
- a. Provide the required treatment and reevaluate the patient not less than every fifth day of treatment or within 10 days, whichever comes first.
 - b. Provide the required treatment and reevaluate the patient not less than every tenth day of treatment or within 30 days, whichever comes first.
 - c. Provide the required treatment and reevaluate the patient not less than every seventh day off treatment or within 21 days, whichever comes first.
 - d. Provide the required treatment and reevaluate the patient not less than every fifteenth day of treatment or within 30 days, whichever comes first.

Applicant Name: _____

11. A physical therapist who supervises a physical therapist assistant who provides treatment to a patient shall provide an evaluation before the patient is discharged, based upon the availability of the patient. Under what section is this located?
- a. NAC 640.680
 - b. NAC 640.055
 - c. NRS 640.162
 - d. NAC 640.592
12. A licensee can be disciplined for failure to cooperate in an investigation.
- a. True
 - b. False
13. A licensee is legally required to report to the Board any unlicensed, unauthorized, unqualified or unethical practice of physical therapy.
- a. True
 - b. False
14. A licensee shall prominently display his or her current license in all locations where he or she practices physical therapy. Under what section can this provision be found?
- a. NAC 640.800
 - b. NRS 640.100
 - c. NAC 640.560
 - d. NAC 640.120
15. A licensee shall provide medical records to a patient within _____ business days after receipt of a written request.
- a. 5
 - b. 10
 - c. 30
 - d. 45
16. In what section can you find information regarding the term “professionally incompetent”?
- a. NAC 640.670
 - b. NRS 640.024
 - c. NAC 640.550
 - d. NRS 640.220
17. In what section can you find the term “unearned fee” defined?
- a. NAC 640.985
 - b. NAC 640.340
 - c. NAC 640.670
 - d. None of the above

Applicant Name: _____

18. A licensee shall not engage in sexual activities with a patient unless:

- a. The patient consents to the relationship
- b. There was a preexisting relationship with that person
- c. The employer agrees to the relationship
- d. All of the above

19. Licensees are required to voluntarily report which of the following to the Board:

- a. Addiction to the use of a controlled substance
- b. Any judgment or settlement in an amount of \$5,000 or more on a claim involving malpractice
- c. The licensee is an impaired practitioner
- d. All of the above

20. A physical therapist technician:

- a. Means an unlicensed person who performs certain limited activities at the direction of the physical therapist.
- b. Must be immediately supervised by a physical therapist when the physical therapist technician performs treatments related to physical therapy which have been directed by the physical therapist.
- c. May not perform any activity which requires the unique skills, knowledge and judgment of a physical therapist.
- d. All of the above

I hereby attest that I answered the above questions, without assistance from any entity or individual. I further attest that I reviewed the provided Practice Act to answer the above questions.

Applicant Name (Print)

Date

Applicant Signature

**Nevada Physical Therapy Board
LICENSE VERIFICATION**

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Complete the top section of this form and mail to the Board of each state in which you are now or have ever been licensed to practice Physical Therapy AND/OR any healthcare related field. *Contact the jurisdiction to ask if there are fees for this service.* (Make copies if needed)

Print Full Name _____
Address _____
City, State, Zip _____
License # _____
SIGNATURE _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the records of the Board of _____
of the State of _____ indicate the following:

Name of Licensee: _____
License Number: _____
License Type _____
(i.e. PT, PTA, CAN, etc.)
Effective Date : _____
Expiration Date : _____
License Status : _____
National Exam : (yes/no) _____
Licensed By : (exam/endorsement) _____
Disciplinary Action: _____

If yes, please provide information and supporting documentation.

BOARD SEAL

Signed: _____
Title: _____
Date: _____

Return the completed form, or equivalent verification to:

**Nevada Physical Therapy Board
3291 North Buffalo Drive, Suite 100
Las Vegas, NV 89129**