

NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS

7570 Norman Rockwell Lane, Suite 230

Las Vegas, NV 89143

(702) 876-5535

(702) 876-2097 fax

APPLICATION FOR LICENSURE BY ENDORSEMENT MILITARY/MILITARY SPOUSE

Dear Endorsement Applicant:

Following this page, 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.

Please be sure to read the instructions carefully and print all pages to avoid a delay in your application process.

Military/Military Spouses enjoy a reduced application fee, require fewer references, do not have to obtain license verifications (Board staff will do this for you), and receive priority processing!

Any items received in the Board office towards the licensure process (transcripts, score transfer). will only be held for 6 months from the date of receipt, unless an application is received. Applications not completed within one year of receipt automatically expire.

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 without a signed release from you. This is to protect your privacy and to avoid confusion.

It is suggested that you mail your application by a means in which to track delivery to the Board office. Please make all inquiries for application status via email at ptapplication@govmail.state.nv.us. Include your name and last four digits of your social security number for identification. You may also follow-up via phone.

The process takes **approximately** 3-4 weeks for endorsement candidates using the electronic submission fingerprinting option, and **approximately** 6-8 weeks using the hard card fingerprinting option. These are only estimates based on the fingerprinting timeframe and not a guarantee of a licensure date. All items must be received in order to consider your request for licensure.

Please update the Board with any changes to your residential address or phone numbers. Also, when you secure employment in Nevada, please provide the name of the Nevada facility, complete address, phone and fax numbers. You may submit updates via fax, mail, or to the licensing coordinator email provided above.

If you have any questions, please contact us. We will be pleased to assist you in any way we can.

Sincerely,

The Nevada State Board of Physical Therapy Examiners

**INSTRUCTIONS FOR COMPLETING THE
NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS
LICENSE APPLICATION VIA ENDORSEMENT**

**ALL INFORMATION REQUESTED MUST BE PRINTED AND COMPLETE
APPLICATIONS WILL BE RETURNED IF ILLEGIBLE OR INCOMPLETE**

Application - Page One

- 1) Complete all information as indicated.
 - a) High School information is only required for P.T.A. applicants.
 - b) List all colleges attended, even if a degree was not obtained.

Application - Page Two

- 1) Physical Therapy Experience. List your three most recent physical therapy experiences. If you are a new graduate who has been licensed and has worked since graduation, list your recent work history and clinical affiliations. Please provide complete addresses and phone numbers. If you have not practiced for two or more years, an appearance before the Board will be required.
- 2) Answer all questions listed, including child support section.
- 3) If you have ever been arrested, charged or convicted of a violation of a Federal Law, State Law or Municipal Ordinance and have had your **records sealed**, you may answer "no" to these questions. However, you are *required* to submit a letter to the Board explaining the incident(s) 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 4 x 4. A passport photo usually works best.

Application - Page Three

- 1) Review the information provided.
- 2) 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.

Application - Page Four

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

FINGERPRINTING. Email the Board at ptapplication@govmail.state.nv.us to request the fingerprinting information. Please include your full name in your email so that we can establish a record in the office. Board staff will email you the information to obtain fingerprinting. You can begin this process before applying for licensure.

**Nevada State Board of Physical Therapy Examiners
REQUIREMENTS FOR THE ENDORSEMENT APPLICANT**

Professional and Personal References. Provide two professional references letters. The reference letters **must be in sealed envelopes and submitted along with your application. Applications received without the reference letters will be returned.** The following criteria must be followed when submitting reference letters:

SUBMIT TWO LETTERS FROM:

- ❖ Licensed physical therapists who can attest to your clinical skills as a physical therapist/physical therapist's assistant within the last two years. (If recently licensed and practicing, use a combination of your recent employer and clinical affiliations).
- ❖ And NOT related to you by blood or marriage.
- ❖ And NOT professor/educator/classmate from any school you attended.

Score Transfer. Transfer your exam score on the FSBPT web site at:

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

Transcripts. An original transcript from physical therapy school must be mailed to the Board office, either with your application packet or directly from the school. The transcript must be in a sealed envelope as issued by the school.

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.

Proof of Identification: As a member of the military or a military spouse, the Board provides for a reduced application fee and expedited handling of your application. Additionally, the Board will conduct the license verifications for such applicants. Please provide a copy of your military/military spouse identification with your application.

Applicant Name: _____

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	Posit.

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 the 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 *am 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.

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's 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's 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 application and may result in denial of your request for licensure.

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

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 _____
(feet / inches)

EYE COLOR _____ HAIR COLOR _____

Identifying Marks: _____

Applicant Name: _____

LICENSING FEES

Application Fee for the Physical Therapist	\$150 (Non-refundable)
Application Fee for the Physical Therapist's Assistant	\$100 (Non-refundable)

All of the above licensing fees are payable directly to the Nevada State Board of Physical Therapy. We accept personal checks, money orders and cashier's checks. We do not accept credit cards or cash.

SCORE TRANSFER FEE

Transfer your national physical therapy examination score at

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

When licensed, please indicate exactly how you want your name to appear on your license

_____ (do not list a nickname or degree or title)

Before you mail in your application and materials, please verify that you have:

- 1) Completed the application legibly and completely;
- 2) Included the required references;
- 3) Included the appropriate fee;
- 4) Included the completed jurisprudence examination;
- 5) Retained the application instructions;
- 6) Requested the fingerprinting information;
- 7) Included a copy of your military identification;
- 8) Included the transcript or have ordered it;
- 9) Transferred your National Physical Therapy Examination score.

MAIL THIS APPLICATION & FEE, JURISPRUDENCE EXAM, REFERENCE LETTERS AND COPY OF MILITARY IDENTIFICATION TO:

NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS
7570 NORMAN ROCKWELL, SUITE 230
LAS VEGAS, NV 89143
(702) 876-5535

AFFIDAVIT OF _____
(NAME OF APPLICANT)

STATE OF _____)

COUNTY OF _____)

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

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 _____
Vice Chairman Date

Approve Disapprove _____
Secretary/Treasurer Date

Approve Disapprove _____
Board Member Date

Approve Disapprove _____
Board Member Date

NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS

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 use the enclosed Practice Act to determine the correct answer to each question. 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's 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

Applicant Name: _____

4. Unless renewed, all licenses expire annually on _____.
- a. December 31st
 - b. the licensee's birthday
 - c. July 31st
 - 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)
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 and immediately available within the treatment area
 - c. within 30 miles of the facility
 - d. available by cell-phone

Applicant Name: _____

9. What does the term “primary professional address” mean?
- Address where the licensee is practicing on any given day.
 - 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.
 - Address where the licensee works for the majority of time within the calendar year.
 - 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’s assistant who provides treatment to a patient shall:
- provide the required treatment and reevaluate the patient not less than every fifth day of treatment or within 10 days, whichever comes first.
 - provide the required treatment and reevaluate the patient not less than every tenth day of treatment or within 30 days, whichever comes first.
 - provide the required treatment and reevaluate the patient not less than every seventh day of treatment or within 21 days, whichever comes first.
 - provide the required treatment and reevaluate the patient not less than every fifteenth day of treatment or within 30 days, whichever comes first.
11. A physical therapist who supervises a physical therapist’s 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?
- NAC 640.680
 - NAC 640.055
 - NRS 640.162
 - NAC 640.592
12. A licensee can be disciplined for failure to cooperate in an investigation.
- True
 - False

Applicant Name: _____

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 the original current license issued to him by the Board at his primary professional address during the hours the place is open for business. 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

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

Applicant Name: _____

19. To remain in compliance, after the annual renewal period, current licenses MUST be posted:

- a. upon receipt by the licensee.
- b. on August 1.
- c. within 60 days of renewal.
- d. at the discretion of the employer.

20. A physical therapist's 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's 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.

Print Name

Date

Signature