

Nevada Physical Therapy Board



7570 Norman Rockwell Lane, Suite 230 · Las Vegas, NV 89143
Phone (702) 876-5535 · Facsimile (702) 876-2097

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANT **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 and last four numbers of your social security number in your email. You may also call the Board office for status.

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, 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. We will be pleased to assist you in any way we can.

Sincerely,

The Nevada Physical Therapy Board

Rev. 7/9/2018

INSTRUCTIONS FOR COMPLETING THE NEVADA PHYSICAL THERAPY BOARD 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 Experiences. List your work history, including clinical affiliations if necessary. Please provide complete addresses and phone numbers
- 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 3 x 3. 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 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.

NEVADA PHYSICAL THERAPY BOARD REQUIREMENTS FOR THE EXAMINATION APPLICANT

License Verification. Complete the top section of the form. Mail to each state in which you are now, or were previously, ***licensed in any healthcare related field***. 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 every college attended (whether or not a degree was awarded), original transcripts in sealed envelopes must be mailed to the Board office. **P.T.A's** must also submit an original high school transcript in a sealed envelope.

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. Complete the form and mail it along with the related fee directly to the FSBPT. You may also transfer your exam score on the FSBPT web site at www.fsbpt.net/pt.

NEVADA PHYSICAL THERAPY BOARD

PLEASE PRINT LEGIBLY – FAILURE TO DO SO WILL RESULT IN THE APPLICATION BEING RETURNED

PHYSICAL THERAPIST APPLICANT

- OR -

PHYSICAL THERAPIST'S ASSISTANT APPLICANT

I, _____
FIRST NAME MIDDLE NAME LAS 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: _____

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 |
| HIGH SCHOOL | | | | |
| PT/PTA SCHOOL | | | | |
| COLLEGE | | | | |
| COLLEGE | | | | |
| OTHER | | | | |

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 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 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, 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 _____

EYE COLOR _____

HAIR COLOR _____

Identifying Marks: _____

Applicant Name: _____

LICENSING FEES

| | |
|------------------------------------------------------|------------------------|
| Application Fee for the Physical Therapist | \$300 (Non-refundable) |
| Application Fee for the Physical Therapist Assistant | \$200 (Non-refundable) |

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

SCORE TRANSFER FEE

Transfer your national physical therapy examination score at

<http://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 appropriate fee;
3. Included the completed jurisprudence examination;
4. Retained the application instructions;
5. Included the transcripts or have ordered them;
6. Ordered the license verifications;
7. Registered and paid for the National Physical Therapy Examination.

MAIL THIS APPLICATION & FEE, JURISPRUDENCE EXAM AND REFERENCE LETTERS TO:

**NEVADA PHYSICAL THERAPY BOARD
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 _____

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

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?
- 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.
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

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 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.

Print Name

Date

Signature

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: _____

Please return the completed form, or equivalent verification to:

Nevada Physical Therapy Board
7570 Norman Rockwell Lane, Suite 230
Las Vegas, NV 89143