

State of Nevada

Physical Therapy Board

3291 North Buffalo Drive, Suite 100 · Las Vegas, NV 89129

Phone (702) 876-5535 · Facsimile (702) 876-2097

Email: ptapplication@govmail.state.nv.us



PHYSICAL THERAPIST & PHYSICAL THERAPIST ASSISTANT APPLICATION FOR LICENSURE BY ENDORSEMENT

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 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 (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, and 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: 4/1/2022

**INSTRUCTIONS FOR COMPLETING THE
PHYSICAL THERAPIST & PHYSICAL THERAPIST ASSISTANT
APPLICATION FOR LICENSURE BY ENDORSEMENT**

ALL INFORMATION REQUESTED MUST BE PRINTED AND COMPLETE
Illegible or Incomplete Applications Will Be Returned

APPLICATION – PAGE 4

1. Complete all information as indicated.
 - a. Provide a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
 - b. List all PT or PTA schools attended and employment information.

APPLICATION – PAGE 5

1. List Physical Therapy Experience, including your work history, and clinical affiliations if necessary. Please provide complete addresses and phone numbers. Do not list work experiences outside of the clinical affiliation (i.e., employment as a physical therapy technician).
2. Answer all the questions listed. 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. **Applicants must disclose all arrests, charges, and convictions, even if the record has been expunged.**

APPLICATION – PAGE 6: LICENSE VERIFICATION

1. Complete the top section of the License Verification Form and mail it 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 online. We require original license verifications received directly from the issuing bodies in sealed envelopes.

APPLICATION – PAGE 7

1. Attach applicant photo. Minimum 2 x 2 inches, maximum 3 x 3. A passport photo usually works best.
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. This is how you will be signing your patient notes.
3. Transfer your National Physical Therapy Examination score.
4. Verify that all required steps have been completed prior to mailing.
5. Mail completed application, fees, jurisprudence exam, and Fingerprint Waiver to the Board office.

**ADDITIONAL REQUIREMENTS FOR THE
PHYSICAL THERAPIST & PHYSICAL THERAPIST ASSISTANT
APPLICATION FOR LICENSURE BY ENDORSEMENT**

APPLICATION – PAGES 8 – 13: JURISPRUDENCE EXAM

Complete the Jurisprudence (Law) Examination and return it to the Board office with the completed application. Please use the Practice Act (Nevada Revised Statutes and Nevada Administrative Code) when taking this examination. All the answers can be found in the Practice Act. The Practice Act can be found on the Board's website at https://ptboard.nv.gov/About/Board_Information/, click on Practice Act. Be sure to print the NAC and the NRS.

FINGERPRINTS:

Applicants for licensure as a PT or PTA in the State of Nevada must undergo a fingerprint/criminal background check. Applicants must submit a signed Fingerprint Background Waiver to the Board prior to the submission of their fingerprints. Applicants are strongly encouraged to complete the fingerprint requirement early in the application process as this may take up to 2 months to complete. Fingerprint instructions can be found on the Board website at: <https://ptboard.nv.gov/Home/V3/Applicants/>.

SCORE TRANSFER:

SCORE TRANSFER

Transfer your National Physical Therapy Examination score at:
<http://www.fsbpt.org/OurServices/LicenseeServices/ScoreTransferService.aspx>

FEES:

LICENSING FEES

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

**NEVADA PHYSICAL THERAPY BOARD
APPLICATION FOR LICENSURE BY ENDORSEMENT**

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: _____

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 the type of practice and 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 a separate sheet.

**NEVADA PHYSICAL THERAPY BOARD
LICENSE VERIFICATION REQUEST**

THIS SECTION TO BE COMPLETED BY THE APPLICANT

Complete this License Verification Request and mail it 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)

Full Name: _____
Address: _____
City, State, Zip: _____
License Number: _____
Signature: _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE LICENSING 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 Completed Form, or Equivalent Verification to:

Nevada Physical Therapy Board
3291 North Buffalo Drive, Suite 100
Las Vegas, NV 89129
Email: ptapplication@govmail.state.nv.us

Applicant Name: _____

FSBPT ID: _____

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.

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

SUBMIT COMPLETED APPLICATION, FEE AND JURISPRUDENCE EXAM TO:

Nevada Physical Therapy Board
3291 North Buffalo Drive, Suite 100
LAS VEGAS, NV 89129
Email: ptapplication@govmail.state.nv.us

**NEVADA PHYSICAL THERAPY BOARD
APPLICATION REVIEW SECTION**

Approve Disapprove _____
Board Chair Date

Approve Disapprove _____
Board Member Date

Approve Disapprove _____
Executive Director Date

**NEVADA PHYSICAL THERAPY BOARD
JURISPRUDENCE ASSESSMENT MODULE EXAMINATION (NV JAM)
INSTRUCTIONS**

What is the Jurisprudence Assessment Module Examination?

The Nevada Jurisprudence Assessment Module Examination (NV JAM) is an open book assessment tool that tests the familiarity of an applicant with the laws and regulations relevant to the practice of physical therapy in the State of Nevada. The questions cover the provisions of Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC), Chapters 640.

Who Must Take the NV JAM?

Individuals applying for a physical therapy license by examination or endorsement in the State of Nevada must take and pass the NV JAM as a requirement for licensure (NAC 640.040(2)).

What is the NV JAM Passing Score?

Testers are required to answer 80% (16) of the questions correctly to pass the exam. The answers to each question can be found by reviewing the Practice Act.

How do I complete the NV JAM?

1. Review the Practice Act
 - a. NRS 640: <https://www.leg.state.nv.us/NRS/NRS-640.html>
 - b. NAC 640: <https://www.leg.state.nv.us/nac/NAC-640.html>
2. Print your name at the top of the exam, which begins on the following page.
3. Check one answer for each question.
4. Print, sign, and date the last page of the exam.
5. Send the completed exam, along with your completed application for licensure to the Board:

Email: ptapplication@govmail.state.nv.us

Fax: (702) 876-2097; or

Mail: Nevada Physical Therapy Board
3291 N. Buffalo Drive, Suite 100
Las Vegas, NV 89129

**NEVADA PHYSICAL THERAPY BOARD
JURISPRUDENCE ASSESSMENT MODULE EXAMINATION**

Applicant Name: _____

1. A physical therapist may supervise a maximum of _____ physical therapist assistants.

- 1
- 2
- 3
- 4

2. Licensees are required to report any changes to their residential address or primary professional address in writing within _____ days after the change.

- 30
- 60
- 45
- 15

3. How often must Nevada physical therapy licenses be renewed?

- Semi-annually
- Annually
- Biennial
- Triennially

4. Licensees are required to obtain _____ of continuing education (competence) for the annual renewal of their license.

- 10 hours
- 8 hours
- 15 hours
- 20 hours

5. A licensee shall, within _____ after providing treatment to a patient, indicate in the record of the patient the treatment that was provided.

- 72 hours
- 5 days
- 14 days
- 24 hours

6. 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?

- NAC 640.680
- NRS 640.100
- NRS 640.160
- None of the above

7. Immediate supervision means that a person is _____ to give aid, direction, and instruction to the person he is supervising.

- Physically on the premises
- Present on-site and immediately available within the treatment area
- Within 30 miles of the facility
- Available by cellphone

8. 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 the 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.

9. A physical therapist who supervises a physical therapist 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.
10. 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?
- NAC 640.680
 - NAC 640.055
 - NRS 640.162
 - NAC 640.592
11. A licensee can be disciplined for failure to cooperate in an investigation.
- True
 - False
12. A licensee is legally required to report to the Board any unlicensed, unauthorized, unqualified, or unethical practice of physical therapy.
- True
 - False
13. 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?
- NAC 640.800
 - NRS 640.100
 - NAC 640.560
 - NAC 640.120

14. A licensee shall provide medical records to a patient within _____ business days after receipt of a written request.
- 5
 - 10
 - 30
 - 45
15. In what section can you find information regarding the term “professionally incompetent”?
- NAC 640.670
 - NRS 640.024
 - NAC 640.550
 - NRS 640.220
16. Prior to utilizing dry needling techniques in patient treatment, a physical therapist must submit to the Board written proof of successful completion of at least _____ hours of didactic education and training.
- 45
 - 100
 - 150
 - None of the above
17. A licensee shall not engage in sexual activities with a patient unless:
- The patient consents to the relationship
 - There was a preexisting relationship with that person
 - The employer agrees to the relationship
 - All of the above
18. Before performing dry needling, a physical therapist must obtain _____ consent from a patient.
- Verbal
 - Written
 - Implied
 - None of the Above

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

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

20. A physical therapist technician:

- This means an unlicensed person who performs certain limited activities at the direction of the physical therapist.
- 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.
- May not perform any activity which requires the unique skills, knowledge, and judgment of a physical therapist.
- All of the above

END OF EXAMINATION

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

Applicant Name (Print)

Date

Applicant Signature