

Division of Public Health
Licensure Unit
Rehab Section
301 Centennial Mall South
PO Box 94986
Lincoln NE 68509-4986
Phone: 402/471-2299

NEBRASKA PHYSICAL THERAPIST (PT) APPLICATION FOR LICENSURE

IF YOU ARE APPLYING TO TAKE THE NATIONAL EXAMINATION, YOU MUST SUBMIT YOUR APPLICATION WITH REQUIREMENTS AT LEAST ONE (1) MONTH PRIOR TO YOUR GRADUATION OR ONE (1) MONTH PRIOR TO FSBPT'S REGISTRATION & PAYMENT DEADLINE

Examinations: All applicants for physical therapist licensure are required to pass the two examinations listed below. Both examinations are administered by the Federation of State Boards of Physical Therapy (FSBPT):

- Pass the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600.
- Pass NELAW Examination (Jurisprudence exam) with a scaled score that is greater than or equal to 600. (The NELAW examination covers the laws governing the practice of physical therapy in **Nebraska**.)

Examination(s) eligibility requires:

- a completed application with requirements; and
- proof of graduation from an approved physical therapy education program; or (education in a foreign country) requires proof of completion of a course of professional instruction substantially equivalent to an approved physical therapy education program.

Read the step by step instructions pertaining to the basis of your application for a physical therapist license prior to completing your application requirements

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Effective June 23, 2012:

If you passed the National Physical Therapist Examination (NPTE) **more than three years** and have not practiced within the three (3) years preceding your application to Nebraska, you must:

- Retake the NPTE and pass with a scaled score that is equal to or greater than 600.

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Physical Therapist License by Examination:

- applicant who has not taken the NPTE or has not successfully passed the NPTE; or
- applicant who has been licensed in another jurisdiction - *and has not practiced within three (3) years of application*; or
- applicant who is unlicensed - *and passed the NPTE more than three (3) years of application*

Step 1 – DETERMINE AND SELECT YOUR NATIONAL THERAPIST EXAMINATION (NPTE) - TEST DATE. Test dates are located online at Federation of State Boards of Physical Therapy (FSBPT) at: <https://www.fsbpt.org/index.asp>

When selecting your National Physical Therapist Examination, you must consider the following:

- * To be eligible for a specific test date, your official PT graduation date **must be prior** to that test date's FSBPT '**Registration & Payment Deadline**';
- * Applicants **will not** be made eligible to sit for the National Physical Therapist Examination (NPTE) until after their official date of graduation from a PT Educational program has occurred. When selecting a test date, you must have graduated prior to the FSBPT **Registration & Payment Deadline** ; and
- * Applicants will not be made eligible to test if they have not completed the application requirements prior to the FSBPT **Registration & Payment Deadline**.

A Register and pay your National Physical Therapist Examination (NPTE) fee of **\$400.00** online to FSBPT at the website above.

B Register and pay your Nebraska Jurisprudence (NELAW) exam fee of **\$65.00** online to FSBPT at the website above.

STEP 2 – APPLICATION FOR PHYSICAL THERAPIST LICENSURE

A **Mail** your completed Application for Physical Therapist Licensure to the Licensure Unit immediately after completing Step 1. Applications must be submitted with the following:

- (1) A copy of your proof of age. Refer to page 6 of the application for acceptable document.
- (2) Documentation of proof of United States citizenship, lawful presence, and/or immigration status in the United States. Refer to page 6 of the application for acceptable document. A copy of your driver's license, Hospital birth certificate or SSN card **is not** proof of citizenship.)
- (3) Appropriate application fee payable to the Licensure Unit. (Refer to Section A of the application for fee amount.)
- (4) If you have been convicted of a misdemeanor or felony, you must list all convictions in Section C of the application and submit the following with your application
 - (a) Copy of the court record(s), which includes charges and disposition
 - (b) Written explanation of the events leading to the conviction(s)
 - (c) All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;
 - (d) A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.

Applications with convictions will be held for Board approval.
- (5) Foreign trained PT applicants must submit additional information. Refer to Section E2 of the application.
 - (a) Foreign trained physical therapy education must be substantially equivalent to an approved education program. Education credentials prepared by ICD, ICA, IERF or FCCPT must be submitted directly to the Licensure Unit by the agencies.
 - (b) Proof of Proficiency in the English Language required.

B Request your Physical Therapy School mail your **Official transcript** showing proof of graduation be **mailed** directly to our office. **E-mailed or faxed transcripts are not acceptable.**

STEP 3 – Review

A Review the FSBPT candidate handbook at: <https://www.fsbpt.org/index.asp>

B Wait for our office to respond to you in writing regarding the status of your Application and then complete any noted incomplete requirements by the deadline given. At this time you will also be mailed the NELAW Study Material CD.

C Decide which Prometric Test Center you would like to test at by viewing the test centers and locations at: <http://www.prometric.com/FSBPT/default.htm>

D **Upon completion/receipt of all requirements listed above (and approval from the Board, if applicable)**, our office will make you eligible for both exams and notify you in writing. The business day after we make you examination eligible, #1 and #2 below will occur:

- (1) FSBPT will **E-MAIL** you an "Authorization to Test" (ATT) letter for the NPTE which will include instructions on how to schedule your examination with the Prometric Test Center. Note: At the time you schedule your NPTE with the Prometric Test center, you will be required to pay the test center **\$85.00** for the NPTE.
- (2) FSBPT will **E-MAIL** you an "Authorization to Test" (ATT) for the NELAW Examination which will include instructions on how to schedule your examination with the Prometric Test Center. Note: At the time you schedule your NELAW examination with the Prometric Test center, you will be required to pay the test center **\$25.00** for the NELAW examination.
 - (a) **NE Law/Jurisprudence Exam Study Materials (NE Law Exam Candidate Handbook)** It is necessary for you to have reviewed study materials which includes: 1) Candidate Information Booklet for the NE Law Examination; 2) **Study Guide-Nebraska Law Examination Content Outline**; 3) Statutes Relating to Physical Therapy; 4) Statutes Relating to Medical Records; 5) Regulations relating to the Practice of Physical Therapy-172 NAC 137; 6) Statutes relating to the Uniform Credentialing Act; 7) Statutes relating to the Uniform Credentialing Act for Mandatory Reporting; and 8) Regulations relating to Mandatory Reporting. The study material is located on the Physical Therapy website. You will also be sent a Nebraska Candidate Handbook CD upon receipt of your application.

STEP 4 - We will notify you in writing of your examination results once we have received **both results**

* If you pass both licensure examinations and have met all requirements, your credential will be issued and mailed to you.

* If you fail the **NPTE**, your application will be denied. You may re-apply for licensure by resubmitting a PT application with application fee and also re-paying your NPTE fee to FSBPT. The NPTE can only be taken three (3) times within a 12-month period.

* If you fail the NE LAW Exam and pass the NPTE examination, you must re-pay your NE Law exam fee to FSBPT and our office will make you eligible to re-take that examination.

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Instructions for Physical Therapist Licensure Based on A License issued in Another Jurisdiction (State) or Unlicensed Applicant:

- applicant who is currently practicing or practiced within previous three years of application; or
- applicant who is licensed in another jurisdiction (state) and has not practiced within three (3) years of application – *passed the NPTE within three (3) years of application*; or
- applicant who is Unlicensed – *passed the NPTE within three (3) years of application*

STEP 1 – Transfer your National Physical Therapist Examination (NPTE) to Nebraska and register/pay your NELAW Examination fee for Nebraska online to the Federation of State Boards of Physical Therapy (FSBPT) website: <https://www.fsbpt.org/index.asp>

- A Have FSBPT transmit your National Examination score to Nebraska. Nebraska's passing score is scaled score of 600 or greater.)
 B Register and pay your NELAW exam fee of **\$65.00** online to FSBPT at the website above.

STEP 2 – APPLICATION FOR PHYSICAL THERAPIST LICENSURE

A **Mail** your completed Application for Physical Therapist Licensure to the Licensure Unit immediately after completing Step 1. Applications must be submitted with the following:

- (1) A copy of your proof of age. Refer to page 6 of the application for acceptable document.
- (2) Documentation of proof of United States citizenship, lawful presence, and/or immigration status in the United States. Refer to page 6 of the application for acceptable document. A copy of your driver's license, Hospital birth certificate or SSN card **is not** proof of citizenship.)
- (3) Appropriate application fee payable to the Licensure Unit. (Refer to Section A of the application for fee amount.)
- (4) If you have been convicted of a **misdemeanor** or **felony**, you must list all convictions in Section C of the application and submit the following with your application:
 - (a) Official court records, which includes charges and disposition
 - (b) Written explanation of the events leading to the conviction(s)
 - (c) All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required.
 - (d) A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.

Applications with convictions will be held for Board approval.
- (5) Foreign trained PT applicants must submit additional information. Refer Section E2 of the application.
 - (a) Foreign trained physical therapy education must be substantially equivalent to an approved education program. Education credentials prepared by ICD, ICA, IERF or FCCPT must be submitted directly to the Licensure Unit by the agencies.
 - (b) Proof of Proficiency in the English Language required.

B Verification/Certification from other states. (Attachment A of the Application) Contact all states you list in Section C-4 of your application and have those states send a Certification/Verification of your license(s) to Nebraska. Contact info for other state physical therapy licensing agencies are listed on the FSBPT website at: <https://www.fsbpt.org/index.asp>
For assistance in obtaining verifications from other states, contact Irene Eckman at irene.eckman@nebraska.gov prior to contacting other states. When 'requesting assistance with verifications' via e-mail, include your name, PT or PTA license numbers and states.

C Request your Physical Therapy School mail your **official transcript** showing proof of graduation be **mailed** directly to our office.
E-mailed or faxed transcripts are not acceptable.

STEP 3 – Review

A Review the FSBPT Candidate Handbook <https://www.fsbpt.org/index.asp>

B **WAIT** for our office to respond to you in writing regarding the status of your Application and then complete any noted incomplete requirements by the deadline given. At this time you will also be mailed the NELAW Study Material CD.

C Decide which Prometric Test Center you would like to test at by viewing the test centers and locations at: <http://www.prometric.com/FSBPT/default.htm>

D Upon completion/receipt of all requirements listed above (and approval from the Board, if applicable), our office will make you eligible to take the NELAW examination and notify you in writing. The business day after we make you examination eligible, #1 below will occur:

- (1) FSBPT will **E-MAIL** you an "Authorization to Test" (ATT) for the NELAW Examination which will include instructions on how to schedule your examination with the Prometric Test Center and that you will have a 60-day eligibility period to take this examination. Note: At the time you schedule your NELAW examination with the Prometric Test center, you will be required to pay the test center **\$25.00** for the NELAW examination.
 - (a) **NELAW/Jurisprudence Exam Study Materials (NELAW Exam Candidate Handbook)** It is necessary for you to have reviewed study materials which includes: 1) Candidate Information Booklet for the NE Law Examination; 2) **Study Guide-Nebraska Law Examination Content Outline**; 3) Statutes Relating to Physical Therapy; 4) Statutes Relating to Medical Records; 5) Regulations relating to the Practice of Physical Therapy-172 NAC 137; 6) Statutes relating to the Uniform Credentialing Act; 7) Statutes relating to the Uniform Credentialing Act for Mandatory Reporting; and 8) Regulations relating to Mandatory Reporting. The study material is located on the Physical Therapy website. You will also be sent a Nebraska Candidate Handbook CD upon receipt of your application.

STEP 4 - Our office will notify you in writing of your examination results

* If you pass the Nebraska Jurisprudence (NELAW) examination and have met all PT licensure requirements, your credential will be issued and mailed to you.

* If you fail the Nebraska Jurisprudence (NELAW) examination, you must re-pay your NELAW exam fee to FSBPT and our office will make you eligible to re-take the examination.

State of Nebraska
 Department of Health & Human Services
 Division of Public Health
 Licensure Unit
 P.O. Box 94986
 Lincoln NE 68509-4986

Effective: 06/23/2012 Revised: 12/30/2016
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Print or type application and mail to the address on the left.
Print the application pages one (1) sided only.
DO NOT print application-double sided.

Check below the basis for application:

- License by Examination** – Applicants who have not taken or have not successfully passed the NPTE
- License in Another Jurisdiction (state) :**
 - Current practice or practice *within* the preceding three (3) years of application
 - Have not practiced within the three (3) years preceding application - *passed the NPTE within three (3) years of application*
 - Have not practiced within the three (3) years preceding application - *passed the NPTE more than three years of application*
- Unlicensed Applicant:**
 - Passed the NPTE *within three (3) years of application*
 - Passed the NPTE *more than three (3) years of application*

APPLICATION FOR PHYSICAL THERAPIST LICENSURE

SECTION A: LICENSE FEE

The initial Physical Therapist application fee is \$133.00. If your license is issued within 180 days of the expiration date of November 1st of odd-numbered years, the application fee is prorated and will be \$33.25. **Make your check or money order payable to "Licensure Unit" and mail it with your application.**

All Physical Therapist licenses expire November 1st of odd-numbered years.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133	\$133
Odd	\$133	\$133	\$133	\$133	\$33.25	\$33.25	\$33.25	\$33.25	\$33.25	\$33.25	\$133	\$133

SECTION B: PERSONAL INFORMATION (All applicants must complete this section.)

1	Legal Name	Last:	First:		Middle:	
	Maiden Name	Name:	Other names you are known as (AKA):			
2	Mailing Address	Street/Rural Route/PO Box				
		City:	State:	Zip:	Country:	
Additional information requested: (The following information is not displayed on the internet) Submit evidence of age, i.e.,: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation. A U.S. birth certificate will satisfy the requirement for proof of age and proof of U.S. citizenship.						
3	Date of Birth (Month/Day/Year)				Age:	
	(Submit proof of age of majority: i.e., copy of birth or marriage certificate or driver's license.)					
4	Place of Birth	City/State/Country				
5	Check the Appropriate Box(s)	<input type="checkbox"/> Social Security Number (SSN);			SSN#	
		<input type="checkbox"/> Alien Registration Number ("A#"); and/or			A#	
		<input type="checkbox"/> Form I-94 (Arrival-Departure Record) number			I-94#	
		<i>If you have a SSN and an A#, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</i>				
6	Phone #: (optional)		Fax #: (optional)		E-Mail Address: (optional)	
	<i>If you provide us with the optional information, it will allow our office to expedite communication relating to the status of your application and examination(s). E-mail address must be the same one used to register for examination(s) with FSBPT.</i>					

THIS BOX IS FOR OFFICIAL USE ONLY	
BACKGROUND CHECK	
BOARD REVIEW	
LICENSE #	

SECTION C – CONVICTION AND LICENSURE INFORMATION - (All applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including but not limited to, payment of a civil penalty.

Answer each of the following questions by placing a (✓) in the appropriate Yes or No Box and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation.

1	Have you ever been convicted of a misdemeanor or felony in any jurisdiction? If yes, list all misdemeanor or felony convictions below. (Continue on reverse or use additional sheet if space is inadequate.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Type of Charge/Crime	Date of Charge/Crime	Name/Location of Court/Entity Taking Action		
<p>If you answered YES to the question above, you must submit the following documents with your application:</p> <ul style="list-style-type: none"> • Copy of the court record(s), which includes charges and disposition; • Written explanation of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s); • All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required; • A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation. 					
2	Have you practiced in Nebraska as a physical therapist prior to licensure?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, how many days have you practiced in Nebraska as a physical therapist prior to licensure?			Number of days _____	
	Name of Business:				
	Location/Address of Business:				
Phone Number of Business:					
3	Have you previously held a physical therapist license in Nebraska? If yes STOP, you must submit a Physical Therapist Reinstatement Application			<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are you or have you been credentialed to provide health services, health-related services, or environmental services in another jurisdiction (state)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	List all other state(s) where you have a current or expired credential. (Continue on reverse side or use additional sheet if space is inadequate.)				
	State	Type of Credential	License Number	Date Issued	Expiration Date
<p>You must request a certification of your credential(s) (current or expired) be sent to Nebraska. Submit Attachment A (Certification of Credential in Another Jurisdiction) to the appropriate licensing agencies.</p>					
5	Has any disciplinary action ever been taken against your credential(s) by a state licensing agency, or is any currently pending?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, fill in the information below:				
	Action	Date of Action	Type of Credential	Name/Address of State Agency	
Submit a copy of the disciplinary action(s), including charges and disposition with this application to our office.					
6	Have you ever been denied a license or the right to take an examination?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, explain: _____				

SECTION D: LICENSE APPLICATION CATEGORY - All applicants must complete either #1 or #2 below, whichever is applicable.

1 **National Physical Therapist Examination (NPTE) candidates must complete all questions in item 1. If the basis for your application for Physical Therapist licensure is:**

- **License by Examination;**
- **License in Another Jurisdiction (state) –** Have not practiced within the three (3) years preceding application - *passed the NPTE more than three years of application;* or
- **Unlicensed Applicant -** *Passed NPTE more than three(3) years prior to application*

You must register for an NPTE test date and pay your NPTE exam fee of \$400.00 online with the Federation of State Boards of Physical Therapy (FSBPT). The FSBPT website is: <https://www.fsbpt.org/index.asp>

a	Are you applying to take the National Physical Therapy Examination (NPTE) through Nebraska? If yes, which NPTE test date? _____/_____/_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you registered and paid your NPTE fee to FSBPT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	Have you ever failed the National Physical Therapist Examination? If yes, list the examination dates you failed. _____/_____/_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2 **If the Basis for your application for Physical Therapist licensure is:**

- **License in Another Jurisdiction (state) –** Current practice or practice within the preceding three (3) years of application
- **Unlicensed Applicant –** passed the NPTE within three (3) years of application

You must transfer your NPTE score to Nebraska; and register and pay your NELAW exam fee of \$65.00 online with the Federation of State Boards of Physical Therapy (FSBPT). The FSBPT website is: <https://www.fsbpt.org/index.asp>

a	Have you taken and passed the National Physical Therapist Examination through another state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Results pending
b	List date you passed the NPTE (or date you will sit for the NPTE) and jurisdiction (state):	Exam date: _____/_____/_____	Exam jurisdiction (state) _____	

All applicants must complete #3 and #4 below.

3	Have you paid your NE LAW (Jurisprudence) Examination fee to FSBPT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Do you have a disability that requires special accommodations for taking examinations? If yes, an Accommodation Request Form (Attachment C) must be completed and submitted with your application. If no, do not submit the Accommodation Request Form (Attachment C) with your application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION E - EDUCATION - All applicants must have their official transcript mailed directly to our office

1 **Graduates of an approved Physical Therapist Program:**
Request submission of your **official** Physical Therapy transcript (meaning coming directly to our office from the institution under its seal) showing completion of an approved physical therapy program.

Graduates of a Foreign Trained Physical Therapist Program:
Request submission of your official Physical Therapy transcript (official meaning coming directly to our office from the institution under its seal) showing completion of the physical therapy program. (We will also accept a copy of your official transcript transmitted directly from the education evaluation service you used to evaluate your education: IERF, ICD, ICA or FCCPT.)

SECTION E - EDUCATION Continued

2	FOREIGN TRAINED PHYSICAL THERAPISTS ONLY: If you have been trained as a physical therapist in a foreign physical therapy school that is not accredited:	
A	<p>An applicant for a license to practice as a physical therapist on the basis of training as a physical therapist in a foreign country must have completed a physical therapy program of professional instruction that is substantially equivalent to an approved educational program. A substantially equivalent program of professional instruction is one that consists of components specified in one of the Federation of State Boards of Physical Therapy (FSBPT) Coursework tools. The appropriate FSBPT Coursework Tool to be used by the credential agency will be determined by the year you graduated from your foreign program of professional instruction. The Coursework Tools are listed on the FSBPT webpage at: https://www.fsbpt.org/RegulatoryTools/CWT/index.asp</p>	
	Request submission of an evaluation of your education credentials by one of the following approved evaluation services:	
1	International Education Research Foundation, Inc. Credentials Evaluation Service Post Office Box 3665 Culver City, CA 90231 Phone: 310.258.9451 http://www.ierf.org/	2
		International Credentialing Associates, Inc. 7245 Bryan Dairy Road Largo, FL 33777 Phone: (727)549-8555 Email: customerservice@icaworld.com http://www.icaworld.com/applications.html
3	International Consultants of Delaware, Inc 3600 Market St Ste 450 Philadelphia PA 19104 (215)222-8454 ext 603 www.icdeval.com	4
		Foreign Credentialing Commission on Physical Therapy (FCCPT) 124 West Street South 3 rd Floor Alexandria, VA 2231 (703)684-8406 http://www.fccpt.org/

B	<p>PROFICIENCY IN THE ENGLISH LANGUAGE: Pursuant to 172 NAC 137.01, subsection 2: The following applicants are deemed to be proficient in the English language: graduates of physical therapy programs from Australia, Canada (except Quebec), Ireland, New Zealand, the United Kingdom and the United States; and Graduates from programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).</p> <p>If you graduated from a physical therapy program that is not deemed to be proficient in the English language, you must provide one of the following (in accordance with the Physical Therapy Regulations, 137-004.01 (2) b):</p> <p>Provide official documentation showing passage of one of the following examinations administered by Educational Testing Service which measures proficiency in the English language:</p> <p>(1) Test of English as a Foreign Language (TOEFL), paper pencil format, with a minimum passing score of 560; Test of Written English (TWE), paper pencil format, with a minimum passing score of 4.5; and Test of Spoken English (TSE), paper pencil format with a minimum passing score of 50; or</p> <p>(2) Internet Based English Language Proficiency Test, TOEFL iBT with the minimum passing scores as follows:</p> <p style="margin-left: 40px;"> Reading Comprehension 21 Listening Comprehension 18 Writing Comprehension 24 Speaking Comprehension 26 Total score 89; or</p> <p>(3) Provide the official U.S. Citizenship and Immigration Services' Health Care Worker Certification issued no more than five years immediately preceding the date of the application</p>
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SECTION F: PHYSICAL THERAPIST EDUCATIONAL PROGRAM INFORMATION (All applicants must complete this section.)

Name of Physical Therapy College or University	
Address	
Physical Therapy Degree Awarded	
Date Degree Awarded (month/day/year)	

SECTION G: LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION (STATE) – all applicants with an active, inactive or expired license in another jurisdiction (state) must fill out this section.

1	Name of Agency Issuing License:				
	Address:	Street/PO/Route:			
		City:	State:	Zip:	
	2 Date Issued:				
3 Name of Written Examination:					
4	A	License in another jurisdiction (state) current practice or practice within the preceding three (3) years of application			
		4A(1)	Are you currently practicing or have you practiced in another jurisdiction (state) as a physical therapist within the preceding three (3) years of your application to Nebraska?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, provide the name of the facility, address and dates you are actively engaged in the practice of physical therapy. (Use an additional sheet if space is inadequate.)			
		Name of Facility	Address	Start Date	End Date
	B	License in another jurisdiction (state) – have not practiced within three years of your application			
		4B(1)	Are you or have you practiced in another jurisdiction (state) within three years of your application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Provide the date you passed the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600.		NPTE Date	____/____/____
		If you passed the NPTE within three (3) years of your application to Nebraska, have FSBPT transfer your NPTE score report.			
		If you passed the NPTE more than three (3) of your application to Nebraska, you must re-take and pass the NPTE.			

SECTION H: UNLICENSED APPLICANTS WHO HAVE PASSED THE NPTE – All unlicensed applicants who have passed the National Physical Therapist Examination (NPTE) must complete this section.

1	A	Did you pass the NPTE with a scaled score that is greater than or equal to 600 within three (3) years of your application to Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If you passed the NPTE within three (3) years of your application to Nebraska, have FSBPT transfer your NPTE score report.		
	B	Did you pass the National Physical Therapist Examination (NPTE) with a scaled score that is greater than or equal to 600 more than three (3) years of your application to Nebraska?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If you passed the NPTE more than three (3) years of your application to Nebraska, you must re-take and pass the NPTE.		
	C	Provide the name of the jurisdiction (state) you took the Physical Therapist Examination (NPTE) and passed with a scaled score that is greater than or equal to 600.	Jurisdiction/State	
		Provide the date you took and passed the NPTE	____/____/____	

SECTION I: ATTESTATION – All applicants must complete this section.

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that

- I am a citizen of the United States; or
- I am a qualified alien under the Federal Immigration and Nationality Act.
- Check this box if you are **not** a citizen of the United States nor a qualified alien under the Federal Immigration and Nationality Act. You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following:
- Approved deferred action status (DACA);
 - A pending application for asylum in the United States;
 - A pending or approved application for temporary protected status in the United States; or
 - A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States.

Application Attestation: I attest that:

- I have read the application or have had the application read to me; and
- All statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

NOTE: The applicant must submit the following documentation:

1. **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit a certification of your credential;
3. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
4. Conviction Information: If you have been convicted of a felony or misdemeanor, you must submit:
 - (a) A copy of the court record, which includes charges and disposition;
 - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
 - (c) If treatment was obtained and/or required, all addiction/mental health evaluations and proof of treatment (if the conviction involved a drug and/or alcohol related offense); and
 - (d) If you are currently on probation, a letter from the probation officer addressing probationary conditions and current status.

On the application you are required to list all misdemeanor/felony convictions, regardless of when they occurred. If you are not sure if a ticket or arrest resulted in a misdemeanor or felony conviction, we suggest that you contact the court in the county where you were ticketed or arrested. The following provides just a small **sampling** of some of the misdemeanor convictions; this is not an exclusive list and is only intended as examples of convictions:

<input type="checkbox"/> MIP <input type="checkbox"/> DUI / DWI <input type="checkbox"/> Controlled Substance <input type="checkbox"/> Open Container <input type="checkbox"/> Tobacco Use by Minor <input type="checkbox"/> Shoplifting / Theft / Burglary <input type="checkbox"/> Unauthorized use of a Financial Transaction <input type="checkbox"/> Disturbing the Peace <input type="checkbox"/> Assault <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Disorderly House <input type="checkbox"/> Reckless Driving	<input type="checkbox"/> Driving under Suspension / Revocation <input type="checkbox"/> License Vehicle without Liability Insurance <input type="checkbox"/> Fail to Appear in Court <input type="checkbox"/> False Information or Reporting <input type="checkbox"/> Leave the Scene of an Accident <input type="checkbox"/> Operator not Carrying License <input type="checkbox"/> Unlawful Display of Plates/Renewal tabs <input type="checkbox"/> Park Rule Violation / Curfew Violation <input type="checkbox"/> Dog at Large / Fail to Vaccinate Animal <input type="checkbox"/> Littering <input type="checkbox"/> Bad Check <input type="checkbox"/> Fireworks
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5. **Citizenship/non-citizenship information: You must submit a copy of at least one of the following documents:**

If you are a U.S. Citizen, provide one of the following documents as proof of U.S. Citizenship:

- A U.S. Passport (unexpired or expired);
- A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
- An American Indian Card (I-872);
- A Certificate of Naturalization (N-550 or N-570);
- A Certificate of Citizenship (N-560 or N-561);
- Certification of Report of Birth (DS-1350);
- A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
- Certification of Birth Abroad (FS-545 or DS-1350);
- A United States Citizen Identification Card (I-197 or I-179);
- A Northern Mariana Card (I-873).

If you are NOT a U.S. Citizen, you must submit a copy of one of the following:

If you are a Qualified Alien under the Federal Immigration and Nationality Act:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
- Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

- Employment Authorization Card

AND

- An approved deferred action status (DACA);
- A pending application for asylum in the United States;
- A pending or approved application for temporary protected status in the United States;
- A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or in the United States or conditional permanent resident status in the United States.

Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

6. **Education:** An official college/university transcript must be **mailed** to our office. **E-mailed or faxed transcripts are not acceptable;**

7. **Fee:** The required fee.

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
LICENSURE UNIT
PHYSICAL THERAPY

**CERTIFICATION OF CREDENTIAL
IN ANOTHER JURISDICTION**

All applicants applying for a Nebraska Physical Therapist credential who are or have been credentialed to provide health services, health-related services, or environmental services in other jurisdiction(s) (state), must have those jurisdiction(s) complete and submit this form directly to our office. **Section A must be filled out by the applicant and forwarded to the appropriate jurisdiction(s) to complete Sections B, C and D.**

SECTION A – Section A must be filled out by the applicant.				
Applicant's Name:				
Credential Type:	Credential Number:	Credential Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other _____	
Date of Issue:		Date of Expiration:		
SECTION B – This section must be completed only if it is a certification of a Physical Therapist Credential.				
Credential was issued on the basis of:				
<input type="checkbox"/> National Physical Therapist Examination (NPTE) Date of Examination: _____ Score: _____ <input type="checkbox"/> State Examination Date of Examination: _____ Score: _____ <input type="checkbox"/> Other. Please explain: _____				
Graduation from an accredited Physical Therapist Program:				
Name of Physical Therapy School: _____				
Degree: _____ Date of graduation: _____				
SECTION C – This section must be completed				
Based on the records of this Department, the applicant's credential:				
<input type="checkbox"/> Is in good standing. <input type="checkbox"/> Has been disciplined. Please explain any disciplinary action: _____ Submit supporting document of disciplinary action.				
Does the applicant have any pending complaints?				
<input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please explain: _____ _____				
SECTION D – This section must be completed				
SIGNATURE:	AGENCY SEAL			
DATE:				
NAME (PRINT)				
TITLE:				
LICENSING AGENCY NAME AND ADDRESS:				

RETURN THIS FORM TO:
LICENSURE UNIT
ATTN: PHYSICAL THERAPY
P.O. BOX 94986
LINCOLN, NE 68509-4986

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
Licensure Unit
ATTN: Physical Therapy
P.O. Box 94986
Lincoln, Nebraska 68509-4986

Special Accommodations Request Form

Section I – Applicant Information			
Applicant Name	Last	First	Middle
ADDRESS	Street/PO/Route:		
	City:	State:	Zip:
Home Phone #:		Alternate Phone #:	Email Address:
Date of Birth: ____/____/____ Month/ Day / Year		Gender: _____ Male _____ Female	
Section II – Information about Your Disability and Requested Accommodations			
Describe the nature of your disability? <i>Please indicate the specific diagnosis.</i> _____ _____ _____ _____			
When was your disability first diagnosed? _____			
How does your disability affect your daily life? _____ _____ _____ _____			
How does your disability affect your ability to take the examination? _____ _____ _____			

What accommodations are you requesting during the examination?

- Additional Time – Time and a half
- Additional Time – Double Time
- Zoom Text (software that enlarges the print on the computer screen)
- Screen magnifier
- Reader
- Individual who enters the examinee’s responses
- Separate Room
- Other (Non-Standard) – Please Describe

What accommodations have you received in the past for the following exams?

National Physical Therapy Exam _____

PT/PTA School Exams _____

Undergraduate College Exams _____

Standardized Exams (e.g., SAT, GRE, etc.) _____

Section III - Documentation Requirements

A comprehensive and current report (no more than three years old) from a professional qualified for evaluating your disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization of the professional making the diagnosis and accommodation recommendation.
- A diagnosis of the disability pursuant to the International Statistical Classification of Diseases and Related Health Problems (ICD), the Diagnostic and Statistical Manual of Mental Disorders (DSM IV: revised) or other applicable and recognized professional standard with copies of all evaluations and reported scores from professionally recognized diagnostic tests, where applicable.
- Recommendation for specific accommodations.
- Rationale for requesting specific accommodations.

Section IV – Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability and the impact it has on my daily life and computerized examinations.

Applicant Signature

Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
ATTN: Physical Therapy

Professional Documentation of Disability Form

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist, etc.) to certify that your disabling condition requires the requested test accommodation.

Section I – Applicant Information				
Applicant Name	Last	First	Middle	
ADDRESS	Street/PO/Route:			
	City:	State:	Zip:	
Date of Birth: <div style="text-align: center;"> _____ / _____ / _____ Month / Day / Year </div>		SSN:		
Exam Type: <input type="checkbox"/> Physical Therapist (PT) Exam <input type="checkbox"/> Physical Therapist Assistant (PTA) Exam				
Section II – About the Exam				
<i>The examination for which this candidate is requesting special accommodations consists of objective multiple choice questions which are administered by computer at a testing center. Minimal computer skills are required.</i>				
Standard testing conditions:				
Exam	Number of Questions	Time Allowed	Scheduled Break	Unscheduled Breaks
PT	250 (delivered in 5 sections of 50 questions each)	5 hours	15 minute break after Section 2	Breaks can be taken after sections 1, 3, and 4; however, the exam timer will continue to elapse
PTA	200 (delivered in 4 sections of 50 questions each)	4 hours	15 minute break after Section 2	Breaks can be taken after sections 1 and 3; however, the exam timer will continue to elapse

Section III – Professional Contact and Background Information

Name: _____ Title: _____

License Number (if applicable): _____ Expiration Date: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Please describe your credentials and experience which qualify you to make this diagnosis and recommendations for testing. You may also attach your CV to show this information.

Section IV – Disability and Requested Accommodations

1. Describe the diagnosed disability and date of diagnosis. Attach all written evaluations supporting the diagnosis, including the scores and interpretive data for all administered diagnostic tests.

2. Date of your last consultation with the candidate _____

3. Please describe: (1) the nature, history, and extent of the disability; (2) how it limits one or more of the candidate's major life activities; (3) if the disability will change in any way over time. In case of a learning disability, include specifics as to the type of disability (e.g., visual or auditory reception or perception, processing, memory, comprehension, verbal or written expression, etc.)

4. What effect does the disability have on the candidate's ability to perform on the test as described above?

5. What are your specific recommendations for accommodations for this candidate? **Please include an explanation of why these accommodations are required.**

- Additional Time – Time and a half
- Additional Time – Double Time
- Zoom Text (software that enlarges the print on the computer screen)
- Screen magnifier
- Reader
- Individual who enters the examinee's responses
- Separate Room
- Other (Non-Standard) – Please Describe

I certify that I have the necessary specialized training to make the above diagnosis, that I personally examined the candidate named above, and that the diagnosis and assessment of accommodations requested are based on my professional judgment. I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Signature

Date

Name (Printed)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health
Licensure Unit
P.O. Box 94986
Lincoln, Nebraska 68509-4986
ATTN: Physical Therapy

The following sections are to be completed by the person responsible for disability services at your Physical Therapist/Physical Therapist Assistant Program.

School ADA Accommodation History Form

Section I – Applicant Information			
Applicant Name	Last	First	Middle
ADDRESS	Street/PO/Route:		
	City:	State:	Zip:
Date of Birth: _____/_____/_____ Month / Day / Year	SSN: _____	Phone: _____	
Section II – School Contact Information			
Name: _____ Title: _____			
School Name and Address: _____ _____			
Phone: _____ Fax: _____ Email: _____			
Section III – Disability and Accommodations History			
1. Specify the type of disability for which the candidate received accommodations (e.g., visual, learning/cognitive, psychological, etc.)			

2. What accommodations were provided to this candidate while he or she was a student at your institution? (Check all that apply.)

- Additional Time – Time and a half
- Additional Time – Double Time
- Zoom Text (software that enlarges the print on the computer screen)
- Screen magnifier
- Reader
- Individual who enters the examinee's responses
- Separate Room
- Other (Non-Standard) – Please Describe

I certify that the information provided by me on this form is true and correct to the best of my knowledge.
I understand that the candidate has authorized me to provide the information on this form, and to provide further information if necessary.

Signature

Date

Name (Printed)