

NEBRASKA PHYSICAL THERAPIST APPLICATION INFORMATION

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**.) The NELAW (Jurisprudence) Examination Study Material is located on the Physical Therapy webpage at: <https://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx>

Examination(s) must be taken and passed prior to submitting the Application for Licensure.

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee **is waived**, (**this does not waive** the fee for criminal background checks):

1. **Young Worker:** You are between the ages of 19 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf> To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

APPLICATION PROCESS - To apply for a License:**STEP 1: Get copies of the following documents:**

NON-ENGLISH DOCUMENTS. Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

1. **US Citizenship/Lawful Presence** (must be at **least 19** years old):

U.S. Citizen, a PHOTOCOPY of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen, a PHOTOCOPY of one of the following:

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

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

2. **Education and Transcript:** You must have your school submit (mail) an official college or university transcript **directly to our office:** Licensure Unit, P.O. Box 94986, Lincoln NE 68509. Transcripts must show proof of graduation.

Information Relating to Military Education, Training, or Service: If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

3. **Other State License Information:** If you hold or have held a physical therapist and/or health related license(s) in any state (**other than Nebraska** (such as nursing, nail technology, massage etc.), you must contact that state and request a verification of your license (**do not send a copy of your license**).
4. **Criminal Background Checks:** Fingerprints are required to be eligible for a Physical Therapist or Physical Therapist Assistant credential in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your Physical Therapist or Physical Therapist Assistant application. Refer to Attachment B.
5. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI / Open Container • Controlled Substance • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Fail to Appear in Court 	<ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • False Information or Reporting • Reckless Driving / Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check

NOTE: If you have any criminal charges or license disciplinary actions pending that result in a conviction or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

STEP 2: Complete all pages and questions on the Application

STEP 3: Submit your application to the Licensure Unit

<input type="checkbox"/> Completed Application <input type="checkbox"/> Citizenship or Lawful Presence Document <input type="checkbox"/> Education Documents <input type="checkbox"/> Conviction Records (if you have convictions)	<input type="checkbox"/> License Certifications (if licensed in another state) <input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). See the license application for a listing of fees for (name of license type). Pay by check/money order; debit or credit card is not accepted.
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Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted by e-mail; the e-mail will list the information that is required to compete your application. You have 90 days from the date of the e-mail to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application and criminal background check will then be required.
- If your application **is complete**, you will receive a wall license by mail at the address on this application.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

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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Page 2 of 2	Instructions for Physical Therapist Licensure Based on A License issued in Another Jurisdiction (State) or Unlicensed Applicant who have passed the NPTE within three (3) years of Application to Nebraska
Pages 1 - 6	Application for Physical Therapist Licensure
Attachment A	Certification of Credential in Another jurisdiction
Attachment B	Criminal Background Check (Fingerprint Requirement)

Effective June 20, 2020:

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:

- provide documentation of obtaining 50 hours of acceptable continuing education for a physical therapist within the three (3) years immediately preceding the date of application.

DO NOT MAIL THE APPLICATION INFORMATION PAGES OR THE INSTRUCTION PAGES TO OUR OFFICE WITH YOUR APPLICATION

INSTRUCTIONS PAGE 1 OF 2

Examinations must be taken and passed prior to submitting your application to the Licensure Unit

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/>

LOG INTO THE FSBPT WEBSITE: <https://pt.fsbpt.net/account/login>

- Register and pay your National Physical Therapist Examination (NPTE) fee of **\$485.00** online to FSBPT at the website above.
- Register and pay your Nebraska Jurisprudence (NELAW) exam fee of **\$65.00** online to FSBPT at the website above.

STEP 2 – FSBPT will email you your ATT (Authorization to Test) Letters for the NPTE and NELAW Examinations. ATT Letters explain how to schedule your examinations with the Prometric Test Centers. The NPTE is fixed date testing. The NELAW has an eligibility period of approximately 60 days. You must sit for the NELAW examination within your eligibility period. The study material for the NELAW is located on the Physical Therapy webpage at: <https://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx> After you have passed both examinations submit your application for Physical Therapist Licensure with requirements to the Licensure Unit.

STEP 3 – APPLICATION FOR PHYSICAL THERAPIST LICENSURE

A **Mail** your completed Application for Physical Therapist Licensure to the Licensure Unit. Applications must be **printed 1-sided only** and submitted with the following:

- (1) A **copy** of your proof of age.
- (2) Documentation of proof of United States citizenship, lawful presence, and/or immigration status in the United States. 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, IERF or FCCPT must be submitted directly to the Licensure Unit by the agencies.
 - (b) Proof of Proficiency in the English Language required.

B EDUCATION - 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.**

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review. The department, with the recommendation of the appropriate Board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential.

STEP 3 – CRIMINAL BACKGROUND CHECKS/FINGERPRINTS – Refer to Attachment B

STEP 4 – APPLICATION REVIEW BY LICENSURE UNIT – takes approximately 10 business days.

A After our office has reviewed your application, you will be informed by E-MAIL and US mail regarding the status of your Application. You will have approximately 90 days to complete any noted incomplete requirements.

The NELAW Examination must be taken and passed prior to submitting your application to the Licensure Unit

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/>

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| 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.
FSBPT will email you your ATT (Authorization to Test) Letter for the NELAW Examination. ATT Letters explain how to schedule your examination with the Prometric Test Centers.
The NELAW has an eligibility period of approximately 60 days. You must sit for the NELAW examination within your eligibility period. The study material for the NELAW is located on the Physical Therapy webpage at:
https://dhhs.ne.gov/Licensure/Pages/Physical-Therapy.aspx
After you have passed your examination submit your application for Physical Therapist Licensure with requirements to the Licensure Unit |

STEP 2 – APPLICATION FOR PHYSICAL THERAPIST LICENSURE

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| (3) | Appropriate application fee payable to the Licensure Unit. (Refer to Section A of the application for fee amount.) | | | | | | | | | | | | | | | | | | | | | | |
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| (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/
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 | Education - 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.
Information Relating to Military Education, Training, or Service:
If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review. The department, with the recommendation of the appropriate board, will review to determine if the education, training or services are substantially similar and will advise you if they can be used toward the education required for the credential. | | | | | | | | | | | | | | | | | | | | | | |

STEP 3 – CRIMINAL BACKGROUND CHECKS/FINGERPRINTS – Refer to Attachment B

STEP 4 – APPLICATION REVIEW BY LICENSURE UNIT – takes approximately 10 business days.

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| A | After our office has reviewed your application, you will be informed by E-MAIL and US mail regarding the status of your Application. You will have approximately 90 days to complete any noted incomplete requirements. |
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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: 02/05/2021

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*
- Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.

APPLICATION FOR PHYSICAL THERAPIST LICENSURE

SECTION A: LICENSE FEE

A. Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:** I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program, OR my household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:

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

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:

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:

THIS BOX IS FOR OFFICIAL USE ONLY

BACKGROUND CHECK	
BOARD REVIEW	
LICENSE #	

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	_____
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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 #:	_____	Fax #: (optional)	_____	E-Mail Address:	_____
<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>						

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. . .

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
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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
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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
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

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.

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

1	<p>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.</p> <p>Military: Did you complete education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, include evidence with this Application.</p>		
	<p>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.)</p>		
	<p>FOREIGN TRAINED PHYSICAL THERAPISTS ONLY: If you have been trained as a physical therapist in a foreign physical therapy school that is not accredited:</p>		
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/</p>		
	Request submission of an evaluation of your education credentials by one of the following approved evaluation services:		
	<p>1 International Education Research Foundation, Inc. Credentials Evaluation Service Post Office Box 3665 Culver City, CA 90231 Phone: 310.258.9451 https://www.ierf.org/</p>		<p>2 International Consultants of Delaware, Inc 3600 Market St Ste 450 Philadelphia PA 19104 (215)222-8454 ext 603 https://www.icdeval.com</p>
	<p>3 Foreign Credentialing Commission on Physical Therapy (FCCPT) 124 West Street South 3rd Floor Alexandria, VA 2231 (703)684-8406 https://www.fccpt.org/</p>		
	<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>		

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):

Provide official documentation showing passage of one of the following examinations administered by Educational Testing Service which measures proficiency in the English language:

(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

(2) Internet Based English Language Proficiency Test, TOEFL iBT with the minimum passing scores as follows:

- Reading Comprehension 21
- Listening Comprehension 18
- Writing Comprehension 24
- Speaking Comprehension 26
- Total score 89; or

(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

SECTION E – Education continued: 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 F: 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: (Your initial/first state of Licensure)		
	Address:	Street/PO/Route:	
		City:	State:

2	Date Issued:	
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3	Name of Written Examination:	
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4	A	License in another jurisdiction (state) current practice or practice within the preceding three (3) years of application				
		4A(1)	Are you <u>currently practicing</u> or <u>have you practiced</u> 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.) NOTE: DO NOT put your Traveling Agency name and Address in this Section.				
			Name of Facility	Address	Start Date	End Date

4	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 G: 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 provide documentation of obtaining 50 hours of acceptable continuing education within the three (3) years immediately preceding the date of your application.				
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 H: ATTESTATION – All applicants must complete this section.

For the purpose of meeting 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.
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

I further attest that:

1. I have read the application or have had the application read to me; and
2. I am of good character and all statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

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

INSTRUCTIONS FOR CRIMINAL BACKGROUND CHECKS

Criminal background checks are NOT expedited for any reason.

Fingerprints are required to be eligible for a Physical Therapist or Physical Therapy Assistant license in Nebraska. The Nebraska State Patrol will not process your request for a criminal background check until you have paid the required fee to the State Patrol and the Licensure Unit has received your Physical Therapist or Physical Therapy Assistant application.

Please read and follow these instructions carefully to avoid delays in processing.

Even if you have recently obtained a criminal background check for another state or another license, you MUST obtain a new criminal background check for the license you are currently applying for in Nebraska.

Completing the Fingerprint Card:

1. **Fingerprint Cards:** Fingerprint cards are available at any State Patrol office or law enforcement agency in NEBRASKA. If you live in another state, contact your local law enforcement agency. You may also contact the Licensure Unit at 402-471-2299 and cards can be mailed to you.
2. **DO NOT FOLD THE FINGERPRINT CARDS.**
3. **Information to be completed on the Fingerprint Card:**
 - a. Print your full name, address with zip code, *Social Security Number, date and place of birth, and other information as requested. **DO NOT sign the fingerprint cards until** the law enforcement officer has verified your signature with the form of identification that you provided. **DO NOT write in the field labeled ORI.**

**Social Security Number: If you do not have a United States Social Security Number, you must provide in the "Miscellaneous No: MNU" section a Government issued identification number, a "consulate" number or a Passport Number. Please indicate the type of number provided.*
 - b. In the box labeled "Reason Fingerprinted" PRINT 'PT 38-131'. Each license applied for requires an individual background check.

Photo ID:

Take one form of photo ID with you when getting your fingerprints. Acceptable forms of ID include a driver's license, visa, passport or other document showing that you are legal in the U.S.

FEE: \$45.25

There are 2 ways to pay for fingerprint processing:

1. **Credit Card/E-Check:** Pay **\$45.25 by credit card at www.ne.gov/go/nsp**. This is an internet pay site through PayPort. Credit/debit card OR checking account and routing information will be required. A small transaction fee will be added to your payment. For some payments, selection of eCheck will give you a discount on your transaction fee.

The website will ask you to select the type of payment you are making. Under 'transaction type' you need to choose 'PT'. You will then need to enter the applicant's name, date of birth and the last 4 digits of social security number. If a company is paying for an applicant; the applicant's information needs to be entered on this page. The second page of the website will ask for information about the payer, which may or may not be the applicant.

2. **Check or Money Order:** Payment of **\$45.25** must be mailed directly to: **Nebraska State Patrol, ATTN: CID, 3800 NW 12th ST, STE A, Lincoln NE 68521**. Indicate the name of the applicant and 'PT Licensure' in the memo line of the check.

The Nebraska State Patrol does not charge an additional fee for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or in other states may charge a fee.

Fingerprinting Process:

There are 2 ways to capture your fingerprints:

- **Live Scan:** Live Scan is available at all Nebraska State Patrol locations listed below and the fingerprints are captured electronically. The Nebraska State Patrol does not accept Live Scan prints from other states at this time. If you are out of state and have Live Scan prints, you will need to request that your fingerprints be printed out onto cards.
- **Ink and Paper Finger Prints:** Applicants outside of Nebraska or at an office other than the below listed State Patrol offices have traditional ink and paper fingerprinting.

Offices of the Nebraska State Patrol and the Days/Hours that Fingerprinting is Conducted	
Troop A 4411 S 108th ST Omaha NE 68137 Phone: 402-331-3333	Monday- Friday 8:00 a.m. to 4:00 p.m. (walk-in only)
Troop B 1401 Eisenhower AVE Norfolk NE 68701 Phone: 402-370-3456	Monday - Thursday 8:30 a.m. to 4:00 p.m. (appointment required)
Troop C 3431 Old Potash Highway Grand Island NE 68801 Phone: 308-385-6000	Tuesdays 9:00 a.m. to 4:00 p.m. Wednesdays 8:30 a.m. to 4:00 p.m. Thursdays 9:00 a.m. to 1:30 p.m. (appointment required)
Troop D 300 West South River Rd North Platte NE 69103 Phone: 308-535-6604	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop E 4500 Avenue I Scottsbluff NE 69361 Phone: 308-632-1211	Monday - Thursday 8:00 a.m. to 4:00 p.m. (appointment required)
Troop H Investigative Services Center 3800 NW 12th ST STE A Lincoln NE 68521 Phone: 402-479-4971	Monday - Friday 8:00 a.m. to 4:00 p.m. (appointment required)

Where do you send the fingerprint cards?

You must send all fingerprint cards to the following address:

Criminal Identification Division (CID)
3800 NW 12th ST STE A
Lincoln NE 68521

Criminal Background Check Notification: Pursuant to Neb. Rev. Stat. §38-131 (provided below), an applicant for an initial license where a criminal background check is required by an interstate licensure compact shall be subject to a criminal background check. Applicants are able to receive any national criminal history record that may pertain to them directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34, and may then freely disclose any such information to whomever they choose. Applicants must authorize the dissemination of any national criminal history record that may pertain to them to the Department of Health and Human Services (DHHS) when applying for licensure. Applicants are entitled to challenge the accuracy and completeness of any information contained in any such report and will be provided a copy of the criminal history background report, if any, received if they appear at the DHHS in person and present proper identification. Information on how to challenge an applicant's federal report can be found at FBI.gov. To challenge an applicant's Nebraska state record, contact the Nebraska State Patrol-Criminal Identification Division. Applicants may obtain a prompt determination as to the validity of their challenge before the DHHS makes a final decision about their application for licensure.

Neb. Rev. Stat. §38-131 - **Criminal background check; when required.** (1) An applicant for an initial license to practice as a registered nurse, a licensed practice nurse, a psychologist, a physical therapist, a physical therapy assistant, an advanced emergency medical technician, an emergency medical technician, or a paramedic or to practice a profession which is authorized to prescribe controlled substances shall be subject to a criminal background check. A criminal background check may also be required for initial licensure or reinstatement of a license governed by the Uniform Credentialing Act if a criminal background check is required by an interstate licensure compact. Except as provided in subsection (3) of this section, the applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. (2) This section shall not apply to a dentist who is an applicant for a dental locum tenens under section 38-1122, to a physician or osteopathic physician who is an applicant for a physician locum tenens under section 38-2036, or to a veterinarian who is an applicant for a veterinarian locum tenens under section 38-3335. (3) An applicant for a temporary educational permit as defined in section 38-2019 shall have ninety days from the issuance of the permit to comply with subsection (1) of this section and shall have his or her permit suspended after such ninety-day period if the criminal background check is not complete or revoked if the criminal background check reveals that the applicant was not qualified for the permit. Source: Laws 2005, LB 306, § 2; Laws 2005, LB 382, § 15; Laws 2006, LB 833, § 1; R.S. Supp 2006, § 71-104.01; Laws 2007, LB247, § 60; Laws 2007, LB463, § 31; Laws 2007, LB481, § 2; Laws 2011, LB687, § 1; Laws 2015, LB129. Effective Date: August 30, 2015.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.