

I hereby make application to practice as a physical therapist assistant in North Dakota subject to the provisions of the law and the rules and

Attach photo here, taken within 6 months.

regulations in the Nor	th Dakota Board of	f Physica	al Therapy	by:	W.W
CHECK ONE:ExaminationEndorsement From Reinstatement	n State:				Must be head and shoulders only.
Applicant should submit i omit any information.	n typewritten form or p	orint clearl	y. Do not a	bbreviate or	Photo should not be a proof or Polaroid picture (except a passport)
1. Name:Last	First	MI	N	Iaiden	
2. Address: Street/Num	nber Apt#		City	State	Zip Code
E-Mail:	Phone #: ()		Date of B	irth:
3. Present Employment	t: Facility		Street/N		
City	State	Zip	Code	()_ Phone	#

FOR OFFICE USE ONLY

Examination	Endorsement	
Appl Fee \$200	Appl. Fee \$200	Reinstatement
Exam Fee \$370 Online	Cred Eval	Appl Fee \$200
Cred. Eval	J.P.	Cred Eval
J.P.	Score Transfer Form	J.P.
Transcript	Exam Scores	Copy of Lic(s)
NPTE ApplOnline	Copy of Lic(s)	Verification(s)
Perm Lic Issued on	Transcript	Ltrs from 2 past employers
2 nd NPTE Fee Paid \$370	Ltrs from 2 past employers	Perm Lic Issued
2 nd NPTE Sent on	Verification(s)	
Online	Perm Lic Issued	
3 rd NPTE Fee Paid \$370		
3 rd NPTE Sent on		
Online		



IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT (ADA), APPLICANTS REQUIRING SPECIAL ACCOMMODATIONS DURING AN EXAMINATION SHOULD NOTIFY THE COMMITTEE AT THE TIME OF APPLICATION.

4.	CONVICTIONS OR DISCIPLINARY ACTIONS: If the answer to any of the following questions listed below is "yes", send an official certified copy of the charge(s) and conviction(s), including penalty, to the Committee office.					
a.	Have you been convicted of a felony or any crime? (Do not include information on minor traffic violations which do not involve substance abuse)YESNO					
b.	Have you ever had your license to practice as a physical therapist assistant in another states disciplined, or i your license under current disciplinary review in another states?YESNO					
c.	Have you ever had a malpractice settlement or civil judgement entered against you?YESNO					
5.	Do you currently have any condition or impairment that prevents you from practicing as a physical therapist assistant?YESNO					
6.	To be considered for licensure as a physical therapist assistant in North Dakota, a person must successfully complete the National Physical Therapy Examination (NPTE). Have you previously taken, or are you registered to take the NPTE, in another state?YESNO If yes, list state(s):					
Nu	mber of times NPTE has been taken: Date: State					
T C						

If yes, request that your examination scores be sent to the North Dakota Board of Physical Therapy from:

FSBPT 509 Wythe Street Alexandria VA 22314 (800) 200-3031



8. Have you ever If yes:	ver been ncensed,	registere	d as a physical t	nerapist assi	stant in any state	??YES	NO
STATE	LICENSE #		NAL DATE OF			RATION DATE	
	rer had an applica		icensure as a ph	ysical therap	ist assistant rejec	cted?YES	NO
10. EDUCATIO	ON:						
	SCHOOL NAM	Œ	CITY/STATE	I.	DATES ATTENDED	TYPE OF DEGREE/DIPLO	OMA
HIGH SCHOOL	·						
COLLEGE							
POST GRADUATE							
11. Employmer	nt History in Phy	sical The	e rapy. Begin w	ith current e	mployment and	account for all time	·.
FACILITY		CITY/S	STATE		SIVE DATES PLOYMENT	POSITION	
						·	



AFFIDAVIT TO BE COMPLETED BEFORE NOTARY PUBLIC

I, to in the foregoing application and that the photographerein are true. I certify that I have not, am not, and to practice as a physical therapist assistant in North North Dakota Board of Physical Therapy. In the every Therapy, I hereby agree to adhere to and abide by the physical therapy in North Dakota.	ph attached heret I will not practice Dakota until auth ent that I am lice	o is of myself and that the statements made, be classified or hold myself out as being able orization to do so has been granted by the nsed by the North Dakota Board of Physical
		Applicant's Signature
County of State of		
Signed and sworn to before me this		
date of	(year)	
SEAL		
My Commission Expires:		

Return application and non-fundable fee(s) to:

NORTH DAKOTA BOARD OF PHYSICAL THERAPY
PO BOX 69
GRAFTON ND 58237
(701) 352-0125
(701) 352-4526 (TDD)
(701) 352-3093 (FAX)

Bruce Wessman, PT Executive Officer Tami Anderson-Egeland, Administrative Assistant