





**North Dakota State Examining Committee for Physical Therapists**  
**Application for Licensure As A Physical Therapist Assistant**

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).  YES  NO
  - b. Have you ever had your license to practice as a physical therapist assistant in another states disciplined, or is your license under current disciplinary review in another states?  YES  NO
  - c. Have you ever had a malpractice settlement or civil judgement entered against you?  YES  NO
5. Do you currently have any condition or impairment that prevents you from practicing as a physical therapist assistant?  YES  NO
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?  YES  NO If yes, list state(s):

Number of times NPTE has been taken: \_\_\_\_\_ Date: \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



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8. Have you ever been licensed/registered as a physical therapist assistant in any state? \_\_\_\_ YES \_\_\_\_ NO

If yes:

STATE	LICENSE #	ORIGINAL DATE OF ISSUE	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Have you ever had an application for licensure as a physical therapist assistant rejected? \_\_\_\_ YES \_\_\_\_ NO  
If yes, please attach a full explanation.

**10. EDUCATION:**

	SCHOOL NAME	CITY/STATE	DATES ATTENDED	TYPE OF DEGREE/DIPLOMA
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
POST GRADUATE	_____	_____	_____	_____
	_____	_____	_____	_____

**11. Employment History in Physical Therapy.** Begin with current employment and account for all time.

FACILITY	CITY/STATE	INCLUSIVE DATES OF EMPLOYMENT	POSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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**AFFIDAVIT TO BE COMPLETED BEFORE NOTARY PUBLIC**

I, \_\_\_\_\_, being duly sworn, state that I am the person referred to in the foregoing application and that the photograph attached hereto is of myself and that the statements made herein are true. I certify that I have not, am not, and will not practice, be classified or hold myself out as being able to practice as a physical therapist assistant in North Dakota until authorization to do so has been granted by the North Dakota Board of Physical Therapy. In the event that I am licensed by the North Dakota Board of Physical Therapy, I hereby agree to adhere to and abide by the statutes, rules and regulations governing the practice of physical therapy in North Dakota.

\_\_\_\_\_  
Applicant's Signature

County of \_\_\_\_\_ State of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_\_

date of \_\_\_\_\_, \_\_\_\_\_  
(year)

Signature: \_\_\_\_\_  
Notary Public

**SEAL**

My Commission Expires: \_\_\_\_\_

Return application and non-fundable fee(s) to:	
<b>NORTH DAKOTA BOARD OF PHYSICAL THERAPY</b>	
<b>PO BOX 69</b>	
<b>GRAFTON ND 58237</b>	
<b>(701) 352-0125</b>	
<b>(701) 352-4526 (TDD)</b>	
<b>(701) 352-3093 (FAX)</b>	
<b>Bruce Wessman, PT</b> <b>Executive Officer</b>	<b>Tami Anderson-Egeland,</b> <b>Administrative Assistant</b>