Dear Applicant:

Enclosed you will find the forms necessary to apply for licensure as a physical therapist (PT) or physical therapist assistant (PTA), respectively. It is strongly suggested that you read the regulations prior to filling out the application, and then examine the directions entitled "STEPS TO LICENSURE" to see which forms are appropriate for you. Please note the following:

(a) Applications not completed in their entirety will be returned without the fees, which are non-refundable.
(b) All applicants must undergo a current fingerprint/criminal history background check.
(c) A current, color, head and shoulder photograph. A copy of the photograph is not allowed. If applying by the paper application, please DO NOT attach the photo by stapling or by taping.
(d) The practice history must be current and complete with NO time gaps.
(e) The names on the application and the licensure requirements must match the name on the driver's license or state-issued ID and U.S. Social Security Card. We will not accept nicknames, abbreviations, or alterations.
(f) The home address on the application is the address where this office will mail ALL correspondence. Written notice signed by the applicant is required for an address change. (form available at www.msbpt.ms.gov)
(g) All checks/money orders for fees are to be made payable to the Mississippi State Board of Physical Therapy (MSBPT). A $40.00 fee will be charged for each check not cashed by an applicant’s bank.
(h) The review process regarding an application for licensure starts only after all applicable licensure requirements are on file. The review process is usually completed within one to two days of receiving all licensure requirements.
(i) Our mailing address is as follows:

Mississippi State Board of Physical Therapy
P.O. Box 55707
Jackson, MS 39296-5707

Please be advised that it is illegal for any person, corporation or association to, in any manner, represent himself or itself as a physical therapist, a physical therapist assistant or someone who provides physical therapy services, or use in connection with his or its name the words or letters physiotherapist, registered physical therapist, R.P.T., licensed physical therapist assistant, L.P.T.A., or any other letters, words, abbreviations or insignia, indicating or implying that he or it is a physical therapist, a physical therapist assistant, or provides physical therapy services, without a valid existing license as a physical therapist or as a physical therapist assistant, as the case may be, issued to him or it. It is illegal to employ an unlicensed physical therapist or physical therapist assistant to provide physical therapy services.

If you have any questions regarding the above, please call (601) 352-2918.
STEPS TO LICENSURE

Applicants may apply for a license online or by submitting the completed, applicable forms as indicated:

1. **Licensure by endorsement/reciprocity**
   a. Completed online application or notarized paper application
   b. Completed practice history form. Online applicants may complete this process through the online application. Those completing the paper application will need to submit the enclosed form.
   c. Completed Request for Fingerprint Card. Upon completion of application and applicable fees, a fingerprint card will be mailed to you.
   d. Fees:
      1. Application fee - $125.00 (non-refundable)
      2. License fee - PT $150.00 or PTA $125.00
      3. Fingerprint/criminal history processing fee - $50.00 (non-refundable)
      **Total Fees: PT ($325.00) & PTA ($300.00)**

These fees may be paid online with a credit/debit card; or, if you apply by paper application the fees may be paid by check (personal, cashier’s, company) or money order and must be submitted with the required forms. Payment must be made payable to the Mississippi State Board of Physical Therapy (MSBPT). A $40.00 fee will be charged for all checks returned “insufficient funds” (NSF).

   e. National Physical Therapy Examination (NPTE) scores reported directly to this office from the:

      Federation of State Boards of Physical Therapy (FSBPT)
      124 West Street South, Third Floor
      Alexandria, VA 22314
      1-703-739-9420
      [http://www.fsbpt.org](http://www.fsbpt.org)

   Acceptable Scores:
   1. Prior to 3/1/94 - A score no lower than 1.5 standard deviations below the mean with a scaled score of 70
   2. On or after 3/1/94 - A criterion-reference scale score of 600 or higher

All jurisdictions currently use the NPTE as the licensure exam. Scores must be reported through the standard interstate reporting format from FSBPT.

Mississippi adheres to the FSBPT lifetime limit of six (6) exam opportunities in any jurisdiction. If you have taken the exam six (6) times, you have exhausted your eligibility to sit for the NPTE.

   f. Verification of all (active & closed) license/registration/certification reported directly to this office from the state, province, country, or other jurisdiction issuing the license/registration/certification. Contact each state board in which you have held a license.

   g. Mississippi Jurisprudence Exam:

      The jurisprudence exam is available through the online application process. If applying by paper application, the jurisprudence exam is available in this packet or available for
download on the Board website located under applying for licensure. The exam is open book style by using the regulations and law. No applicant shall be considered for licensure until a passing score is on file. The minimum acceptable score is 70 (seventy).

h. Education:

1. Graduates of CAPTE-accredited programs - The education section on the application must be completed; and verification of education reported directly to this office from the institution (form enclosed).

   OR

2. Graduates of non-CAPTE-accredited programs in foreign countries - an education credential evaluation (see "Education Credential Review")

i. Proof of proficiency in the English language if the education program in physical therapy was in a foreign country (see English Proficiency Requirements);

j. A copy of the applicant's H-1B Visa, INS Form I-94, or other legal document allowing the applicant into the United States, if applicable.

**Temporary permit per Part 3103 Rule 1.4(2) of the regulations**

NOTE: A maximum 60 day temporary license may be issued to applicants who have on file and satisfactory to this office: 1) the completed licensure application (including fees and practice history); 2) the verification of one current license in good standing from a jurisdiction with license requirements equal to or greater than those in Mississippi; 3) the Mississippi address of record where the applicant will live; 4) proof of proficiency in the English language, if applicable; and, 5) an education credential evaluation, if applicable. During this period all other documentation required for a regular license must be verified directly to the Board.

In Mississippi, a PTA issued a regular license may only practice under the supervision of a physical therapist as defined in Part 3103 Chapter 8 of the regulations. (Enclosed PTA supervision reporting memorandum).

All questions concerning the transfer of NPTE test scores from one jurisdiction to another jurisdiction should be addressed to the FSBPT at 1-703-739-9420 or [http://www.fsbpt.org](http://www.fsbpt.org). If there is a question concerning the status of applications for CBT and/or their authorization-to-test letters, please call FSBPT at 1-703-739-9420.

**Education Credential Review**

The Mississippi State Board of Physical Therapy has recognized the doctor of physical therapy degree conferred by the University Mississippi Medical Center (UMMC) as the prevailing standard. Effective July 1, 1996, the Board will only accept credential evaluations based on this standard that are performed and reported to this office by the agencies listed below. Please contact the listed credentialing agency for all information needed with regard to applying for an evaluation.

**Approved Credentialing Agencies**

1. Foreign Credentialing Commission on Physical Therapy (FCCPT)
   124 West Street South, 3rd Floor
   Alexandria, VA 22314-2825
   [www.fccpt.org](http://www.fccpt.org)
   (703) 684-8406  Voice
   (703) 684-8715  Fax
2. International Consultants of Delaware (ICD)
   PO Box 8629
   Philadelphia, PA 19101-8629
   www.icdeval.com
   (215) 222-8454 Voice
   (215) 349-0026 Fax

**English Proficiency Requirements**

Any applicant who is a graduate of a PT program in a foreign country is required to submit documentation, acceptable to the Board, of proficiency in the English language (see Part 3103 1.3(5)(b) of the regulations). The minimum acceptable scores needed for licensure are as follows:

A. Test of English as a Foreign Language (TOEFL)
   - Minimum total score of 560 (paper & pencil) or 220 (computer)

B. Test of Spoken English (TSE)
   - Minimum score of 50

C. Test of written English (TWE) or Essay Test
   - Minimum score of 4.5

Effective January 1, 2007, evidence of successful completion of a Board approved English proficiency examination:

1. Minimum scores on the TOEFL iBT:
   1. 24 on the writing section
   2. 26 on the speaking section
   3. 21 on the reading section
   4. 18 on the listening comprehension section

**NOTE:** All reports of exam scores must be sent directly to the Board from the examining authority. Applicants interested in taking the above referenced examinations should contact:

   TOEFL/TSF Services
   P.O. Box 6151
   Princeton, NJ 08541-6151
   (609) 951-1100

The code used to request that scores be reported to the Mississippi State Board of Physical Therapy is 8669.

**Overnight Mail**

Requirements for licensure may be sent via overnight mail. However, if you send any application documents by overnight mail, you should use the street address:

Mississippi State Board of Physical Therapy
840 East River Place, Ste. 503
Jackson, MS 39202
Enclosures:

1. Licensure Application
2. Verification of Licensure
3. Verification of Education
4. Practice History form
5. Jurisprudence Exam
6. Fingerprint Card Request Form
7. PTA Supervision Reporting Memorandum
8. Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants
**Physical Therapist (PT) and Physical Therapist Assistant (PTA)**

**Application for License**

*(Please type or print in ink)*

**Mississippi State Board of Physical Therapy**

<table>
<thead>
<tr>
<th>Office Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check No.________</td>
</tr>
<tr>
<td>Amount $_________</td>
</tr>
<tr>
<td>Date____/<strong><strong>/</strong></strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>License Type</th>
<th>PT</th>
<th>PTA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temporary per section 3103</td>
<td>(if applicable see “Steps to Licensure”)</td>
</tr>
<tr>
<td></td>
<td>1.4 (2)</td>
<td></td>
</tr>
</tbody>
</table>

### Personal

Name:

(Last) (First) (Middle)

Home Address:

(Street)

(City) (State) (Zip Code) (County)

Telephone Number (_______)

Email Address:

Telephone Number (________) ____________________

Cell Phone Number (_______)

U.S. Social Security No. [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] Date of Birth: [ ] [ ] - [ ] [ ] - [ ]

Race: [ ] [ ] [ ] [ ] [ ] Male [ ] U.S. Citizen: [ ] No [ ] Yes

Female [ ] U.S. Legal Alien: [ ] No [ ] Yes

Alien: [ ] Yes [ ] Visa Type & No.

### Employment

Employer’s Name:

Mississippi Practice Site Address:

(Street)

(City) (State) (Zip Code) (County)

Telephone Number (_______)

### Practice Type

Insert # _______  

1. Patient Care 4. Research  
2. Administration 5. Other Activity  
3. Teaching 6. Not Active in PT

### Practice Setting

Insert Primary # _______  

Primary # _______

1. >100 Bed Hospital 5. Physician’s Office  
2. <100 Bed Hospital 6. School  
3. Nursing Home 7. Private Practice  
4. Home Health 8. Outpatient Facility

### Education

Verification of education must be submitted *(see “Steps to Licensure”)*.

School:

(Name) (City) (State) (Zip Code) (Country)

Type of Degree: ____________________________ Date: ____________________________

### Licensure

Have you ever been licensed or registered in any state, territory or country? No [ ] Yes [ ] If yes, list all jurisdictions *(current/not current)* including Mississippi. *All licenses/registrations must be verified by the jurisdiction – with board seal. (See Verification of Licensure Form.)*

1. ____________________________ 4. ____________________________ 7. ____________________________ 10. ____________________________
2. ____________________________ 5. ____________________________ 8. ____________________________ 11. ____________________________
3. ____________________________ 6. ____________________________ 9. ____________________________ 12. ____________________________
Licensure (continued)
Have you ever had a license or permit encumbered in any way, i.e., revoked, suspended, rejected, placed on probation, etc? Any action must be reported by the jurisdiction with the verification of licensure/registration.  
No ☐ Yes ☐
Are there any criminal or civil suits pending against you?  
No ☐ Yes ☐
Have you ever been convicted of any violations of law (except minor traffic violations)?  
No ☐ Yes ☐

Examination (See “Steps to Licensure”)
Have you ever taken the National Physical Therapy Exam (NPTE) in any jurisdiction?  
No ☐ Yes ☐
If yes, how many times? (check one)  
☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5

Occupational Status  Attach completed Practice History form

Fees  Fees enclosed:  
Make check or money order payable to:  
Mississippi State Board of Physical Therapy  
(MSBPT)  
$125.00 Application (non-refundable)
$150.00 Initial License – PT
$125.00 Initial License – PTA
$50.00 Fingerprinting Fee (non-refundable)
$50.00 A $50.00 MS processing fee is required if you need to take the national exam (non-refundable).
Total

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants and affirm that all conditions for licensure have been met and will be maintained.

I authorize the Board to release or disclose my home or residence address to any person or party who requests this information. The authorization remains effective during the entire licensure period.

(Applicant’s Signature)

Complete form, enclose fee and mail to:  
Mississippi State Board of Physical Therapy  
P.O. Box 55707  
Jackson, Mississippi 39296-5707

Attach Copy of Driver’s License, or state-issued ID and U.S. Social Security Card

Subscribed and sworn to before me this _____ day of ________________, 20_____.  
My commission expires__________________.  
(Notary Public)
Instructions: Please list the facility, home health agency, etc., its location (city & state), and the dates that you practiced at that facility in chronological order beginning with your last practice site. If there are time gaps in your employment history, please provide an explanation. A resume’ may be attached if the information needed to complete this history is on the resume’. This sheet may be copied if additional space is needed.

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>LOCATION</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physical Therapist and Physical Therapist Assistant
Verification of License in Another State

To be Completed by Applicant *(Please print or type)*  Social Security No.:________-_______-__________
Name:______________________________________________________________________________________________
Licensing Authority:________________________________________ Number:________________________ Date Issued: ____________
(State, Territory, or Country)  __________________________________________________________
(Applicant Signature)

To be Completed by Secretary of Licensing Board
Licensee's Name:______________________________________________________________________________
License Type (PT/PTA):_________________________________________________________________________
License Number:_____________________________________________________________________________
Date Issued:__________________________________________________________________________________
Expiration Date:_______________________________________________________________________________
Licensed By:NPTE:______________________________________________________________________________
Reciprocity with:______________________________________________________________________________
Other:_______________________________________________________________________________________
Has license ever been disciplined? □ No □ Yes *(if yes, please attach findings and disposition.)*
Remarks:______________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
# Verification Of Education For Licensure In Physical Therapy

## Instruction To Applicant:
Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college or university where you obtained your degree in Physical Therapy.

<table>
<thead>
<tr>
<th>Name (Last, First, Middle Initial)</th>
<th>Maiden Name or Given Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street, City, State and Zip Code)</th>
<th>Phone No.</th>
<th>Home</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Date of Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

License Applying For (Check One):  
- [ ] Physical Therapist (PT)  
- [ ] Physical Therapist Assistant (PTA)

## Waiver For The Release Of Information:
I am applying for licensure as a PT/PTA in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Board of Physical Therapy, Professional Licensure – Physical Therapy, should this information be requested at any time.

Subscribed and sworn to before me this day of ______________ 20__

My commission expires ______________ 20__.

_________________________________
Notary Public

Seal

Date ________ Signed ________

## Instructions To Educational Institution:

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location of Institution (City &amp; State)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Dates of Attendance (Month/Year)

From: ________ To: ________

Date of Graduation

Total Number of Academic Years

Type of Degree Conferred

Program Name & Curriculum Description

Date of Practicum/Internship

From: Month ________ Day ________ Year ________

To: Month ________ Day ________ Year ________

Total Hours:

- [ ] Physical Therapist/Physical Therapist Assistant Program Accreditation (on date degree conferred)
  - [ ] Yes
  - [ ] No

---

**Seal of the College or University**

Name ___________________________

Title ___________________________

Telephone Number ___________________________

Date ___________________________

---

Mississippi State Board of Physical Therapy

Revised 04-09-14  
Form No. 003
MEMORANDUM

To: Licensed Physical Therapists (PT) and Physical Therapist Assistants (PTA)

From: Stephanie Boyette, Board Administrator

Re: Reporting of Supervision for a PTA with a Regular License

Policy for the reporting of supervision of a PTA holding a regular license is as follows:

1. The supervising PT is responsible for maintaining documentation regarding any licensed PTA under his/her supervision. This is to include but not be limited to the following information:
   - The name of the PTA
   - The effective date of supervision
   - The name of the facility and/or the type of environment in which the PTA is assisting the PT in the provision of physical therapy services.

   The documentation must be current and made available to the Board staff upon request.

   A PTA must have a supervisor of record before the PTA may start to assist the PT in the provision of physical therapy services (see Part 3103 Chapter 8 of the regulations).

Please remember that no more than four (4) PTAs may be supervised by a PT. Supervision includes being accessible by telecommunications at all times while the PTA is treating patients.

As you will note, the PTA supervision requirements in the Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants have NOT changed. The reporting of the supervision of a physical therapist assistant is the only change affected by this policy. The PTA Supervision Agreement is obsolete for a PTA with a regular license. All agreements on file in this office are considered invalid. The supervising PT should immediately start a documentation file for any PTA with a regular license under his/her supervision.

It is incumbent upon the PTA to know who is supervising his/her practice of assisting the PT in the provision of physical therapy services at all times.
Mississippi State Board of Physical Therapy
PO Box 55707
Jackson, MS 39296

Request for Fingerprint Card

I, ___________________________, request that a fingerprint card be sent to me at the below listed address for the purpose of licensure as a physical therapist or physical therapist assistant in the State of Mississippi. I have enclosed the required fee of $50.00 to cover processing. I understand that my licensure application file is not complete until the Mississippi State Board of Physical Therapy has received all licensure requirements and a response from both the Mississippi Criminal Information Center and the FBI concerning my criminal history via fingerprint records.

Applicant Notification and Record Challenge

Officials at the governmental institutions and other entities authorized to submit fingerprints and receive FBI identification records under this authority must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. The officials making the determination of suitability for licensing or employment shall provide the applicants the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. These officials also must advise the applicants that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., §16.34. Officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record, or has declined to do so. (Title 42, U.S.C., §14616, Article IV(c); Title 28, C.F.R., §50.12(b))

Address: _______________________________                 ___________________________
Signature

Phone #:   _______________________________
Social Security #:  ________________________
1. The purpose of the Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants is to:
   a. Safeguard the public’s health, safety and welfare
   b. Generate funds for the State.
   c. Keep track of licensees.
   d. To irritate practitioners

2. The section of the Mississippi Code that establishes the Mississippi Physical Therapy Practice Act is:
   a. 73-77-100 et seq.
   b. 73-23-31 et seq.
   c. 73-35-35 et seq.
   d. 73-35-50 et seq.

3. The Mississippi State Board of Physical Therapy shall consist of how many members:
   a. 10
   b. 15
   c. 7
   d. 9

4. The Board holds meetings every _______.
   a. Month
   b. Quarter
   c. Week
   d. Six months

5. A physical therapist temporary licensee shall practice under the direct supervision of a physical therapist licensed in Mississippi. Direct supervision in this case shall mean:
   a. Daily face to face communication between the supervising physical therapist and temporary licensee
   b. On premises observation of patient care in each of the temporary licensee’s practice settings, a minimum of two (2) hours per day.
   c. Availability of the supervising therapist via telecommunications when he/she is not on premises.
   d. All of the above.

6. The Board’s requirement for a licensee to submit a change of address is:
   a. Six (6) months after change is effective
   b. Three (3) months after change is effective
   c. Thirty (30) days after change is effective
   d. Ten days after change is effective
7. A person licensed to practice physical therapy in Mississippi shall be issued a Certificate of Licensure and License Identification card. The requirement for display of these documents is:
   a. Prominently display certificate or copy thereof at places of employment and carry the ID card with them at all times and show ID card when requested.
   b. Display certificate and ID card at home.
   c. File license and ID card in personnel file at place of employment.
   d. Do not need to display license or ID card only issued the license.

8. The regulatory requirement for continuing education is how many hours:
   a. 12
   b. 30
   c. 48
   d. 20

9. Of the required hours for continuing education, how many hours must be clinical?
   a. 10
   b. 2
   c. 7.5
   d. 15

10. Continuing education must be accrued from approved sources. Which of the following is not an approved source:
   a. educational programs given and approved by any Physical Therapy licensure jurisdiction in the United States
   b. educational programs given and approved by the APTA.
   c. CPR education.
   d. University of Mississippi Medical Center offerings

11. Licensees may be subject to the exercise of disciplinary sanctions if the Board finds that a licensee is guilty of which of the following:
   a. Negligence in the practice or performance of professional services or activities.
   b. Engaging in dishonorable, unethical or unprofessional conduct of a nature likely to deceive, defraud or harm the public.
   c. Being convicted of any crime, which is a felony under the laws of this State or the United States.
   d. Any of the above.

12. The Board may suspend a license if it finds a licensee guilty of violation of any regulated offenses. For how long may a license be suspended?
   a. 6 months
   b. 1 – year
   c. any period of time
   d. only within the sentencing guidelines

13. A supervisory visit to a PTA by a physical therapist should include which of the following:
   a. A complete functional assessment
   b. Review of activities with appropriate revision or termination of the
14. The supervising physical therapist must visit and personally render treatment and reassess each patient who is rendered treatment by a physical therapist assistant at what intervals?
   a. A minimum of at least once every sixth treatment day or thirtieth calendar day, whichever comes first.
   b. One calendar week.
   c. First and last days of treatment plan
   d. None of the above

15. Which of the following is not a referral source for PT treatment?
   a. physician
   b. podiatrist
   c. psychologist
   d. dentist

16. “Physical therapy” and “physiotherapy” are terms:
   a. identical and interchangeable.
   b. appropriate for usage by a physician
   c. used to define athletic training
   d. describing only activities of the physical therapist assistant

17. Which of the following activities or interventions is a PTA qualified and legally able to perform in Mississippi?
   a. JROM exercises
   b. screening patients
   c. both a & b
   d. only a

18. Licensees who are disciplined can be:
   a. listed on the Board website
   b. reported to a national data bank
   c. both a & b
   d. only b

19. How often must Mississippi physical therapy licenses be renewed?
   a. annually
   b. biennial
   c. triennially
   d. quintiannually

20. The Board has the authority to:
   a. may inspect and copy patient records.
   b. enter and inspect any place where physical therapy is practiced
   c. immediately revoke a license if a client is in danger
   d. all of the above