

Mississippi State Board of Physical Therapy

REQUEST TO SCHEDULE THE NPTE

Instructions: Complete form, attach exam registration fee in the amount of \$50 (payable to MSBPT), and mail to P.O. Box 55707, Jackson, MS 39296. All licensure requirements must be on file and satisfactory to this office before an applicant will be allowed to schedule an exam date and site (see licensure packet).

Applicant:

- 1. Name: _____

- 2. Social Security #: _____

- 3. PT/PTA School _____

- 4. Date of Graduation _____

- 5. Request for Special Accommodations under the Americans with Disabilities Act (ADA) - Circle one YES NO

If yes, please submit all documentation supporting your request with this form and the exam fee.

I, the undersigned, do hereby certify and affirm, under the penalties of perjury, that the information contained on this form, and, if applicable, submitted in support of it, is true to the best of my knowledge and belief.

signature *date*