Dear Applicant:

Enclosed you will find the forms necessary to apply for licensure as a physical therapist (PT) or physical therapist assistant (PTA). 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 a photograph is not allowed. If applying by the paper application, please DO NOT attach the photo by stapling or by taping.
(d) 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.
(e) 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).
(f) 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.
(g) 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.
(h) 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 by submitting the completed, applicable forms as indicated:

1. **Regular license type by examination**

   a. Completed online application or notarized paper application

   b. Completed Request to Schedule the NPTE 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. Request to Schedule the NPTE – MS processing fee for exam - $50.00 (non-refundable)
      4. Fingerprint/criminal history processing fee - $50.00 (non-refundable)

      **Total Fees:** PT ($375.00) & PTA ($350.00)

      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):

      1. Exam registration is available online at the website listed below. Please follow the steps below:

         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)

         Please follow these steps: 1) log on to [www.fsbpt.org](http://www.fsbpt.org); 2) click on the link for National Exam in the National Physical Therapy section; 3) read the exam registration and payment instructions; 4) click on the Register now link; 4) the next screen begins the registration process.

         Be aware that if you do not pay the $400 NPTE fee at the time you register, you have not completed the registration process and your name will not appear on the eligibility screen.

         The score for licensure in Mississippi is automatically reported to the Board office from FSBPT. The minimum acceptable score is a criterion-reference scale score of 600.

         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. Mississippi Jurisprudence Exam:

      The jurisprudence exam is available through the online application process. If applying by paper application, the jurisprudence exam is available for download on the Board’s website located under applying for licensure. The exam is open book style 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).
g. Education:

1. Graduates of CAPTE-accredited programs - verification of education reported directly to this office from the institution.

   OR

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

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

i. 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 license type per Part 3103 Rule 1.4(1) of the Regulations**

A temporary license is available per the regulations. In addition to the requirements listed above (a-i) which are applicable, please submit the following form(s) enclosed in packet:

1. Completed Supervision Agreement for Temporary License Applicants Form(s). Online applicants may complete this process through the online application. Those completing the paper application will need to submit a paper Supervision Agreement.

This form may be copied. The form must be on file and satisfactory to the Board office before any license of this type may be issued. Once a temporary license is issued, changes in supervision are reported by completing a new form and submitting it to this office prior to the effective date of supervision.

The temporary licensure period for this type of license is a maximum of 90 days following issuance. A temporary license is automatically upgraded to a regular type, subject to the regulations. Please refer to Part 3103 Rule 1.5 of the regulations for pertinent information regarding this type of temporary license.

**NOTE:** An individual who is scheduling or has scheduled the NPTE through another jurisdiction IS NOT ELIGIBLE FOR THIS TYPE OF TEMPORARY LICENSE.

**NPTE Candidates**

Computer-based testing (CBT) is the method of examination available in Mississippi. An applicant for licensure desiring to register for the NPTE through this jurisdiction must have all applicable licensure requirements, including fees, on file prior to being approved for the exam. Graduates of non-APTA accredited programs should not submit the exam application fee to this office or the NPTE fee to FSBPT until academic credentials have been approved by the Board or risk forfeiting these fees. Once an applicant is approved, the Board will notify FSBPT that the applicant is eligible to sit for the exam. The candidate will receive information regarding the scheduling of the exam from the FSBPT by email within two or three days. Any exam candidate who fails to comply with the letter of notification from the FSBPT will have his or her temporary license revoked, if applicable, forfeit the appropriate fees, and must re-register for the exam. Please note that an applicant for licensure by exam will be assessed a non-refundable fee by the CBT vendor (Prometric) when the applicant actually contacts Prometric by email to schedule a time and date for the exam.
It is the candidate's responsibility to ensure that the exam is taken and the score reported prior to the expiration of any temporary license that may be issued to the candidate.

Any applicant for licensure by examination requesting special accommodations under the Americans with Disabilities Act (ADA) must submit the Request to Schedule the NPTE form along with any and all supporting documentation. A decision regarding the request will be made prior to the applicant being approved for examination. The applicant will be contacted as soon as a decision is reached.

If there is a question concerning the status of applications for CBT and/or their authorization-to-test notification, please call FSBPT at 1-703-739-9420 or http://www.fsbpt.org.

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
   (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 Rule 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; and

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; and
   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 USA
(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 Education
3. Request to Schedule the NPTE
4. Jurisprudence Exam: (see under applying for licensure)
5. Fingerprint Card Request Form: (see under applying for licensure)
6. Supervision Agreement for Temporary Licensure Applicants
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 New Graduates

(Please type or print in ink)

License Type

<table>
<thead>
<tr>
<th>PT</th>
<th>PTA</th>
<th>Temporary per part 3103 rule 1.4 (1)</th>
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<tbody>
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<td>(if applicable see “Steps to Licensure”)</td>
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</table>

Personal

Name: (Last) (First) (Middle)

Home Address: (Street)

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

Telephone Number (________) ______________________

Email Address: __________________________

U.S. Social Security No. ___________ - ________ - ________

Date of Birth: ________ - ________ - ________

Race: ________________ Sex: Male Female

U.S. Citizen: No Yes

Legal Alien: No Yes

Visa Type & No.: __________________________

Potential Employer (if applicable per part 3103 rule 1.4(1) Temporary License)

Employer’s Name: __________________________

Practice Site Address: (Street)

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

Telephone Number (________) ______________________

Practice Type Insert # ________

Practice Setting Insert Primary # ________ Primary # ________

1. Patient Care 4. Research
2. Administration 5. Other Activity
3. Teaching 6. Not Active in PT
4. Home Health 7. Private Practice
5. >100 Bed Hospital 8. Outpatient Facility
6. <100 Bed Hospital 9. Other
7. School 10. Not Applicable

Education

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

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

Type of Degree: __________________________ Date: ___________

Previous other healthcare licensure: (if applicable)

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. ie: PT, PTA, OT, COTA, SLP, etc. All licenses/registrations must be verified by the jurisdiction – with board seal. (See Verification of Licensure Form.)

1. __________________________ 2. __________________________ 3. __________________________ 4. __________________________

Have you ever had a license or permit encumbered in any way, i.e., revoked, suspended, rejected, placed on probation, etc? No [ ] Yes [ ] Any action must be reported by the jurisdiction with the verification of licensure/registration.
### Moral Character
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, indicate whether for PT or PTA:  
- [ ] PT  
- [ ] PTA

If yes, how many times? (check one):  
- [ ] 1  
- [ ] 2  
- [ ] 3  
- [ ] 4  
- [ ] 5

If no, are you now, or have you ever, registered for the NPTE in any jurisdiction?  
No [ ] Yes [ ]

### Fees
Make check or money order payable to:  
- Mississippi State Board of Physical Therapy (MSBPT)

Fees enclosed:  
- $125.00 Application (non-refundable)
- [ ] Initial License – PT $150.00
- [ ] Initial License – PTA $125.00
- [ ] Exam Registration Fee $50.00 (non-refundable)
- [ ] Fingerprinting Fee $50.00 (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 Mississippi 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.

---

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

**Attach A Copy of Driver’s License and U.S. Social Security Card**

**Attach Photo**

Subscribed and sworn to before me this _____ day of _________________________, 20_____.  
My commission expires_____________________.

__________
(Notary Public)
**PRACTICE HISTORY**

*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>
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<tbody>
<tr>
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<tr>
<td>11.</td>
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</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:____________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

(Licensed Signature)

Licensing Board must return to:
Mississippi State Board of Physical Therapy
P.O. Box 55707
Jackson, Mississippi 39296-5707

This document must show Seal of licensing agency.

Seal
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>Address (Street, City, State and Zip Code)</td>
<td>Phone No.</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Date of Graduation</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

<table>
<thead>
<tr>
<th>Date</th>
<th>Signed</th>
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</table>

Seal

Instructions To Educational Institution:
Upon completion of this form please send directly to:

Name of Institution
Location of Institution (City&State)

Dates of Attendance (Month/Year)
From: To:

Date of Graduation

Total Hours:

PT Program Accredited by CAPTE ☐ Yes ☐ No
PTA Program Accredited by CAPTE ☐ Yes ☐ No

Seal of the College or University

Name
Title

Telephone Number Date
SUPERVISION AGREEMENT FOR
TEMPORARY LICENSURE APPLICANTS

PRINT OR TYPE ONLY

Temporary License Applicant:

________________________________________________________________________

name

________________________________________________________________________

home address

________________________________________________________________________

city state zip

________________________________________________________________________

employer name

________________________________________________________________________

address

________________________________________________________________________

city state zip

Facility/Agency Name, Address and Telephone Number  (Once licensed, the applicant may only practice at the facilities/with the home health agencies listed on this form. Additional practice sites may be listed on a sheet of paper and attached to the form.)

1. ______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

2. ______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Supervisor:

Name: ____________________________________________

License # ____________

Beginning Date of Supervision: ___/___/______

I hereby certify and affirm, under the penalties of perjury, that the information on this form is correct. I understand that, as a physical therapist, I may practice only under the direct supervision of the above named supervisor, or, as a physical therapist assistant, practice under the above named supervisor in accordance with the supervision provisions for physical therapist assistants listed in Section IX of the Regulations Governing Licensure of Physical Therapists and Physical Therapist Assistants in the facilities/agencies listed on this form and only after a temporary license is issued to me.

__________________________________________
applicant signature date

I hereby certify and affirm, under the penalties of perjury, that the information contained on this form is correct and that I will provide supervision for this applicant at all times when practicing at the listed facilities/agencies. I understand and accept fully that I am responsible for the practice of the applicant once a temporary license has been issued. I agree that I will contact the Mississippi State Board of Physical Therapy Office, in writing, and provide copies to the supervisee and to the administrators of the facilities/agencies listed on this agreement within three (3) days of the termination of this agreement.

__________________________________________
supervisor signature date

Upon completion the supervisor should mail this form to the:

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

EALICENSE/TEMP/SUPV-FORM
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
Mississippi State Board of Physical Therapy
ADA Special Accommodations Request Form

Name:________________________________________________________________________
Last.....................................................................................................................First.....................................................................................................................Middle.............................................................................................................

Please list the specific disability you have been diagnosed with: _______________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

When was your disability diagnosed? _____________________________________________

What accommodations are you requesting during the examination? Please mark all that apply.

_____ Additional Time – Time and a half
_____ Additional Time – Double Time
_____ Paper and Pencil Exam
_____ Large Print Paper and Pencil Exam
_____ Separate Testing Room
_____ Reader
_____ Scribe
_____ Other: __________________________________________________________________

*Note: If you request the paper exam there is a $200 fee per FSBPT*

Documentation Required
Please provide a comprehensive letter/report from the qualified examiner who has evaluated your
disability on their letterhead. The documentation must include the following items:

1. Name, title, credentials and area of specialization for the qualified examiner
2. Type of disability with the specific diagnosis
3. Specific findings in support of the diagnosis (include any test results)
4. The rationale for requesting the specific accommodations
5. What accommodations are being requested
6. Any other information the examiner would like to share

__________________________________________       ________________________________________
Applicant Signature                                                   Date
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:
   a. The name of the PTA
   b. The effective date of supervision
   c. 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.
MEMORANDUM

TO: All licensees

FROM: Stephanie Boyette, Board Administrator

From time to time the Board receives requests for lists of physical therapists and physical therapist assistants licensed in the State of Mississippi. This information is public record and must be furnished upon request pursuant to the Mississippi Public Records Act. Only business addresses are revealed on these lists.

The overwhelming majority of licensure list requests are from companies or parties who offer continuing education courses and wish to send notice to licensees’ home addresses about the availability of these courses. Another frequent request comes from employers who seek to actively recruit therapists for employment. You should be aware, however, that anyone may request a licensure list.

If you authorize the release of your home address to third parties, the Board will compile a list of licensees showing their name and home address. This list will be released to third parties upon request.

The Board has also included a waiver on the annual license renewal form if you wish to allow the Board to release your home address to third parties. Check “yes” for this option. If you do not wish to have your home address revealed, check “no.” If at anytime during the licensure period you wish to rescind authorization to release your home address you may notify the Board in writing.

THE BOARD WILL NEVER RELEASE YOUR SOCIAL SECURITY NUMBER OR FINANCIAL INFORMATION!
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, unethic 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
plan of care.
c. Documentary evidence of such visit.
d. All of the above.

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. triennial
   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