

MISSISSIPPI STATE BOARD OF PHYSICAL THERAPY

Dear Applicant:

Below you will find the "**STEPS TO LICENSURE**" to make online application by examination. These steps for licensure apply for a physical therapist (PT) or physical therapist assistant (PTA). It is strongly suggested that you read the regulations prior to filling out the online application. Please note the following:

- (a) Online applications are not considered complete until all fees are paid. **All fees are non-refundable.**
- (b) All applicants must undergo a current fingerprint/criminal history background check.
- (c) A current, color, head and shoulder, front view photograph is required. It may be uploaded to your online application, or the photo, which should be in jpeg format, can be emailed to sboyette@msbpt.ms.gov. Photographs that will not be accepted include: 1) photo that includes anyone besides you; 2) photo with sunglasses, hat, or cap; 3) copy of a photograph; 4) driver's license photo and/or picture identification.
- (d) The practice history must be current and complete with NO time gaps, if applicable.
- (e) The names on the online 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. These identification cards, which should be in color and in jpeg format, may be uploaded to your online application or they can be emailed to sboyette@msbpt.ms.gov.
A foreign-trained applicant who has not yet been issued a social security card will need to use the following number in order to complete the online application: 999-99-9999. Please note that a social security card is required before a license will be issued.
- (f) The home address on the online application is the address where this office will mail **ALL** correspondence. Any changes to the home address may be made in your application, which becomes your permanent profile, or by written notification. The name/address change form can be found at www.msbpt.ms.gov; then select forms.
- (g) The online application fees may be paid online with a credit card, debit card, or electronic check. If necessary, application fees may be paid by check/money order 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).
- (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

1. Regular license type by examination:

- a. Complete online application
- b. Complete the online Request to Schedule the NPTE Form
- c. Complete online request for fingerprint card. Upon completion of application and applicable fees, a fingerprint card will be mailed to you.
- d. Fees: **All fees are non-refundable.**
 1. Application fee - \$125.00
 2. License fee - PT \$150.00 or PTA \$125.00
 3. Request to Schedule the NPTE – MS processing fee for exam - \$50.00
 4. Fingerprint/criminal history processing fee - \$50.00**Total Fees: PT (\$375.00) & PTA (\$350.00)**

The online application fees may be paid online with a credit card, debit card, or electronic check. If necessary, application fees may be paid by check/money order 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>

Please follow these steps: 1) log on to www.fsbpt.org; 2) click on the Customer Login in the upper right corner; 3) click on “NPTE” in the green services section; 4) the next screen begins the registration process.

Be aware that if you do not pay the \$485 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.

If you are requesting special accommodations to sit for the exam, you must complete the ADA Special Accommodations Request Form enclosed with the “Steps to License” or may be found under the applying for licensure tab.

f. Mississippi Jurisprudence Exam:

The jurisprudence exam is available through the online application process. The exam is open book style by using the regulations and law found at www.msbt.ms.gov. 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 - The education section on the online application must be completed, and verification of education reported directly to this office from the institution. The verification of education form is enclosed. The top portion of the form must be completed by the applicant and signed in the presence of a notary public. The form then should be sent to the registrar of your institution for their completion of the bottom portion and forwarded by the institution to the Board. Another option is to have an official transcript sent directly from the college or university. The transcript must indicate the title of the degree conferred and the date the degree was conferred.

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:

1. Completed Supervision Agreement for Temporary License Applicants Form(s). Applicants may complete this process through the online application. Those wanting to complete the paper Supervision Agreement can find it enclosed or under the forms tab on the main menu.

A Supervision Agreement, whether completed through the online application or the paper form, must be satisfactory to the Board before any license of this type may be issued. Once a temporary license is issued, any changes in supervision should be reported through the online application or by completing a new paper form 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 has taken the exam and failed in any jurisdiction, 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. Since all fees are non-refundable, graduates of non-CAPTE accredited programs should carefully consider making application to MSBPT or pay 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, ADA Special Accommodations Request Form along with any and all supporting documentation. A decision regarding the request will be made prior to the applicant being approved for examination.

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

All four sections of the TOEFL iBT must be passed at the same time.

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 Services
Educational Testing Service
P.O. Box 6151
Princeton, NJ 08541-6151\USA
(609) 771-7100 or (877) 863-3546

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 to the following street address:

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

Enclosures:

- 1. Verification of Education
- 2. Supervision Agreement Form
- 3. ADA Special Accommodations Request Form
- 4. Request to Schedule the NPTE Form

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.

<i>Name (Last, First, Middle Initial)</i>	<i>Maiden Name or Given Surname</i>
<i>Address (Street, City, State and Zip Code)</i>	<i>Phone No.</i> <i>Home</i> <i>Work</i> () ()
<i>Social Security Number</i>	<i>Date of Graduation</i>
<i>License Applying For (Check One):</i> <input type="checkbox"/> Physical Therapist (PT) <input type="checkbox"/> 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:

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

Upon completion of this form please send directly to:

<i>Name of Institution</i>	<i>Location of Institution (City&State)</i>
<i>Dates of Attendance (Month/Year)</i> From: _____ To: _____	<i>Total Number of Academic Years</i>
<i>Date of Graduation</i>	<i>Type of Degree Conferred</i>
<i>Program Name & Curriculum Description</i>	<i>Date of Practicum/Internship</i> From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____ Total Hours: _____

Physical Therapist/Physical Therapist Assistant Program Accreditation *(on date degree conferred)*

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/or 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.

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*