

## MISSISSIPPI STATE BOARD OF PHYSICAL THERAPY

Dear Applicant:

Below you will find the "**STEPS TO LICENSURE**" to make online application by endorsement/reciprocity. 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](mailto: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.
- (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 jpeg format, may be uploaded to your online application or they can be emailed to [sboyette@msbpt.ms.gov](mailto: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](http://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. Licensure by endorsement/reciprocity

- a. Complete online application
- b. Complete online practice history. The practice history must be current and complete with NO time gaps. Please note that the name and address of a corporate office or a recruitment company is not sufficient as an employer. The Board requires the names of the facilities, locations, and dates of employment.
- 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. Fingerprint/criminal history processing fee - \$50.00**Total Fees: PT (\$325.00) & PTA (\$300.00)**

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) 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>

#### 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. If there is a question concerning the status of applications for computer-based testing (CBT) and/or the authorization-to-test letters, please call FSBPT at 1-703-739-9420

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 exam, you must complete the ADA Special Accommodations Request Form under the applying for licensure tab.

- 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. A verification of license form is enclosed if needed.

g. 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](http://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).

h. Education:

1. Graduates of CAPTE-accredited programs - The education section of 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. Then the form should be sent to the registrar of your institution for their completion of the bottom portion. 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**")
  - 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 online 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 physical therapist assistant (PTA), whether issued a 60-day temporary license or a regular license, may only practice under the supervision of a physical therapist (PT) as defined in Part 3103 Chapter 8 of the regulations.

**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 one of the listed credentialing agencies 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, 3<sup>rd</sup> 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](http://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

**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 Licensure
2. Verification of Education

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*(Authorized Signature)*

This document must show Seal of licensing agency.

*Seal*

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

# 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:**

Upon completion of this form please send directly to:

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

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