

INFORMATION/REQUIREMENTS AND INSTRUCTIONS - PHYSICAL THERAPIST ASSISTANT LICENSE

Access this form via website at: hawaii.gov/dcca/pvl

INFORMATION/REQUIREMENTS

DEFINITIONS

No person shall practice as a physical therapist assistant in this state unless the person is appropriately licensed.

"Physical therapist assistant" or "PTA" means an individual who has graduated from an accredited physical therapist assistant program or an accredited physical therapy program and who is licensed to practice in this State.

"Accredited physical therapist assistant program" means a post-secondary physical therapist assistant program that is accredited by the Commission on Accreditation in Physical Therapy Education, its predecessor organization, or its successor organization.

Hawaii does not reciprocate with any other state or country. Each applicant is required to meet the education and national examination requirements according to Hawaii laws and rules. Licensure requirements are subject to change as a result of new laws or rules, or new policies and procedures adopted by the Department of Commerce and Consumer Affairs ("Department") in cooperation with the Board of Physical Therapy ("Board"). All applicants must meet current licensure requirements.

EDUCATION

Submit proof of one of the following:

- (1) Graduated from a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited physical therapist assistant program or physical therapy program that is located in the U.S. **ARRANGE** with your college to send a certified transcript showing graduation date and physical therapist assistant degree or physical therapy degree conferred, **directly** to the Board.
- (2) Graduated from a CAPTE accredited physical therapist assistant program or physical therapy program that is located outside the U.S. **ARRANGE** with your college to send a certified transcript showing graduation date and physical therapist assistant degree or physical therapy degree conferred-written in the English language; **OR**
- (3) Graduated from a physical therapist assistant or physical therapy school that is located outside the U.S. and that is not CAPTE accredited:
 - You must submit your credentials to a Board approved Credentials Evaluation Service organization. The Board will accept a credentials evaluation report from those organizations listed below. **ARRANGE** to have the evaluation service forward your certified credentials evaluation report **directly** to the Board.
 - **Your credentials evaluation report must comply with Hawaii's requirements; therefore, a report prepared for another state will not be accepted. The report must state that your education is equivalent to an accredited physical therapist assistant or physical therapy program in the U.S. The evaluation shall be prepared within one year from the date of the application's submission.**

Credentials Evaluation Service Organizations:

International Educational Research Foundation, Inc.
P.O. Box 3665
Culver City, CA 90231-3665
Phone: (310) 258-9451
Fax: (310) 342-7086
Website: www.ierf.org

International Consultants of Delaware
P.O. Box 8629
Philadelphia, PA 19101-8629
Phone: (215) 222-8454 ext. 603
Fax: (215) 349-0026
Website: www.icdeval.com

International Credentialing Associates, Inc.
7245 Bryan Dairy Rd.
Largo, FL 33777
Phone: (727) 549-8555
Fax: (727) 549-8554
Website: www.icaworld.com

Foreign Credentialing Commission on Physical Therapy
124 West Street South, 3rd Floor
Alexandria, VA 22314
Phone: (703) 684-8406
Fax: (703) 684-8715
Website: www.fccpt.org

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**ENGLISH
LANGUAGE
COMPETENCY**

If your physical therapist assistant school or physical therapy school is in a country, state or province where the official language is other than English, applicants must document English language proficiency at the minimum of 12th grade level by taking and passing one of the following English language proficiency tests: Test of English as a Foreign Language (TOEFL) with a minimum score of 560 for paper-based exam, 213 for computer-based exam, or the passing score for each exam as recommended by the FSBPT; the Test of Written English with a score of not less than 50 or the passing score as recommended by the FSBPT; or the TOEFL ibt exam with a passing score as recommended by the FSBPT. For TOEFL information, contact:

Educational Testing Service (ETS)
P.O. Box 6151
Princeton, NJ 08541-6151
Phone: (609) 771-7100
Fax: (610) 290-8972
Web: www.ets.org

**FILING DEADLINE
AND EXAM
INFORMATION**

Please refer to the posted application filing deadlines and examination dates on our website at: hawaii.gov/dcca/pvl. If your application requires additional review time, please be advised to file your application as early as possible.

EXAMINATION

Electronic testing is provided on set dates throughout the U.S. The test center for Hawaii is located on Oahu. After the Board has determined that you are eligible to sit for the exam, you are to register electronically and submit payment directly to the FSBPT. To register and obtain information regarding the examination (process, content, fees, etc.), go to: www.fsbpt.org.

FSBPT will be notified of your eligibility for the exam and will send you an Authorization to Test form to be received approximately within 15 working days after you were made eligible.

You must sit for the exam within your eligibility period/date as indicated on your Authorization to Test. If you fail to do so, you must contact the Board and re-register for the exam. You should receive your examination results approximately within 15 working days after taking the exam.

EXAM SCORES

For an applicant sitting for the NPTE, the passing score is the criterion-referenced scaled score of 600. The passing raw score may vary from exam to exam. Therefore, the Board relies on the Examination Services' report to ascertain whether a particular applicant has a passing score.

**EXAM WAIVER BY
PREVIOUS NPTE
SCORE**

If you have already taken the NPTE and your score meets with Hawaii's passing score requirement **and** you meet the education requirement, the Board will consider issuance of license through the exam waiver provision. Contact the Federation of State Boards of Physical Therapy Score Transfer Service (FSBPT) to have your scores transmitted **directly** to the Board. An application for the FSBPT Score Transfer Service can be made on the internet at the website below or by contacting them directly.

FSBPT Score Transfer Service	Phone: 1-703-739-9420
124 West Street South, 3rd Floor	Website: www.fsbpt.org
Alexandria, VA 22314	Email: scoretransfer@fsbpt.org

**EXAM WAIVER BY
EXPERIENCE**

You may waive the examination requirement if you graduated from an accredited physical therapist assistant program, or an accredited physical therapy program recognized by the United States Department of Education; and have five years of experience within the last eight years as a physical therapist assistant by December 31, 2014. Experience between 01/01/07 - 12/31/14.

The applicant shall provide written verification from each place of employment as a physical therapist assistant during the aforementioned five-year period; and the experience verification shall include documentation of employment dates, job title, job description, employment status, name(s) of all supervisor(s), and any other documentation requested by the Board to verify employment.

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**AGE OF MAJORITY
AND U.S. CITIZEN**

In addition to the education and examination requirements, an applicant shall be beyond the age of majority (18 years of age) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a citizen or national of the United States or alien authorized to work in the United States you may be granted conditional approval pending receipt of your Social Security Number and authorization to work in the U.S.

Reforms in the immigration laws of the United States have led to new requirements for aliens who seek to enter the United States for the purpose of performing labor as a health-care worker, including physical therapists. Federal law mandates that any such alien is inadmissible from the country unless the alien presents a certificate from the CGFNS International, or a certificate from an equivalent independent credentialing organization approved by the Attorney General. (See 8 U.S.C. 1182(a)(5)).

CGFNS International
3600 Market St., Suite 400
Philadelphia, PA 19104-2651
Phone: (215) 222-8454

Or visit their website at: www.cgfns.org for more information.

The following organization has been identified to be an equivalent independent credentialing organization and is authorized to issue certificates. (see 8 C.F.R. section 212 15(e)(3)):

Foreign Credentialing Commission on Physical Therapy
124 West South Street, 3rd Floor
Alexandria, VA 22314
Phone: (703) 684-8406
Fax: (703) 684-8715
Website: www.fccpt.org

Filing Instructions

**APPLICATION
FORM**

Complete the on-line fillable application or print **legibly** in black ink.

- **Failure to provide all the requested information will delay the processing of your application.**

Indicate what you are applying for:

- Applying for license by exam waiver. (By previous NPTE score or by experience).
- Applying for license through exam.

**SOCIAL
SECURITY
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and
§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

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RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

FEES

If you are applying for a license through exam, **submit** the \$50 **non-refundable** application fee. License fees will be assessed after passage of the examination.

If you are applying for a license through the exam waiver provision, attach appropriate amount made payable to: COMMERCE AND CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

If you expect to be licensed from 12/01/14 to 12/31/16, pay \$300
(\$50 - Application Fee + \$30 - License Fee + \$70 - Compliance
Resolution Fund + \$50 - 1/2 Renewal + \$100 - Special Assessment)

The \$50 Application Fee is non-refundable.

NOTE: *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge will be assessed for payments that are dishonored for any reason.*

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your license and must be made within 60 days after your application for a license is denied.

DOCUMENTS REQUIRED FOR EXAM APPLICANTS

1. Proof of Education: Submit proof of education.

Your credentials evaluation report must comply with Hawaii's requirements (other states may have different requirements, therefore, a report prepared for another state will not be accepted). The report must state that your education/training is equivalent to an accredited physical therapist assistant or physical therapy program in the United States. The report must be prepared within one year from the date of the application's submission.

DOCUMENTS REQUIRED FOR EXAM WAIVER APPLICANTS

1. Proof of Education: Submit proof of education; **AND**
2. Experience Verification **OR** Previous NPTE score

APPLICANTS WITH SPECIAL NEEDS

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided. No action will be taken to provide special testing arrangements until your exam application has been approved.

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SUBMITTING APPLICATION

Mail to:

Board of Physical Therapy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to Office Location:

335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:

Kauai - 274-3141 ext. 6-3000

Maui - 984-2400 ext. 6-3000

Hawaii - 974-4000 ext. 6-3000

Molokai - 1-800-468-4644 ext. 6-3000

Lanai - 1-800-468-4644 ext. 6-3000

Instructions for "YES" Answers to Questions (5) through (7) of the Application for License (PTA-01)

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is "Yes" to one or more of these questions, read paragraph "B" below, **AND** you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
 2. If your application indicates a criminal conviction, read paragraph "B" below, and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended.
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. A **current** criminal history record check in your name from the Hawaii Criminal Justice Data Center (HCJDC) dated within six months. Contact them at Ph: (808) 587-3100 or visit their website at: www.ecrim.ehawaii.gov to request a "Criminal History Record Check".
If your criminal conviction occurred in a state or states other than Hawaii, a **current** criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or Board in each state for their forms, instructions and fees on obtaining criminal history record checks.
- B. If you answered "Yes" to any of the questions (5) through (7), your application may be reviewed at a Board of Physical Therapy meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, expire on **December 31 of each EVEN NUMBERED year**. The licensee is held responsible to keep his/her license current. If you let your license lapse for longer than one year, you must file a new application and meet requirements that are in effect at the time of filing.

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LAWS & RULES

The licensee is held accountable for knowing and complying with the Hawaii laws and rules of physical therapist assistant practice as failure to comply may result in disciplinary action. Obtain copies of the physical therapist assistant laws, Chapter 461, Hawaii Revised Statutes and rules, Chapter 110, Hawaii Administrative Rules by sending a written request to the Board's address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at: hawaii.gov/dcca/pvl. Click on "Physical Therapy".

**ABANDONMENT
OF APPLICATION**

Pursuant to §16-110-10(d), Hawaii Administrative Rules, your application shall be considered abandoned and shall be destroyed if a license is not issued within one year of the application date as a result of:

- (1) failure to complete licensure requirements, or
- (2) take the required licensure examination, if required, or
- (3) to submit the required documentation and evidence of qualifications.

If the application is deemed abandoned, the applicant shall submit a new application form, documentation of qualifications, and applicable fees in addition to meeting licensure requirements that are in effect at the time of filing the new application.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Application for License - PHYSICAL THERAPIST ASSISTANT

Access this form via website at: hawaii.gov/dcca/pvl
 Read the Information/Requirements and Instructions before completing this form.

Applying for:

License by exam waiver: By previous NPTE Score.

License by exam waiver: By experience
 Submit Experience Verification form(s).

NPTE Exam, First Time.

Legal Name of Applicant (First, Middle)	(Last)
Other Names Used (Include Maiden Name)	
Residence Address (Include Apt. No., City, State & Zip Code)	Date of Birth
	Phone No. (Days)
Mailing Address (ONLY if different from residence)	Social Security No.

FOR BOARD USE ONLY

Effective Date	License No. PTA -
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Check your answers. If response is "Yes" to questions 5 to 7, refer to the instructions for additional documents that must be submitted with this application.

- Are you at least 18 years of age? Yes No
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? Yes No
- Do you now hold or have you ever held a physical therapist assistant license in another state or territory? Yes No
 If "YES", please list: _____
- Have you ever held a license in Hawaii? Lic. No.: _____ Exp. Date: _____ Yes No
- Has any license ever been suspended, revoked or otherwise subject to disciplinary action? Yes No
- Are there any disciplinary actions pending against you? Yes No
- Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No

EDUCATION	Name of College/University	Location (City/State)	Dates (mo/yr)		Degree Earned
			From	To	

(CONTINUED ON PAGE 2)

*****SIGNATURE REQUIRED ON NEXT PAGE*****

APPLICATION FOR PHYSICAL THERAPIST ASSISTANT

Name of Applicant: _____

Date: _____

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and the attached documents are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (*Section 710-1017, Sections 436B-19 and 461J-12, Hawaii Revised Statutes*). I further certify that I have read, understand and will obey the laws and rules concerning physical therapist assistants in the State of Hawaii.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize the Board of Physical Therapy and staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Agency and/or Individual who is assisting you: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.