# INFORMATION/REQUIREMENTS AND INSTRUCTIONS - PHYSICAL THERAPY LICENSE

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

## INFORMATION/REQUIREMENTS

**DEFINITIONS**

No person shall practice physical therapy in this state unless the person is appropriately licensed.

"Physical therapist" means a person who is licensed to practice physical therapy in this State.

"Physical therapy" or "physical therapy services" means the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition as performed by a physical therapist appropriately licensed under this chapter. It includes but is not limited to:

(1) Administration, evaluation, modification of treatment, and instruction involving the use of physical measures, activities, and devices, for preventive and therapeutic purposes; provided that should the care or treatment given by the physical therapist contravene treatment diagnosed or prescribed by a medical doctor, osteopath, or as determined by the Board, the physical therapist shall confer with the professional regarding the manner or course of treatment in conflict and take appropriate action in the best interest of the patient; and

(2) The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction, or pain.

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 therapy program that is located in the U.S. **ARRANGE** with your college to send a certified transcript showing graduation date and physical therapy degree conferred, **directly** to the Board.

- If you have just graduated or will be graduating soon, have your school send the following **directly** to the Board by the application filing deadline:

  i. An official letter of completion by the license exam date which states that you are in your final year of that physical therapy program and have completed the physical therapy program which at the time of graduation was accredited by CAPTE. This letter must be received in the Board's office first in order to be deemed eligible to sit for the exam.

  ii. **An official final transcript verifying degree conferred must follow and be received prior to a license being issued; OR**

(2) Graduated from a CAPTE accredited physical therapy program that is located outside the U.S. **ARRANGE** with your college to send a certified transcript showing graduation date and physical therapy degree conferred-written in the English language; **OR**

(3) Graduated from a 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 program in physical therapy in the U.S. The evaluation shall be prepared within one year from the date of the application's submission.**

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## 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

**ENGLISH LANGUAGE COMPETENCY**

If your 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 beginning with the November 1994 test administration, 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.

For an applicant who was initially licensed by taking the exam prior to November 1994, the passing score is - 1.0 Standard Deviation below the national mean of the exam taken by the applicant. This score may vary from exam to exam. Applicants are required to pass the NPTE at one sitting; combining of scores from more than one sitting is not accepted.

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**EXAM WAIVER**

If you have already taken the NPTE and your score meets with Hawaii's passing score requirement **and** you hold or ever held a physical therapy license in the United States **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
124 West Street South, 3rd Floor
Alexandria, VA 22314
Phone: 1-703-739-9420
Website: www.fsbpt.net/pt
Email: scoretransfer@fsbpt.org

**TEMPORARY LICENSE**

You may apply for a temporary license to practice while waiting to sit for the NPTE exam.

If you are sitting for the NPTE exam for the first time, you can be issued a temporary license when you provide the Board with either:

(1) the documents and evidence of qualifications listed in §16-110-20(b)(1) or (2), Hawaii Administrative Rules and evidence that you submitted to the Board either an application to take the licensure examination within six months or evidence showing that you have taken the licensure examination and are awaiting its results; or

(2) For examination waiver, evidence that the applicant has fulfilled the requirements of section 16-110-20(h), Hawaii Administrative Rules.

To apply for a temporary license to practice, submit a completed Statement of Supervising Licensed Physical Therapist from your proposed supervising physical therapist and **attach** the additional $30 fee.

Only one temporary license will be issued per applicant. Any request for extension of a temporary license will require Board review. For failing candidates, the temporary license automatically expires upon notification of the exam score.

For more information on the requirements for temporary licenses, please refer to Chapter 110, Hawaii Administrative Rules.

**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.

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**AGE OF MAJORITY AND U.S. CITIZEN (Cont.)**

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 endorsement: Passed National Physical Therapy Examination (NPTE). You must indicate which state and on what date you passed the exam.
- Applying for exam for the first time.
- Applying for exam, failed exam. You must indicate in which state or country and on what date you failed the exam.
- Applying for a temporary license.

**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).

**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.

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**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 in an ODD-NUMBERED year, pay . . . . . $233
*($50 - Application Fee + $36 - License Fee + $86 - Compliance Resolution Fund + $61 - 1/2 Renewal)*

If you expect to be licensed in an EVEN-NUMBERED year, pay . . . . . $128
*($50 - Application Fee + $36 - License Fee + $42 - Compliance Resolution Fund)*

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 program in physical therapy 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.
2. License Verification: Have the licensing authority of each state/territory in which you **hold or held a license at any time,** complete the "Verification of License" form and send it directly to the Board. Make copies of this form, as needed. Check with the licensing authority (fees) for any fees you may need to pay and also the length of time for that agency to process your license verification to our State.
3. NPTE Score Report: Request the Federation of State Boards of Physical Therapy (FSBPT) Score Transfer Service to forward your score 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
124 West Street South, 3rd Floor
Alexandria, VA 22314

Phone: 1-703-739-9420
Website: www.fsbpt.net/pt
Email: scoretransfer@fsbpt.org

**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 (PT-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 Physical Therapy Board 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.

**LAWS & RULES**

The licensee is held accountable for knowing and complying with the Hawaii laws and rules of physical therapy practice as failure to comply may result in disciplinary action. Obtain copies of the physical therapy 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".

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**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.

Print Form

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

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

*Read the Information/Requirements and Instructions before completing this form.*

| FOR BOARD USE ONLY | |
|---|---|
| Effective Date | License No. PT - |
| Temporary License | Effective: |

Applying for:

☐ License by exam waiver: Passed national PT exam in

(state) _____ on (date) _____

☐ Exam, first time.

☐ Exam, failed exam in

(state/county) _____ on (date) _____

☐ Temporary license. Attach separate fee of $30.

| Legal Name of Applicant (First, Middle) | (Last) |
|---|---|
| Residence Address (Include Apt. No., City, State & Zip Code) | |

| Mailing Address (**ONLY** if different from residence) | Date of Birth | Other Names Used (Include Maiden Name) |
|---|---|---|
| | Phone No. (Days) | Social Security No. |

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.

1) Are you at least 18 years of age? ..... ☐ Yes ☐ No

2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? ..... ☐ Yes ☐ No

3) Do you now hold or have you ever held a physical therapist license in another state or territory? ..... ☐ Yes ☐ No
If "YES", list below.

4) Have you ever held a license in Hawaii? Lic. No.: _____ Exp. Date: _____ ..... ☐ Yes ☐ No

5) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? ..... ☐ Yes ☐ No

6) Are there any disciplinary actions pending against you? ..... ☐ Yes ☐ No

7) 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) From | Dates (mo/yr) To | Degree Earned |
|---|---|---|---|---|
| | | | | |
| | | | | |

**STATE LICENSES**

| Name of State (Attach additional sheets if needed) | License No. | Date Issued | Method of Licensure: National Exam | Method of Licensure: State Exam | Method of Licensure: Exam Waived | License Current? YES | License Current? NO | Provide date Verification was Requested |
|---|---|---|---|---|---|---|---|---|
| ORIGINAL state | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

| | | | | | |
|---|---|---|---|---|---|
| Appl | 513 | $50 | 1/2 Renewal | 510 | $61 |
| Lic | 516 | $36 | Temp | 517 | $30 |
| CRF | 518 | $42/$86 | Service Charge | BCF | $25 |

Print 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 therapy 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 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.