INFORMATION/REQUIREMENTS AND INSTRUCTIONS - PHYSICAL THERAPIST ASSISTANT LICENSE

Access this form via website at: **cca.hawaii.gov/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 a person who is licensed as a physical therapist assistant in the State and assists the physical therapist in selected components of treatment or intervention.

"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. **ARRANGE** with your school or college to send a certified transcript (in the English language) showing graduation date and physical therapist assistant degree or physical therapy degree conferred, **directly** to the Board; **OR**

2. Graduated from a school or college of physical therapy or physical therapist assistant program 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 credentials 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 indicate successful completion of a program or programs, including education and training, equivalent to a physical therapist assistant program or physical therapy program accredited by CAPTE. 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
3600 Market Street, Suite 450
Philadelphia, PA 19104-2651
Phone: (215) 243-5858
Website: www.icdeval.com

International Credentialing Associates, Inc.
10801 Starkey Road, Suite 104 #108
Seminole, 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 school or college of physical therapy or physical therapist assistant program is in a country, state, or province where the official language is other than English, applicants shall take and pass one of the following English language proficiency tests: Test of English as a Foreign Language (TOEFL) with the passing score for each exam as recommended by the Federation of State Boards of Physical Therapy (FSBPT); **OR** the TOEFL internet based test 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: **cca.hawaii.gov/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. The FSBPT shall notify the applicant **directly** of the applicant's licensure examination score.

Please be advised that effective January 1, 2016, the FSBPT is implementing two new eligibility requirements (in addition to the current requirements):

1. lifetime limit of taking the exam a maximum six (6) times (this number is retroactive);
2. low score limit of two (2) very low scores will not be allowed to test again.

Please note that the FSBPT's eligibility requirements are not the same as Hawaii's requirements for licensure (pursuant to Hawaii Administrative Rules §16-110-20), however, in order to meet Hawaii's requirements for licensure, all applicants must provide proof of taking and passing the physical therapist assistant licensure examination.

If you have questions about the FSBPT's eligibility policies, please contact the FSBPT directly at: **examregistration@fsbpt.org**. You may also visit their website at: **https://www.fsbpt.org./**.

EXAM WAIVER BY PREVIOUS NPTE SCORE

If you have already taken the NPTE **and** your score meets or exceeds the FSBPT's criterion - referenced passing score requirement **and** you meet the education requirement, the Board will consider issuance of license through the exam waiver provision. Contact the FSBPT Score Transfer Service 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.org
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 (i.e. Experience must be between 01/01/07 and 12/31/14.)

The applicant shall provide an original completed and notarized "Experience Verification for Exam Waiver" (PTA-02) form from your supervisor at each place of employment as a physical therapist assistant during the aforementioned five-year period.

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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 Street, Suite 400
Philadelphia, PA 19104-2651
Phone: (215) 222-8454
Website: www.cgfns.org

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 Street South, 3rd Floor
Alexandria, VA 22314
Phone: (703) 684-8406
Fax: (703) 684-8715
Email: help@fccpt.org
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.

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SOCIAL SECURITY NUMBER (cont'd)

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.

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 $400
($50 - Application Fee + $85 - License Fee + $100 - Compliance Resolution Fund + $65 - 1/2 Renewal + $100 - Special Assessment)

If you expect to be licensed in an EVEN-NUMBERED year, pay $285
($50 - Application Fee + $85 - License Fee + $50 - Compliance Resolution Fund + $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. Original completed and notarized "Experience Verification for Exam Waiver" form(s) **OR** NPTE Score Report.

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 form 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 state where the conviction occurred **and** the state where you currently reside, if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of Attorney General, Hawaii Criminal Justice Data Center, Kekuanao'a Building, 456 S. King Street, Room 102, Honolulu, HI 96813. Ph: (808) 587-3279 or visit their website at: **ag.hawaii.gov/hcjdc**. For other states/ jurisdictions, contact the local authority or Board for their forms, instructions and fees on obtaining a criminal history record check.

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: **cca.hawaii.gov/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.

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 ASSISTANT

Access this form via website at: **cca.hawaii.gov/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) and if applicable, copy of supervisor's PT license.

☐ NPTE Exam.

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 -
☐ Approved	Initials/Date:
☐ CAPTE transcript **or**	☐ Evaluation
☐ Experience Verification **or**	☐ Passed NPTE
☐ O/S	☐ Hawaii
☐ Application fee: $50	
☐ License fees: $350 / $235	

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 assistant license in another state or territory? ..... ☐ Yes ☐ No

If "YES", please list: _____

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

(CONTINUED ON PAGE 2)

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

Appl	513	$50	1/2 Renewal	510	$65
Lic	516	$85	Spc Assessment	PTA	$100
CRF	518	$50/$100	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 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 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.