



Jeremiah W. (Jay) Nixon  
Governor  
State of Missouri

Kathleen (Katie) Steele Danner, Division Director  
**DIVISION OF PROFESSIONAL REGISTRATION**

Department of Insurance  
Financial Institutions  
and Professional Registration  
John M. Huff, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard  
P.O. Box 4  
Jefferson City, MO 65102-0004  
573-751-0098  
866-289-5753 TOLL FREE  
573-751-3166 FAX  
800-735-2966 TTY  
website: <http://pr.mo.gov/healingarts.asp>

Connie Clarkston  
Executive Director

Dear Physical Therapist Applicant:

Attached are the forms required to make application for licensure as a Physical Therapist in the State of Missouri based on Reciprocity. Included in this packet are:

1. Instructions for completing the application;
2. Documents and Fee you must furnish with your application;
3. Reciprocity application form;
4. Activities Statement form;
5. State Licensure Verification form (if necessary make additional copies);
6. Application checklist
7. Jurisprudence Examination.

All applicants should read the Physical Therapy statutes and rules in their entirety before beginning the application process. These statutes and rules govern your professional conduct as a practitioner of Physical Therapy in the State of Missouri. The Physical Therapy statutes and rules can be found on the Board's website at the address listed above.

No application can be considered by the Board until the entire file is complete. **Therefore, you should not make any firm commitment to begin working until you have received notification of licensure in writing, from this office.** Please be advised that no application will be processed without a fee.

You will be notified in writing one (1) time if your application is deficient in any way. You should allow a minimum thirty (30) days for the processing of your application once you have filed the completed application and the required documents in this office. An answer shall be given for each question on the application. If the question does not apply write N/A-not applicable. If your file is complete on Wednesday it will be reviewed on Friday. A letter notifying you of the decision will be mailed to you by no later than the following Tuesday. Please do not telephone the office requesting the decision.

It is unlawful to misrepresent any material fact, in any way, in connection with your application for a Missouri license. It is also unlawful to practice Physical Therapy before a license has been issued. Proof that an applicant has practiced without a license or misrepresented any material facts is grounds for denial.

A license to practice as a Physical Therapist expires January 31<sup>st</sup> of every even numbered year **regardless of when it is issued**. A renewal application will be mailed to you on or before December 1<sup>st</sup> of each odd numbered year. You will be required to pay an additional fee for renewal and confirm on the renewal application that you obtained 30 hours of continuing education during the prior two calendar years. For complete information regarding the Board's continuing education requirement, please see Rules 20 CSR 2150-3.200 through 20 CSR 2150-3.203. Failure to receive the renewal application does not, however, relieve any person of the duty to register and pay the fee required nor exempt them from the penalties for failure to renew.

If you have any questions during the process which are not answered in the enclosed material, you may contact the Board of Healing Arts at (573) 751-0098 or toll free at (866) 289-5753 or via email at [licensure@pr.mo.gov](mailto:licensure@pr.mo.gov)

Sincerely,

Licensure Section

**PHYSICAL THERAPIST  
INSTRUCTIONS FOR COMPLETING YOUR RECIPROCITY LICENSURE APPLICATION**

The Board wishes to stress that you should provide complete details, dates, names, addresses and zip codes as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. Please type or print your application in BLACK ink. The following information is provided to assist you in answering questions.

**QUESTION #1** - Print your full name: Last, First, Middle, Suffix, Maiden. Print your email address. The ability to correspond via email will expedite processing of your application.

**QUESTION #2** - Please provide an address to which all licensure material should be sent.

**QUESTION #3** - Indicate date and place of birth. Indicate your Social Security number and provide the Board with a copy of your Social Security card. State law mandates the submission of Social Security numbers on professional applications. A citizen of an international country applying for licensure without a United States Social Security number may submit a copy of his/her Visa or Passport Identification number in lieu of the Social Security number.

**QUESTION #4** - Indicate intended Missouri business, address and telephone number. If unknown, please indicate the reason why a Missouri license is needed.

**QUESTION #5** - List in chronological order the name and location of each institution attended, beginning with high school. Please indicate the dates of attendance, graduation date and type of diploma or certificate awarded.

**QUESTION #6** - State degree received, date degree received, school of graduation and location of school.

**QUESTION #7** - List all licenses or registrations for any profession, whether active, inactive, temporary or institutional, in order of attainment.

**QUESTION #8** - Indicate if you have taken a National Physical Therapy Examination, listing date(s), number of times taken and the state(s) in which the examination(s) was given.

**QUESTION #9** - Indicate if you have taken a State Board Examination, listing date(s), number of times taken and the state(s) in which the examination(s) was given.

**QUESTION #10** - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

**QUESTION #11** - If your answer is "yes", provide complete details on a separate notarized statement. This statement must specify name and address of the association, society, hospital, or agency, dates and reason(s) for action.

**QUESTION #12** - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the States, Provinces or Country, the dates and reason(s).

**QUESTION #13** - If your answer is "yes", provide complete details on a separate notarized statement. The statement must specify the agency, dates and reason(s).

**QUESTION #14** - If your answer is "yes", provide complete details on a separate notarized statement. This should include States, Provinces, or Country, dates and reason(s).

**QUESTION #15** - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. Furnish a certified court copy (with the court seal affixed) of the original complaint(s), the answer(s), and the disposition(s) of the case(s). If the case(s) is still pending, your attorney must submit a letter directly to this office stating the current status of the case(s).

**QUESTION #16** - If your answer is "yes", provide complete details, dates, etc., of arrest, the dates, places and disposition of the case on a separate notarized statement. Furnish a certified court copy (with court seal affixed) of the original charge, the judgement, the sentence, and/or the dismissal order, or other such documents which reflects the disposition of the matter.

**QUESTION #17** - If you have been involved in two or less cases, and the cases were resolved over five years ago (from the date of the filing of your licensure application), you are only required to provide a notarized statement. The statement should include a summary of the incident, the date of the incident, the name of the patient and how the case was resolved (i.e. dismissed, jury trial, settled/amount paid, etc.)

If a case(s) is currently pending, it will be necessary for you to provide our office with a copy of the complaint and a notarized statement as described above.

If you have been involved in more than two cases or if cases have been resolved within the five year period immediately preceding the filing of your licensure application, it will be necessary for you to furnish a notarized statement, as described above, and provide a certified court copy of the complaint and the document showing the disposition of the case. If your insurance company paid a claim without a formal case being filed, then include in the written statement the name of the insurance carrier and the date and amount of the settlement.

**QUESTION #18** - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. This should include the States, Provinces, or Country, dates and reason(s).

**QUESTION #19** - If your answer is "yes", provide complete details, dates, etc., on a separate notarized statement. This should include the States, Provinces, or Country, dates and reason(s).

**QUESTION #20-23** - If your answer is "yes", provide complete details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice.

**QUESTION #24** - If your answer is "yes", provide complete details on a separate notarized statement. This should include why you are required to register, conviction, date and state. The Board also requires a certified copy of the conviction and any court orders (i.e., probation, parole, etc.) requiring registration.

**QUESTION #25** - You must sign the oath **in the presence of** a Notary Public. The Notary Public must complete his/her portion.

**QUESTION #26** - Application Information Release Authorization. In the space provided please list the name of one person with whom we may discuss your file.

**ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED.**

**Allow 30 days for processing your application once you have filed the completed application and the required documents in this office. An answer shall be given for each question. If the question does not apply write N/A-not applicable. If your file is complete on Wednesday it will be reviewed on Friday.**

PLEASE BE ADVISED THAT YOU SHOULD NOT MAKE ANY FIRM COMMITMENT TO BEGIN PRACTICING UNTIL YOU HAVE RECEIVED NOTIFICATION OF LICENSURE IN WRITING FROM THIS OFFICE.

Please be advised that **incomplete** applications on file in this office for **one year will be discarded.**

# DOCUMENTS AND FEE YOU MUST FURNISH WITH YOUR APPLICATION FOR PHYSICAL THERAPY LICENSURE BASED ON RECIPROCITY

## THE BOARD WILL NOT ACCEPT DOCUMENTS VIA FAX.

- Fees** - Please submit the fee to this office in the form of a Cashier's check or Money Order payable on or through a United States bank. **FEES WILL NOT BE REFUNDED.**  
**Reciprocity fee** ..... \$25.00
- Notarizations** - To assure that copies of the documents you furnish with your application will not have to be returned to you to be notarized properly, please have the notarizations completed as follows:
  - Affidavits and statements should be notarized as "Subscribed and Sworn to" before the Notary Public. The Notary Public must sign, date, and affix his/her notary seal to the document. Notary seal must show date of expiration.
  - Canadian documents may be stamped, dated, and signed by the Commissioner of the appropriate Providence if a Notary Public is not available.
  - The Board will also accept a notarization by the American Embassy.
- Official Translations** - If any of your documents, transcripts, etc., are in a language other than English, you must provide an original, official word-for-word translation of the document. The Board's definition of an official translation is one which is done by a Government official, official translation service or a college or university official in the United States. The translator must certify that it is a true translation to the best of his/her knowledge, that he/she is fluent in the language, and is qualified to translate. He/she must sign the translation and his/her signature must be subscribed and sworn to before a Notary Public. The Translator must also print his/her name and title under the signature. This must be translated on official letterhead.  
**NOTE: A translation performed by an official of the American Embassy in a foreign country must have the Embassy seal affixed.**
- Activities statement** - Each applicant is required to provide a chronological listing of his/her professional and non-professional activities from high school graduation until the present date **OR** for the last ten years; **whichever is the most recent.** All periods must be reported. In chronological order, list the positions held, complete names, addresses, and zip codes of employers and the beginning and ending dates of employment. **NOTE: This must be submitted in addition to the information on your application.** You may be required to update the Board on your activities if your application remains in a pending status for an extended period of time. A form is provided to document your activities. A resume may be submitted, in lieu of this form, provided it details all time periods.
- FSBPT Score Transfer Service** - All applicants are required to complete this form and submit it directly to the Federation of State Boards of Physical Therapy (FSBPT) with the appropriate fee. This request can be obtained on the FSBPT's website at [www.FSBPT.org](http://www.FSBPT.org).
- Verification of Licensure** - If you have ever held a permanent or temporary license to practice Physical Therapy or any other profession in any State or Province (including Canada), the enclosed form must be mailed to each licensing agency, regardless of whether or not the license is current. The licensing agency must return the completed form directly to the Missouri Board. Internationally trained applicants must submit licensure verification from the country in which they graduated. You may copy this form for additional copies. To expedite the verification process, it is recommended that you contact the state licensing agency to determine if they charge a fee to verify your licensure/registration.
- Photograph** - All applicants must attach a recent ORIGINAL photograph no larger than 3" x 5" in the space provided on the application. Copies of photographs and magazine clippings are not acceptable.
- Transcripts** - Official transcripts, with school seal affixed, and degree award noted from each and every college and/or university attended are required. Transcripts must be sent directly from every college and/or university in a sealed envelope.
- Name Change** - If your name has changed from that which is shown on your birth certificate, you will be required to submit one of the following documents for verification:
  - Marriage** - Furnish a copy, no larger than 8½" x 11", of your marriage certificate.
  - Divorce Decree** - Furnish a copy, no larger than 8½" x 11", of your divorce decree.
  - Adoption** - Furnish a copy, no larger than 8½" x 11", of your adoption order.
  - Court order** - Furnish a certified court copy of the name change document.
  - Naturalization** - If you have had a name change by Naturalization, you will be required to hand deliver your original Naturalization Certificate to this office for inspection, since it is unlawful to copy that document. After inspection, the certificate will be returned to you.
- Credential Evaluation** - If you are an internationally trained Physical Therapist, it will be necessary for you to submit an original credential evaluation. The evaluation must be completed by the Foreign Credentialing Commission on Physical Therapy, 511 Wythe Street, Alexandria, VA 22314. An application can be accessed on their website at [www.FCCPT.org](http://www.FCCPT.org).
- TSE and TOEFL Certificate** - (TSE-Test of Spoken English; TOEFL-Test of English as a Foreign Language) If you are from a country in which the predominate language is not English, you must provide a TSE and TOEFL Certificate. The TSE Certificate must report a minimum comprehensibility score of **FIFTY (50)**. The TOEFL Certificate must report a minimum score of **FIFTY FIVE (55)** in each section and a total score of **FIVE HUNDRED SIXTY (560)** or TOEFL computer-based a total score of 220 or; TOEFL Internet based testing (TOEFL iBT) a minimum of the following in each section: Writing 24, Speaking 26, Reading Comprehension 21, Listening Comprehension 18 and a total score of 89. This information must come directly from TOEFL to the Board office.
- Social Security Card** - Furnish a copy of your Social Security card. (Do NOT fax) A citizen of an international country applying for licensure in Missouri who does not hold a United States Social Security number, shall submit his/her Visa or Passport in lieu of the Social Security card.
- Jurisprudence Examination** - All applicants for licensure are required to take and pass the PT and PTA jurisprudence examination. The answers are readily available in the PT and PTA statutes which are located on the Board's website.



STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**PHYSICAL THERAPIST RECIPROCITY APPLICATION**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD.  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A PHYSICAL THERAPIST IN THE STATE OF MISSOURI ON THE BASIS OF RECIPROCITY.

Pursuant to Section 324.010 RSMo:

**CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

*False statements are subject to criminal penalties and/or license discipline.*

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail [income@dor.mo.gov](mailto:income@dor.mo.gov).**

1. APPLICANT NAME (LAST, FIRST, MIDDLE, SUFFIX, MAIDEN)	EMAIL ADDRESS
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2. HOME ADDRESS (PO BOX, STREET, CITY, COUNTY, STATE, ZIP CODE)	TELEPHONE NUMBER
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3. DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
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4. PROPOSED MISSOURI BUSINESS NAME AND ADDRESS	BUSINESS TELEPHONE NUMBER
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5. EDUCATION - STATE IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, BEGINNING WITH HIGH SCHOOL, THE DATES ATTENDED, AND THE DEGREE RECEIVED, IF ANY.

NAME AND LOCATION OF INSTITUTION	DATES ATTENDED	DEGREE RECEIVED

6. PHYSICAL THERAPY DEGREE/CERTIFICATE RECEIVED	DATE RECEIVED
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PROFESSIONAL SCHOOL NAME AND LOCATION

7. ARE YOU CURRENTLY LICENSED, OR HAVE YOU EVER HELD LICENSURE, REGISTRATION, OR CERTIFICATION (PERMANENT, TEMPORARY OR INSTITUTIONAL) TO PRACTICE AS A PHYSICAL THERAPIST OR ANOTHER PROFESSION IN THIS OR ANY OTHER STATE OR COUNTRY? (E.G. PHYSICAL THERAPIST ASSISTANT, NURSE, ETC.) IF SO, PLEASE LIST BELOW.

STATE/COUNTRY	LICENSE NUMBER	DATES HELD	PROFESSION

8. HAVE YOU TAKEN A NATIONAL PHYSICAL THERAPY EXAMINATION (E.G. THE PES, FSBPT, ETC.)?  
 YES    NO  
 PLEASE INDICATE THE NUMBER OF TIMES AND THE STATE(S) TAKEN IN:

9. HAVE YOU TAKEN A STATE BOARD EXAMINATION?  
 YES    NO  
 PLEASE INDICATE THE NUMBER OF TIMES AND THE STATE(S) TAKEN IN:

**PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.**

	<b>YES</b>	<b>NO</b>
10. Have you, or any license or right to practice held by you, been restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or international country?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you had any disciplinary or corrective action taken against you, or had your right to practice restricted, by any professional association or society, or by any licensed hospital or medical staff of a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you surrendered a license issued to you by any U.S. state, Canadian provincial or international licensing agency for reasons other than failure to renew?	<input type="checkbox"/>	<input type="checkbox"/>
13. Have any charges or complaints been filed against you with the federal government, any federal agency or any U.S. state or Canadian provincial licensing or disciplinary agency?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any disciplinary action been taken against you, or has your authority to practice been restricted, by any federal or state agency including, but not limited to, Medicare or Medicaid?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any lawsuit (other than malpractice) been filed against you?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any U.S. state or any Canadian province whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such claim yourself?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you been denied a license to practice as a physical therapist or any other profession or denied the privileges of taking an examination administered by a U.S. state, Canadian provincial or international licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever made application for licensure/registration in another state, province or country and subsequently withdrawn said application?	<input type="checkbox"/>	<input type="checkbox"/>
20. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances?	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice physical therapy in a safe and competent manner?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are you now or have you ever been required by federal law or the law of any state to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>

ALL APPLICANTS MUST PLACE AN  
**ORIGINAL RECENT PHOTOGRAPH**  
 IN THE SPACE PROVIDED



**25. APPLICANT OATH**

State/Province of \_\_\_\_\_ County/Parish of \_\_\_\_\_

I, \_\_\_\_\_, hereby certify under oath that I am the person named in this application for a license to practice as a Physical Therapist in the State of Missouri. I have personally read, reviewed and answered each of the questions. All statements I have made are true. I am the original and lawful possessor of and the person named in the various documents and credentials furnished to the Board in connection with the application.

I acknowledge and state that I have read Chapter 334, RSMo, which contains the Statutes, Rules and Regulations governing Physical Therapy, that can be located on the Board's website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I further state that by filing this application for a license to practice as a Physical Therapist in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for practice as a Physical Therapist, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), court, association, institution or other organization having control of any documents, records and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application subsequent licensure or practice hereunder.

I understand that I cannot practice in the State of Missouri as a Physical Therapist until the Missouri Board of Healing Arts has issued a license to practice to me.

**MUST BE SIGNED IN  
 PRESENCE OF NOTARY**

APPLICANT SIGNATURE



**NOTARIZATION AND NOTARY INFORMATION**

STATE	COUNTY
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The applicant identified him/herself with a government issued photographic identification and bearing true likeness to the above photograph subscribed and swore to the truthfulness of this application before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

USE A RUBBER STAMP IN CLEAR AREA BELOW

NOTARY PUBLIC SIGNATURE

COMMISSION EXPIRES

NOTARY PUBLIC EMBOSSEER SEAL

NOTARY PUBLIC PRINTED NAME

**26. APPLICATION INFORMATION RELEASE AUTHORIZATION**

I hereby authorize the State Board of Registration for the Healing Arts, its Directors or designee to release and/or discuss information contained in my application for permanent licensure in the State of Missouri to the following individual:

NAME OF PERSON



STATE OF MISSOURI  
DIVISION OF PROFESSIONAL REGISTRATION  
STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

BOARD OF REGISTRATION FOR THE HEALING ARTS  
P.O. BOX 4  
JEFFERSON CITY, MO 65102  
TELEPHONE (573) 751-0177  
TOLL FREE (866) 439-3897

### CERTIFICATION

During the period of time in which the Board is processing my application and determining whether to issue me a license, I will inform the Board of any change in information included in my application for licensure, including but not limited to malpractice suits, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to disclose this information could result in discipline pursuant to section 334.613.2(11).

Applicant Signature

Applicant Printed Name

Date

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**EXAMINATION ON THE LICENSURE ACT, RULES AND REGULATIONS FOR PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS**

**DIRECTIONS (10) true/false and (10) multiple choice questions**

This is an "open book" examination over Chapter 334.500-334.687 RSMo. of the PT/PTA practice act. Taking and passing this jurisprudence examination is required for licensure.

**JURISPRUDENCE EXAMINATION**

**SCORE ▶**

1. T F Missouri law states that anyone who has been denied a license, permit or certificate to practice physical therapy in another state shall automatically be denied a license to practice in this state.
2. T F All physical therapist and physical therapist assistant permanent licenses expire on January 31 of each year regardless of the date it was issued.
3. T F Section 334.613 RSMo provides the grounds for denial, suspension or revocation of a PT or PTA license.
4. T F Disciplinary action may be taken against a PT or PTA for willfully overcharging, overtreating, performing inappropriate or unnecessary treatment or services.
5. T F Missouri law requires that a PT or PTA notify the Board within fifteen days of any address change.
6. T F Conviction of a felony offense is not grounds for revocation of a PT or PTA license.
7. T F A physical therapist in Missouri may accept a referral from a licensed physician in another state.
8. T F In order to supervise a first time licensure applicant or an applicant for reinstatement of an inactive license, the physical therapist must have been engaged in active clinical practice in this state for a minimum of three years prior to supervising the temporary licensee.
9. T F There is no limitation on the number of times a PT or PTA may sit for the licensure exam in the state of Missouri.
10. T F A licensed physical therapist must be accessible by telecommunication to the physical therapist assistant at all times while the physical therapist assistant is treating patients.
11. A physical therapist may delegate physical therapy treatment to:
  - A) A physical therapy aide
  - B) A physical therapist assistant
  - C) A licensed athletic trainer
  - D) All of the above
12. A physical therapist may treat under the referral of which of the following:
  - A) Chiropractor
  - B) Physician Assistant
  - C) Advanced Practice Registered Nurse
  - D) All of the above
13. Physical therapists and physical therapist assistants must maintain patient records for a minimum of:
  - A) 3 years
  - B) 5 years
  - C) 7 years
  - D) 10 years
14. A first time applicant for license may practice under a temporary license for a maximum of:
  - A) 60 days
  - B) 90 days
  - C) 120 days
  - D) 6 months
15. A physical therapist may supervise up to how many PTAs?
  - A) 2 full time equivalent
  - B) 4 full time equivalent
  - C) 6 full time equivalent
  - D) unlimited

**JURISPRUDENCE EXAMINATION (continued)**

16. A minimum of \_\_\_\_\_ hours of continuing education are required for license renewal every two years.
- A) 10
  - B) 15
  - C) 20
  - D) 30
17. When supervising a PTA, which of the following responsibilities are maintained by the licensed PT?
- A) Initial evaluation and interpretation of referrals
  - B) Development or modification of the plan of care
  - C) Delegation of services to be rendered by the physical therapist assistant
  - D) All of the above
18. A licensee who has obtained an APTA recognized specialty certification or other specialty certification shall be acceptable for \_\_\_\_\_ hours of continuing education for the reporting period in which the certification or recertification was received.
- A) 15
  - B) 20
  - C) 30
  - D) none
19. A physical therapist may provide which of the following without the prescription and direction of an approved healthcare provider.
- A) Educational resources
  - B) Fitness, wellness programs
  - C) Screening services
  - D) All of the above
20. PT and PTAs documentation must include all of the following except:
- A) Insurance information
  - B) Date or dates patients seen
  - C) Assessment of physical therapy diagnosis
  - D) Plan of care

**CERTIFICATION TO NOT PRACTICE UNTIL LICENSED**  
(ALL APPLICANTS MUST COMPLETE THIS FORM)

**Please read carefully, sign and return this document with your application.**

I hereby certify to the Missouri State Board of Registration for the Healing Arts that I am not presently functioning and will not function as a physical therapist or physical therapist assistant or use any initials, titles or words which imply that I am licensed in Missouri to perform physical therapy services until I am granted licensure by the Missouri State Board of Registration for the Healing Arts.

I further certify that if I accept employment in a physical therapy setting in Missouri prior to licensure by the Missouri State Board of Healing Arts, I will perform only at the direction of a licensed physical therapist and will only perform duties which may be legally performed by **“UNLICENSED/ UNREGISTERED PERSONNEL”**.

I understand that the Missouri State Board of Registration for the Healing Arts may refuse to grant licensure to me or suspend or revoke my license if I violate any provision of Chapter 334, RSMo.

APPLICANT SIGNATURE

DATE

PRINT NAME





STATE OF MISSOURI  
 DIVISION OF PROFESSIONAL REGISTRATION  
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS  
**VERIFICATION OF LICENSURE - PHYSICAL THERAPIST**

BOARD OF REGISTRATION FOR THE HEALING ARTS  
 3605 MISSOURI BLVD.  
 P.O. BOX 4  
 JEFFERSON CITY, MO 65102  
 TELEPHONE 573-751-0171  
 TOLL FREE 866-289-5755

I, \_\_\_\_\_ hereby authorize and request the State Board of \_\_\_\_\_ having control of any documents, records and other information pertaining to me to furnish to the Missouri Board information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE
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NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
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OTHER NAMES USED IN OBTAINING LICENSURE

CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

**THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.**

STATE OF	FULL NAME OF LICENSEE
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LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE
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LICENSURE METHOD

NATIONAL EXAM                       STATE BOARD EXAM                       RECIPROCITY WITH \_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_

1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**

YES     NO

2. HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**

YES     NO

3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? **IF YES, ATTACH DETAILS.**

YES     NO

4. HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? **IF YES, ATTACH DETAILS.**

YES     NO

COMMENTS, IF ANY

BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	



**PHYSICAL THERAPIST RECIPROCITY APPLICATION - CHECKLIST**

**FORWARD TO THE MISSOURI BOARD OF HEALING ARTS**

- APPLICATION FORM
- FEE - \$25.00 (In the form of a cashier's check or money order.)
- ACTIVITY STATEMENT
- TRANSCRIPTS
- NAME CHANGE DOCUMENT (Only if you have had a name change through marriage, adoption, divorce, court order, or naturalization)
- VERIFICATION OF LICENSURE
- COPY OF SOCIAL SECURITY CARD
- FSBPT SCORE TRANSFER REQUEST - (This request form can be obtained on the FSBPT's website at [www.FSBPT.org](http://www.FSBPT.org).)
- JURISPRUDENCE EXAMINATION

**IN ADDITION TO THE ABOVE, THE FOLLOWING MUST BE SUBMITTED TO THE MISSOURI BOARD OF HEALING ARTS IF YOU ARE AN INTERNATIONAL GRADUATE**

- CREDENTIAL EVALUATION - Must be completed by the:  
 FCCPT  
 511 Wythe Street  
 Alexandria, Virginia 22314  
 Telephone: (703) 684-8406
- TSE SCORES
- TOEFL SCORES
- SOCIAL SECURITY CARD (A citizen of an international country applying for licensure in Missouri may submit his or her VISA or PASS-PORT identification number.)

If you previously held a Missouri license and it has been expired for more than four (4) years, you may be asked to submit continuing education.

SIGNATURE

DATE

WE ENCOURAGE YOU TO RETAIN COPIES OF YOUR APPLICATION AND SUPPORTING DOCUMENTS.