INSTRUCTIONS FOR THE PHYSICAL THERAPIST ASSISTANT APPLICATION

Attached are the materials you will need to make application for licensure to practice as a physical therapist assistant in the State of Missouri. It is suggested that you read this instruction sheet before beginning the process.

YOUR APPLICATION PACKET CONSISTS OF

- These instructions;
- Application (sections A-L);
- Jurisprudence Examination;
- Missouri State Highway Patrol Applicant Fingerprint Services of Missouri Form;
- Verification of Licensure Form;
- Agreement to Supervise Form (for a temporary license only);
- Certification of Professional Education (for applicants applying for the temporary license only);
- Accommodation Request (for non-CAPTE graduates/applicants taking the exam with Missouri as their jurisdiction only);
- Armed Forces of the United States Form.

Prior to completing the application, you should read the statutes and rules governing physical therapists in the State of Missouri. These are located on our website at https://pr.mo.gov/healingarts-rules-statutes.asp.

GENERAL INFORMATION

In addition to the materials you are required to submit, the Board makes independent inquiries into your background. You should allow a minimum of 4-6 weeks for your application to be initially processed once both your application and application fee have been received in office. If your application is received in office with existing deficiencies or discrepancies, your processing time will be lengthened – the amount of additional processing time is dependent upon the amount of time it takes you to comply with and fulfill the items listed on their checklist as outstanding. The Board's staff processes all information received in the date-order that it is received. Processing time will vary depending on the Board's backlog.

In addition to this, once the application has been completed and sent to final review for approval, another 2-4 weeks will be required for processing time dependent on the Board's backlog at that time. When your application is received and later processed, you will be notified via email of how to check the status of your application online. Additionally, the Board can request that you appear before them prior to issuing your license.

All permanent physical therapist assistant licenses expire on January 31 of each even-numbered year. Please remember this date so you can allow time for your renewal to be processed. Information for renewing your license will be mailed and emailed to you on or before December 1st of each year prior to license expiration, to the last known email and address on file. Failure to receive the renewal application does not relieve any person of the duty to register and pay the fee required for renewal nor exempt them from the penalties for failure to renew. Therefore, it is imperative that you notify the Board of any address change within fifteen (15) days of the occurrence. If your license expires, you cannot practice in Missouri until your license is renewed.

FEES

The application fee is $25. If you are applying for a temporary license, please send an additional fee of $10. This can be included on the same form of payment as the initial application fee.
(Temporary licenses are for first-time exam applicants *ONLY*).
The Board can accept payment in the form of a personal check, cashier's check, or money order. Please make checks payable to *Missouri Board of Healing Arts*, and **be sure to sign the check**. All checks must be drawn on a United States bank because our bank does not accept checks from International banks. **No application will be processed until the fee is received**. The Board cannot accept credit or debit cards for payment of the initial application fee.

ARMED FORCES OF THE UNITED STATES

If you have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable; or if you are the spouse of an active duty member of the Armed Forces of the United States, you may qualify for additional services. If applicable, please complete the form included in the application and return it with your application, along with verification of military status.

COMPLETING THE APPLICATION

- **SECTION A – Missouri Tax Compliance**
  - Check the box if in all of the last three 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**.**

For tax questions, please contact the Department of Revenue at (573) 751-7200 or email at TCSincome@dor.mo.gov.
NOTICE: All persons receiving a license from, or renewing a license with the Division of Professional Registration, are required to have paid all Missouri state income taxes, and also are required to have filed all necessary Missouri state income tax returns for the preceding three years. If you have failed to pay your Missouri taxes or have failed to file your Missouri tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file.

- **SECTION B – Identifying Information**
  - Indicate if you are applying to take the examination with Missouri as your jurisdiction.
  - If you are applying with Missouri as your jurisdiction. Please indicate if you are applying for a temporary license.
  - List your complete name. This includes your last, first, middle, and maiden names. List your suffix and other names used if applicable.
  - List your contact information. This includes your contact phone number, email address, and mailing address.
  - List your date of birth, social security number, and gender.
- **SECTION C – Practice Information – Anticipated Missouri Practice Address**
  - Check yes or no for whether you have an anticipated Missouri practice address or not. **A practice location is required before a temporary license can be issued**.
    - If yes, list the address in which you plan to practice in Missouri as a physical therapist assistant.
    - If no, please move on to Section D.
- **SECTION D – Names of Individuals with Whom the Board is Authorized to Discuss Your File**
  - The Board cannot release information about your application (including status) or discuss your application without your permission. If you wish us to discuss your application with anyone, please list that person in this section of the application. (Example: spouse, parent, supervisor, program director, etc.)
  - You may list up to two individuals. List their name(s), email address(es), and telephone number(s).
  - If you do not want the Board to release information about your application, please list N/A.
- **SECTION E – Education**
  - List, in chronological order, beginning with high school, the name and location of each institution attended, degree awarded, and date awarded.
- **SECTION F – Examination**
  - Mark if you have taken a National Physical Therapist Assistant Exam; if yes, please indicate the number of times and states in which the examination was taken.
  - Mark if you have taken a State Board Exam; if yes, please indicate the number of times and states in which the examination was taken.

Pursuant to 334.655.5. RSMo, no person who has failed on six or more occasions to achieve a passing score on the examination shall be eligible for licensure by examination.

- **SECTION G – Physical Therapist/Physical Therapist Assistant Licensure History**
  - List all of the states and territories in which you currently hold or have ever held a license to practice as a physical therapist or physical therapist assistant. *You will need to request a verification of licensure for each state listed. License verifications are required for any license held, regardless of the license status.*
- **SECTION H – Compact Privilege History**
  - List all of the states and territories in which you currently hold or have ever held a compact privilege to practice as a physical therapist or physical therapist assistant. *Compact privileges will not need to be verified.*

- **SECTION I – Activities**
  - *CHRONOLOGICALLY* list all professional and non-professional activities from the date that you graduated high school to the present, or for the last ten years, whichever is most current.
  - All applicable months must be accounted for in the MM/YYYY format.
  - Please include the names of the positions that you held and complete addresses for each activity listed.
  - If unemployed or on vacation for at least a month, please indicate such.
  - *Note: if there are dates not accounted for, you will be contacted by the Board to account for those dates. This will result in additional processing time.*
- **SECTION J – Personal History**
  - Answer the questions with the appropriate checkmark.
  - If any questions are answered "yes", please follow the instructions below:
    - **Questions 1-8** - Include a separate statement/letter explaining the circumstances behind your "yes" answer. Documentation supporting your statement, if applicable (i.e. a settlement agreement from another state disciplining your license, etc.) needs to be submitted directly from the state board, hospital, etc. and can be sent to licensure@pr.mo.gov
    - **Question 9** - Include a separate statement/letter explaining the circumstances behind your "yes" answer and also submit a certified/sealed copy of the court records or have your attorney send the documents to the Board. The Board needs to receive a copy of the complaint/petition and judgment, settlement, or disposition. Copies made of the certified/sealed documents are not acceptable. The Board will need to receive the original, official copies that are certified/sealed by the court. Should the court or an attorney send copies to our office on your behalf, they can be sent to licensure@pr.mo.gov
    - **Question 10** - Include a separate statement/letter explaining the circumstances behind your "yes" answer and also submit a certified/sealed copy of the court records or have your attorney send the documents to the Board. The Board needs to receive a copy of the charge (it may be called a petition, indictment, information, or complaint), **and** the judgment, sentence, or dismissal order, certified by the court or from your attorney. Copies made of the certified/sealed documents are not acceptable. The Board will need to receive the original, official copies that are certified/sealed by the court. Should the court or an attorney send copies to our office on your behalf, they can be sent to licensure@pr.mo.gov
    - **Question 11** - Include a separate statement/letter explaining the circumstances behind your "yes" answer and documentation supporting that statement.
    - **Question 12** – Please provide details and dates, including the names and addresses of the individuals and facilities which have treated you. Also please request that your current physician or treatment professional submits a statement directly to our office indicating your diagnosis, prognosis, and if your illness or condition affects your ability to practice. This statement can be sent to licensure@pr.mo.gov
    - **Question 13 –** Please contact the Board office for a Malpractice Claim Information Form to be completed. Additional documentation may be required after review of the information provided. Please also list the number of claims in which you have been named in the space provided.
- **SECTIONS K & L – Applicant's Oath and Notarization**
  - Sign the application in the presence of a notary.
  - Attach a recent photograph of yourself, in color. Please do not staple or paperclip the photograph.
  - The photograph used can be any photograph of the applicant that is from the shoulders up.

DOCUMENTS THAT NEED TO BE SUBMITTED FOR ALL APPLICANTS

- **Jurisprudence Examination –** Complete the jurisprudence exam, and return it with your application. Answers can be found in the rules and statutes at https://pr.mo.gov/healingarts-rules-statutes.asp. The Board will score it. A score of 75% or higher is required.
- **Criminal Background Check** - All applicants for licensure are required to complete a criminal background check. Please see the included "Missouri State Highway Patrol Applicant Fingerprint Services of Missouri" form and follow the instructions provided on the form.
- **Verification of Licensure** – If you have ever been licensed, registered, or certified as a physical therapist or physical therapist assistant in another state, country or territory, please have the licensing agency submit a verification of each to our office. The verification must be submitted directly from the licensing agency to our office. You may use the Verification of Licensure form in the application to request the verification(s) from the state board(s). Some licensing agencies will not complete this form, but use a secure online verification portal. It is your responsibility to contact the licensing agency and request the verification of licensure.
  This does not include compact privileges.

- **Transcripts –** Submit official transcripts, with the school seal affixed, from each and every college or university attended, confirming the courses taken towards your physical therapist assistant degree, grade received per course, degree(s) awarded, and date degree(s) awarded.
  The Board can accept electronic transcripts if they are official transcripts and emailed to (licensure@pr.mo.gov or faxed to (573)751-3166)
- **Name Change Documentation**– If you have had a name change for any reason, submit copies of the document evidencing the name change (Marriage Certificate, Divorce Decree, Adoption Order, Court Order, or Naturalization Certificate)
- **FSBPT Score Transfer –** If you have already taken and passed the exam, request a transfer of your scores from the FSBPT at https://www.fsbpt.org/OurServices/LicenseeServices/ScoreTransferService.aspx. For questions contact the FSBPT at 703-299-3100.
  If you plan to sit for the exam with Missouri as your Jurisdiction, the FSBPT will automatically send your scores to our office.

ADDITIONAL DOCUMENTS THAT NEED TO BE SUBMITTED FOR APPLICANTS APPLYING FOR A TEMPORARY LICENSE

- **Agreement to Supervise Form –** If you are a first-time applicant to take the exam with Missouri as your jurisdiction, and you would like to apply for a temporary license, you will need to have the agreement to supervise form completed by a Missouri-licensed physical therapist who will supervise you. This form must be notarized and mailed to the Board.
- **Certificate of Professional Education** – If you are a first-time exam applicant applying for a temporary license, this form may be submitted, **within 90 days of degree conferral**, in lieu of the final transcript, for the purpose of being issued a temporary license. However, the Board must receive complete transcripts before your permanent license can be issued after passing the exam.

ADDITIONAL DOCUMENTS THAT NEED TO BE SUBMITTED FOR NON-CAPTE APPLICANTS

- **Accommodation Request Form** – If are a non-CAPTE graduate applying for the exam with Missouri as your jurisdiction and you need special accommodations (i.e. reader, additional time, etc.) it will be necessary for you to complete and return this form to the Board office and provide the following:
  1. A statement to the Board from the applicant advising whether or not special accommodations were granted during your professional education. If accommodations were granted, list the type of accommodations granted.
  2. It will also be necessary for your program director to provide a letter advising that accommodations were given and the type of accommodations provided. This letter needs to be sent directly to our office from your program director & can be sent to licensure@pr.mo.gov
  3. A letter directly from your treating health care provider stating (1) the diagnosis, (2) the test(s) performed to reach the diagnosis, (3) how the diagnosis impacts your ability to take tests and whether or not it will impact your ability to practice your profession, and (4) the type of accommodations needed for the test. This letter will also need to come directly to our office from your treating health care professional & can be sent to licensure@pr.mo.gov

MAILING THE APPLICATION

Mail the application and fee to: Missouri Board of Registration for the Healing Arts
P.O. Box 4, Jefferson City, MO 65102

For overnight deliveries use: Missouri Board of Registration for the Healing Arts
3605 Missouri Blvd., Jefferson City, MO 65109

Applications cannot be accepted by email or fax.

HOW TO CHECK THE STATUS OF YOUR APPLICATION

When your application is received, you will be notified via email.
When your application is processed, you will be notified at a later date in an additional email. This email will include the PIN needed to check your application status online.
When your license has been approved, you will be notified via email the following day.

If you have questions after reading these instructions, you may call the Board office at 573-751-0098 or toll free at 866-289-5753 or email the Board at licensure@pr.mo.gov.

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
P.O. BOX 4
JEFFERSON CITY, MO 65102
FOR OVERNIGHT DELIVERIES
3605 MISSOURI BLVD.
JEFFERSON CITY, MO 65109
TELEPHONE (573) 751-0098
TOLL FREE (866) 289-5753
FAX (573) 751-3166

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

APPLICATION FOR PHYSICAL THERAPIST ASSISTANT LICENSURE

INSTRUCTIONS

Complete each section by providing complete details in black ink or by typed responses. Failure to answer all questions could result in delayed processing of your application. If additional responses are necessary, submit in a separate statement.

A. MISSOURI TAX COMPLIANCE

☐ Check this box if in all of the last three 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.

Pursuant to Section 324.010 RSMo, all persons applying for and renewing a license with the Division of Professional Registration are required to have paid all Missouri state taxes and are also required to have filed Missouri state income tax returns for the last three years. If such licensee is delinquent on any Missouri state taxes or has failed to file Missouri state income tax returns in the last three years, your license will be subject to suspension within 90 days after being notified by the Missouri Department of Revenue of such delinquency or failure to file.

False statements are subject to criminal penalties and/or license discipline. For tax questions, please contact the Department of Revenue at (573) 751-7200 or email at TCSincome@dor.mo.gov.

B. IDENTIFYING INFORMATION

ARE YOU APPLYING TO TAKE THE EXAMINATION WITH MISSOURI AS YOUR JURISDICTION?
☐ Yes ☐ No

IF YES, ARE YOU APPLYING FOR A TEMPORARY LICENSE? A TEMPORARY LICENSE MAY BE ISSUED TO A FIRST-TIME APPLICANT FOR LICENSURE BY EXAMINATION (20CSR 2150-3.150(1)).
☐ Yes ☐ No

Print your full name, mailing address, and personal information.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME

OTHER NAMES USED	CONTACT PHONE NUMBER	EMAIL ADDRESS

STREET ADDRESS	CITY	STATE	ZIP

DATE OF BIRTH	SSN	GENDER

C. PRACTICE INFORMATION - ANTICIPATED MISSOURI PRACTICE ADDRESS *This section is required to be completed

DO YOU HAVE AN ANTICIPATED MISSOURI PRACTICE ADDRESS?
☐ Yes ☐ No If yes, please complete C. If no, move on to D.

NAME OF BUSINESS	ADDRESS	CITY	STATE	ZIP

D. NAMES OF INDIVIDUALS WITH WHOM THE BOARD IS AUTHORIZED TO DISCUSS YOUR FILE

CONTACT #1 NAME	CONTACT #1 EMAIL	CONTACT #1 PHONE NUMBER

CONTACT #2 NAME	CONTACT #2 EMAIL	CONTACT #2 PHONE NUMBER

E. EDUCATION

List in chronological order, beginning with high school, the name and location of each institution attended, degree awarded and date awarded.

NAME OF SCHOOL	CITY/STATE	DATES ATTENDED	DEGREE AWARDED	DATE AWARDED

F. EXAMINATION

HAVE YOU PREVIOUSLY TAKEN A NATIONAL PHYSICAL THERAPIST ASSISTANT EXAMINATION (NPTE, PES, ETC.)?

☐ Yes ☐ No If yes, please indicate the number of times and states in which the examination was taken.

NUMBER OF TIMES	STATES

OTHER THAN THE EXAMS LISTED ABOVE, HAVE YOU PREVIOUSLY TAKEN A STATE BOARD EXAMINATION (THIS IMPLIES EXAMINATION GIVEN **PRIOR TO** THE NPTE, PES, ETC.)?

☐ Yes ☐ No If yes, please indicate the number of times and states in which the examination was taken.

NUMBER OF TIMES	STATES

G. PHYSICAL THERAPY/PHYSICAL THERAPIST ASSISTANT LICENSE HISTORY

List all of the states and/or territories in which you currently hold or have ever held a license to practice physical therapy or as a physical therapist assistant. This includes temporary or provisional licenses. **If you have held an International license, please list it here.**

STATE	STATE	STATE	STATE

H. COMPACT PRIVILEGE HISTORY

List all of the states in which you currently hold or have held compact privileges as a physical therapist or physical therapist assistant.

STATE	STATE	STATE	STATE

I. ACTIVITIES

Chronologically list all professional and non-professional activities from high school to the present, or for the last ten years, whichever is most current. Please account for all months.

DATES		POSITION HELD/ACTIVITY	ENTITY NAME & ADDRESS	CITY & STATE	COUNTRY
BEGINNING	ENDING				
MONTH/YEAR	MONTH/YEAR				
6/2011	6/2011	Vacation/Summer Break		CITY, STATE	
7/2011	present	Physical Therapist Assistant	NAME OF BUSINESS, ADDRESS	CITY, STATE	

EXAMPLE

J. PERSONAL HISTORY

Answer the following questions with the appropriate checkmark. **If any are answered yes, see the Instruction Sheet for specific information and documentation needed for review.**

1. Have you been denied a license, registration or certificate to practice as a physical therapist, physical therapist assistant or any other profession or been denied the privilege of taking an examination administered by a U.S. state, Canadian provincial or international licensing agency? ☐ Yes ☐ No

2. Have you made application for licensure, registration or certification in another state, province or country and subsequently withdrawn said application? ☐ Yes ☐ No

3. Has any license or right to practice held by you been disciplined, including but not limited to restriction, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any U.S. state, territory, federal agency, Canadian province or foreign country? ☐ Yes ☐ No

4. 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? ☐ Yes ☐ No

5. Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during college? ☐ Yes ☐ No

6. Have you surrendered a license issued to you by any U.S. state or any Canadian provincial licensing agency for any reason, other than failure to renew, retirement or relocating to another state? ☐ Yes ☐ No

7. 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? ☐ Yes ☐ No

8. 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? ☐ Yes ☐ No

9. 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? ☐ Yes ☐ No

10. Have you been arrested, charged, indicted, found guilty, or entered a plea of guilty, an alford, no contest plea or plea of nolo contendere, in a criminal prosecution in any state, federal, or municipal court whether or not sentence was imposed, including suspended imposition of sentence or suspended execution of sentence, except for minor traffic violations? Alcohol related traffic violations must be reported. ☐ Yes ☐ No

11. Have you been required by federal law or the law of any state to register as a sex offender? ☐ Yes ☐ No

12. Do you currently have any condition or impairment which in any way affects your ability to practice in a professional, competent, and safe manner, including but not limited to: (1) a mental, emotional, nervous, or sexual disorder (2) an alcohol or substance use disorder, or (3) a physical disease or condition? ☐ Yes ☐ No

13. 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 a claim yourself? ☐ Yes ☐ No

    13a. If your answer is yes, please indicate how many claims in which you have been named. _____

K. APPLICANT'S OATH

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 in writing within fifteen (15) days of any change in information included in my application for licensure, including but not limited to changes to Section J "Personal History", changes to Section I "Activities", address updates, malpractice suites, discipline imposed by another state, administrative agency, hospital or other entity, arrests, and criminal convictions. I understand that failure to timely disclose this information could result in discipline pursuant to section 334.100.2(11) and/or (15).

I hereby certify under oath that I am the person named in this application for a license to practice in the State of Missouri; that all statements I have made herein are true and that I have personally read, reviewed and answered each of these questions; that all documents submitted with this application or as part of the application process that are original, or duplicated copies of the originals, have not been altered in any fashion whatsoever; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application. I acknowledge and state that I have read Chapter 334 (statutes and rules), RSMo, which contains the Statutes, Rules and Regulations governing the practice as a physical therapist assistant, 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 hereby authorize the Missouri State Board of Healing Arts, its Director or designee, to release and/or discuss information contained in my application for licensure in the State of Missouri to the individuals indicated on the application.

I further state that by filing this application for a license to practice 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, 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 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.

MUST BE SIGNED IN PRESENCE OF NOTARY	APPLICANT'S NAME (PLEASE PRINT)
	APPLICANT'S SIGNATURE ▶

L. NOTARIZATION

STATE	COUNTY

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

NOTARY PUBLIC RUBBER STAMP

NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSER SEAL
NOTARY PUBLIC PRINTED NAME		

PLEASE GLUE OR TAPE YOUR PHOTO TO THE APPLICATION.

DO NOT STAPLE OR PAPER CLIP PHOTO.

PHOTO

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
P.O. BOX 4, JEFFERSON CITY, MO 65102
FOR OVERNIGHT DELIVERIES
3605 MISSOURI BLVD.
JEFFERSON CITY, MO 65109
TELEPHONE (573) 751-0098
TOLL FREE (866) 289-5753
FAX (573) 751-3166

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

JURISPRUDENCE EXAMINATION

APPLICANT LAST NAME	FIRST NAME	MIDDLE NAME	
ADDRESS	CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	DOB	EMAIL ADDRESS	

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

INSTRUCTIONS

Completion of the jurisprudence examination and achieving a score of seventy five percent (75%) or higher is a requirement for licensure by the Missouri State Board of Registration for the Healing Arts ("Board"). Each of the twenty "True (T) or False (F)" questions is given a weight of five percentage points. All the answers are readily available to you in the statutes and rules that are located on the Board's website at http://pr.mo.gov/healingarts-rules-statutes.asp

JURISPRUDENCE EXAMINATION

SCORE ▸

1. T F When practicing physical therapy in the state of Missouri, a licensed physical therapist or physical therapist assistant shall limit his/her scope of practice to what was defined as "practice of physical therapy" under the Missouri Physical Therapy Practice Act. (Section 334.500(4), RSMo)
2. T F A supervising physical therapist may delegate physical therapy responsibilities to a physical therapy technician, who is not a licensed physical therapist assistant or an unlicensed student attempting to satisfy supervised clinical education requirements related to the person's physical therapy education. (Sections 334.506.7 and 334.610, RSMo)
3. T F Physical therapists may initiate treatment for a new injury or illness without a prescription from an approved health care provider. The approved health care provider only include physician and surgeon licensed under Chapter 334, RSMo. (Section 334.506, RSMo)
4. T F A physical therapist may provide educational resources and training, develop fitness or wellness programs for asymptomatic persons, or provide screening or consultative services within the scope of physical therapy practice without the prescription and direction of an approved health care provider. (Section 334.506.3, RSMo)
5. T F A physical therapist may examine and treat, without the prescription and direction of an approved health care provider, any person with a recurring self-limited injury within one year of diagnosis by an approved health care provider or a chronic illness that has been previously diagnosed by an approved health care provider as long as certain conditions are met. (Section 334.506.4, RSMo)
6. T F To be eligible for relicensure, a licensed physical therapist or physical therapist assistant needs to accumulate thirty (30) hours of continuing education every two (2) years. (Section 334.507, RSMo)
7. T F Before applying to the Board for an inactive license status, a licensee must hold a current and active license to practice physical therapy in the state of Missouri and shall not be under investigation by the board or involved in pending disciplinary proceedings. (Section 334.525, RSMo, and Rules 20 CSR 2150-3.055(4) and 20 CSR 2150-3.163(4))
8. T F Patient records do not need to be legible. When a correction, addition, or change is made in a patient's record, it does not need to be clearly marked or identified as such. (Section 334.602, RSMo)
9. T F An unlicensed student may practice physical therapy without the on-site supervision of a physical therapist, if the unlicensed student is in an entry level of a professional education program satisfying clinical education requirements related to the person's physical therapist or physical therapist assistant education. (Sections 334.506.7 and 334.610, RSMo)
10. T F The Board may discipline a licensee for obtaining or attempting to obtain any fee, charge, tuition, or other compensation by fraud, deception, or misrepresentation; willfully and continually overcharging or overtreating patients; or charging for sessions of physical therapy which did not occur unless the services were contracted for in advance, or for services which were not rendered or documented in the patient's records. (Section 334.613.2(4)(a), RSMo)
11. T F A licensee may delegate physical therapy responsibilities to a person who is not qualified by training, skill, competency, age, experience, or licensure to perform such responsibilities; and by doing so, the licensee does not violate the Physical Therapy Practice Act. (Section 334.613.2(4)(d), RSMo)

12. T F It Is unlawful for any physical therapist or physical therapy assistant to assist or enable unlicensed practice; or to knowingly perform any act which in any way aids, assists, procures, advises, or encourages unlicensed practice. (Section 334.613.2(10), RSMo)

13. T F Knowingly making or causing to be made a false statement or misrepresentation of a material fact, with intent to defraud, for payment from MO HealthNet or Missouri Department of Mental Health or for payment from the federal Medicare & Medicaid program is considered a violation of the Physical Therapy Practice Act and constitutes ground(s) to discipline a person's physical therapist or physical therapist assistant license. (Section 334.613.2(16), RSMo)

14. T F The Board may hold a hearing to determine whether probable cause exists to reexamine a licensee to establish competency if the Board has reason to believe a licensee is unable to practice within reasonable skill and safety due to reasons of incompetency, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or as a result of any mental or physical condition. (Section 334.613.2(24), RSMo and 20 CSR 2150-3.085)

15. T F The Board may issue an order suspending or restricting the license of a physical therapist or physical therapist assistant if the licensee presents a clear and present danger to the public health and safety. (Section 334.615, RSMo)

16. T F The Board shall not automatically revoke a physical therapist or physical therapist assistant's license when such person has been found guilty or has entered a plea of guilty in a felony criminal persecution under the laws of the state of Missouri, the laws of any other states, or the laws of the United States for any offense reasonably related to the qualifications, functions or duties of their profession. (Section 334.616, RSMo)

17. T F The Board may make application to a court of general jurisdiction for an injunction, restraining order or other order as may be appropriate to enjoin a person from engaging in the practice of physical therapy without a license. (Section 334.617, RSMo)

18. T F As a condition of discipline, the Board may not require a physical therapist or physical therapist assistant to submit to care, counseling or treatment at the expense of the individual to be examined, or require the person to attend relevant continuing educational courses and pass an examination as the Board may direct. (Section 334.100.4, RSMo)

19. T F A licensee who fails to complete the necessary hours of continuing education during the biennial cycle and who fails to request a prior extension of time from the Board pursuant to rule 20 CSR 2150-3.202 may still practice as a physical therapist or physical therapist assistant. (Rule 20 CSR 2150-3.201(2))

20. T F Failure to receive a renewal application form does not relieve any licensee of the duty to renew or register and pay the required fee, nor does such failure exempt the licensee from the penalties provided by Chapter 334 for failure to register. (Sections 334.080 and 334.613.2(4)(n), RSMo)

Missouri State Highway Patrol
Applicant Fingerprint Services of Missouri

Applicant Fingerprint Form for State and FBI Criminal History Background Checks

Section One: Agency Information

AGENCY 4-DIGIT MACHS REGISTRATION NUMBER: 7315

Agency Name: Missouri Board of Healing Arts

Agency ORI: MO920280Z Agency OCA: _____

Section Two: The Missouri Automated Criminal History Site (MACHS)

For fingerprinting services through the state electronic fingerprint vendor, you must first register with the Missouri Automated Criminal History Site (MACHS). If you do not have internet access, you may contact the vendor (IDEMIA) at 844-543-9712 for assistance with registration.

MACHS Registration Instructions:
1. Log-on to www.machs.mo.gov
2. Click on the "blue box" Click here to register with the fingerprint portal
3. Click on the "blue box" Click here to register with MACHS
4. Enter the 4-digit registration number provided by your agency. Click "enter"
5. Enter your personal information in the appropriate fields and proceed through the registration process.
6. Near the end of registration, you will be asked to verify all personal data and agency information before proceeding. If all information entered is accurate and complete, click “complete registration.” This will redirect you to IDEMIA’s website for further instruction.
7. Please note your Transaction Control Number (TCN) for future reference.
8. Email and/or phone number, and Date of Birth will be required at the fingerprint vendor location to search for your registration transaction.

The processing fee is automatically calculated based on the 4-digit registration number that was entered at the beginning of registration. All fees are payable to IDEMIA at the time of fingerprinting unless a billing account has been established by your agency.

Once fingerprinting is completed, IDEMIA will transmit your photo, personal data, and fingerprint images to the Missouri State Highway Patrol (MSHP) for processing. The results of the search will be provided to the authorized agency within approximately 1-5 business days. NOTE: IDEMIA does not have access to criminal history. For questions about your results, contact the requesting agency or MSHP. Please reference your TCN.

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
P.O. BOX 4, JEFFERSON CITY, MO 65102
FOR OVERNIGHT DELIVERIES
3605 MISSOURI BLVD.
JEFFERSON CITY, MO 65109
TELEPHONE (573) 751-0098
TOLL FREE (866) 289-5753
FAX (573) 751-3166

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

VERIFICATION OF LICENSURE - PHYSICAL THERAPIST ASSISTANT

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
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

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	
LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

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	

ONLY COMPLETE THIS FORM IF YOU ARE APPLYING FOR A TEMPORARY LICENSE.

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

PHYSICAL THERAPIST ASSISTANT APPLICATION AGREEMENT TO SUPERVISE

I _____ ,
(SUPERVISOR'S NAME - PRINTED)

Physical Therapist license number _____ ,

hereby accept responsibility for the clinical supervision of _____ ,
(TEMPORARY LICENSEE NAME - PRINTED)

while he/she is practicing under a temporary license in accordance with the provisions of Chapter 334 RSMo. **I also hereby certify that I am not an immediate family member of the applicant as defined by Rule 20 CSR 2150-3.150(3), and I have been involved in active clinical practice in the State of Missouri for a minimum of one (1) year.**

During the assigned supervision period, I understand that I must:

1. Maintain my license in good standing with the Board;
2. Supervise no more than one temporary licensee;
3. Be readily available, at all times, to provide advice to the temporary licensee;
4. Observe the temporary licensee performing physical therapy measures, treatments, procedures, and functions;
5. Perform periodic chart of review on at least three randomly selected patient charts on each site visit, and make modifications and adjustments in the patient's treatment plan as necessary;
6. Verify the issuance of the temporary license prior to allowing the temporary licensee to begin practicing under my supervision.
7. Notify the Board within three (3) days if the temporary licensee's employment ceases.

I understand that I must maintain continual verbal and written contact with my temporary licensee, and on-site contact every two (2) weeks. I understand that if it is determined that the temporary licensee needs additional supervision, that additional supervision shall occur on a weekly basis. I further understand that if I am unable to fulfill the supervision requirements for this temporary licensee, it is my responsibility to report this to the Board immediately. If a temporary license is issued, it expires 90 days from the date of issue or upon receipt of examination scores.

I further attest that the temporary licensee shall begin employment at a location in the State of Missouri within seven days of issuance of the temporary license.

SUPERVISING PHYSICAL THERAPIST SIGNATURE	DATE

NOTARIZATION AND NOTARY INFORMATION

STATE	COUNTY

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

NOTARY PUBLIC RUBBER STAMP

NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSER SEAL
NOTARY PUBLIC PRINTED NAME		

APPLICANTS CANNOT BEGIN PRACTICING UNTIL THE TEMPORARY LICENSE HAS BEEN APPROVED AND A LICENSE HAS BEEN ISSUED BY THE MISSOURI BOARD OF HEALING ARTS. TEMPORARY LICENSES ARE ONLY OFFERED TO FIRST-TIME EXAM APPLICANTS.

ONLY COMPLETE THIS FORM IF YOU ARE APPLYING FOR A TEMPORARY LICENSE OR ARE A NEW NON-CAPTE GRADUATE.

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

CERTIFICATE OF PROFESSIONAL EDUCATION - PHYSICAL THERAPIST ASSISTANT

This form may be submitted in lieu of the transcripts for the purpose of obtaining a temporary license or to sit for the examination. However, complete transcripts must be received by the Board before your permanent license can be approved upon receipt of your passing exam scores.

It is hereby certified that _____ attended the
(USE NAME AS GIVEN ON DIPLOMA)

Physical Therapist Assistant school, _____
(NAME OF PHYSICAL THERAPIST ASSISTANT SCHOOL)

at _____ from the _____ day of _____,
(CITY AND STATE) (MONTH AND YEAR)

to the _____ day of _____, during which time he/she pursued and completed
(MONTH AND YEAR)

all the requirements for the associate degree program in Physical Therapy education accredited by the Commission on

Accreditation for Physical Therapy Education.

Please select one

☐ The applicant graduated from an associate degree program of physical therapy education accredited by the commission on accreditation

of physical therapy education on_____ .
(DATE)

☐ The applicant is eligible to graduate from an associate degree program of physical therapy education accredited by the commission on

accreditation of physical therapy education within ninety (90) days, on_____ .
(DATE)

DATE	PRESIDENT, REGISTRAR, DEAN OR DIRECTOR OF COURSE
(SCHOOL SEAL)	NAME OF SCHOOL
	ADDRESS OF SCHOOL

IF SCHOOL HAS NO SEAL THE STATEMENT MUST BE NOTARIZED.

NOTARY INFORMATION

STATE	COUNTY

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

NOTARY PUBLIC RUBBER STAMP

NOTARY PUBLIC SIGNATURE	COMMISSION EXPIRES	NOTARY PUBLIC EMBOSSER SEAL
NOTARY PUBLIC PRINTED NAME		

ONLY COMPLETE THIS FORM IF YOU ARE A NON-CAPTE GRADUATE NEEDING TESTING ACCOMMODATIONS.

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

ACCOMMODATION REQUEST - PHYSICAL THERAPIST ASSISTANT

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside sources without your express written permission, or in accordance with State Law.

NAME	TELEPHONE NUMBER

ADDRESS

_____

ACCOMMODATIONS REQUESTED FOR THE EXAMINATION

CHECK ALL THAT APPLY

- ☐ ACCESSIBLE TESTING SITE
- ☐ BRAILLE ☐ LARGE PRINT ☐ TAPE
- ☐ READER AS ACCOMMODATION FOR VISUAL IMPAIRMENT
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR VISUAL OR MOTOR IMPAIRMENT
- ☐ READER AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SCRIBE/AMANUENSIS AS ACCOMMODATION FOR LEARNING DISABILITY
- ☐ SIGN LANGUAGE INTERPRETER
- ☐ EXTENDED TIME
  - ☐ TIME AND A HALF
  - ☐ DOUBLE TIME
  - ☐ MORE THAN DOUBLE TIME (SPECIFY) _____
- ☐ SEPARATE TESTING AREA
- ☐ USE OF COMPUTER OR OTHER ADAPTIVE EQUIPMENT (SPECIFY): _____
- ☐ OTHER: _____

COMMENTS

NOTE: Please refer to the application instructions for information regarding the necessary documentation that will need to be submitted in addition to your accommodations request form.

SIGNED	DATE

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FAX: (573) 751-3166
EMAIL: Licensure@pr.mo.gov

ARMED FORCES OF THE UNITED STATES

(1) Are you currently an active duty member of the Armed Forces of the United States or a veteran from such service who received an honorable discharge? ___ Yes ___ No

(2) If answering question (1) in the affirmative, would you like to receive information and assistance regarding veterans benefits and services? ___ Yes ___ No

(3) If answering question (2) in the affirmative, may the agency share your contact information with the Missouri Veterans Commission in order to provide you with information regarding available veterans benefits and services? ___ Yes ___ No

(4) Are you the spouse of an active duty member or an honorably discharged veteran of the Armed Forces of the United States? ___ Yes ___ No

General information may also be found on the Missouri Veterans Commission's website.

If you answered questions (1) or (2) in the affirmative, please see the information below regarding the agency's veteran services and return this form with verification of military status.

- Upon proof and approval, you may qualify for:
  - Expedited Application Processing pursuant to section(s) 324.006 and 324.007, RSMo.
  - Military Education, Training and Service Toward Licensure Qualification pursuant to section 324.007, RSMo.
  - Licensure Reciprocity pursuant to section 324.009, RSMo.
  - Fee Waiver Request pursuant to section 324.015, RSMo.

Veterans taking professional state licensing or certification examinations required by the Department of Commerce & Insurance (DCI) can be reimbursed for the cost of the exam. Visit the Missouri Department of Elementary and Secondary Education's Veterans Education website to learn more about how the GI Bill can pay the cost of a license or certification test.

Name (Please Print) _____ Email Address _____

Address _____ City, State _____ Zip Code _____

Examples of acceptable documents can be found https://help.id.me/hc/en-us/articles/202211570-Documents-to-verify-military-status