



# Physical Therapist or Physical Therapist Assistant License Application Packet

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## Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please read, complete, and return this [form](#) with your application.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

## In order to process your request:

**Mail your application with initial documentation and your check or money order payable to:**

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent with initial application to:**

Physical Therapy Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

**Contact us:**

360-236-4700

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## Application Instructions Checklist

**Important background check Information:** Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the forms required.

**Application Fee.**

**This fee is non-refundable.** You can check the online [fee page](#) for current fees.

**Check if either apply:**

Request for Military Training and Experience Evaluation  
Spouse or Registered Domestic Partner of Military Personnel

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

**National Provider Identifier Number (NPI):** The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

**Legal Name:** List your full name: first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide the month, day, and year of your birth.

**Birth place:** Provide the city, state and country where you were born.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax and Cell Numbers:** Enter your phone, fax and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Education:**

List in date order, most recent to later, your educational preparation and post-graduate training. Attach additional pages if you need more space.

**4. Experience:**

List in date order, most recent to later, all professional experience and practice from date of graduation from professional college. Attach additional pages if you need more space.

**5. Other License, Certification, or Registration:**

List all states where credentials are or were held. Attach additional pages if you need more space.

**6. AIDS Education and Training Attestation:**

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of seven hours of education and training is required. Course content can be found in [WAC 246-12-270](#). If AIDS education was included in your professional education or training, an additional course is not required.

**7. Applicant’s Attestation:**

You must sign and date this for us to process the application.

## **For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:**

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

## **For Current and Former Servicemembers Requesting Evaluation of Military Training and Experience**

Under state law, your military education, training, and experience may count towards attaining certain civilian health care profession credentials in Washington State.

Submitted information will be reviewed by the Department of Health to determine substantial equivalency for meeting the credentialing requirements in this state.

Documents to submit with your health care professional credential application should include the following:

- If applicable, a copy of your DD214 Certificate of Release or Discharge from Active Duty, Member-4 or service 2 copy, or NGB-22 for National Guard.

**Please note:**

- A copy of your DD214 can be downloaded from the [EBenefits website](#).
- You can request a replacement copy of your NGB-22 on the [National Archives website](#).
- Official Joint Service Transcript (JST) or Community College of the Air Force(CCAF) Transcripts.

**Please note:**

  - JST can be sent electronically by visiting the [JST website](#) and selecting Washington State Department of Health.
  - CCAF transcripts cannot be sent electronically. See the [CCAF website](#) for transcript information.
- Verification of Military Experience and Training (VMET) or DD Form 2586. See the [DoDTAP website](#).
- If applicable, application for the Evaluation of Learning Experiences During Military Service (DD Form 295). See the [Military Resources website](#).

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## License Requirements

Thank you for applying to become a licensed Physical Therapist or Physical Therapist Assistant in Washington State. To expedite the license process, please be sure the following information has been included with your application.

In order to qualify for licensure, you must complete the following requirements:

**Application and fee.**

**Education for physical therapists:**

- Have a baccalaureate degree in physical therapy from an institution of higher learning approved by the board; **OR**
- Have a baccalaureate degree from an institution of higher learning and a certificate or advanced degree from a school of physical therapy approved by the board;

**Official transcripts:** Your transcripts must indicate the degree and date conferred.

**Education for physical therapist assistants:**

- Have completed a board approved United States physical therapist assistant education program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education or a United States military physical therapy technician program that is substantially equivalent to an accredited United States physical therapist assistant program.

**Official transcripts:** Your transcripts must indicate the degree and date conferred.

**National exam scores:** If you have taken the NPTE, you must have your scores transferred from the Federation of State Boards of Physical Therapy (FSBPT) and sent directly to us. Online requests are available at [www.fsbpt.org](http://www.fsbpt.org). Please refer to [WAC 246-915-030](http://WAC 246-915-030) for information on Washington's passing exam scores.

### **\*\*Special Note To Exam Applicants**

- Contact FSBPT for exam registration and instructions at [www.fsbpt.org](http://www.fsbpt.org), 703-739-9420, or email at [examregistration@fsbpt.org](mailto:examregistration@fsbpt.org).
- Testing dates are fixed dates for physical therapists and physical therapist assistants.
- Applicants who do not pass the exam after two attempts must obtain additional clinical training and/or coursework approved by the board before being permitted two more attempts.

**Jurisprudence Exam:**

Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](http://RCW 18.74) and [WAC 246-915](http://WAC 246-915)). After you take the jurisprudence exam print your certificate of successfully passing the exam and include with application packet.

- Letter from your school:** If you are an exam applicant and your transcripts are not yet available, you will be permitted to take the exam upon completion of required documents and submission of a letter from your program director verifying successful program completion and date of graduation. A full license will not be issued to you until an official transcript has been received.
- AIDS Education and Training Attestation:**  
Seven hours of AIDS education and training is required.
- Licenses Verification** (if applicable): A completed license certification form must be received for every state where you hold or have held a health care practitioner license; and
- Employment Verification:** Have each employer complete an [employment verification form](#) for every physical therapy position held within the past three years. Verifications will only be accepted if mailed to this office from the employer.

## **Interim Permit**

You may be issued an Interim Permit if you are:

1. A recent graduate from an approved program and your transcripts are not available, and
2. Awaiting the National Physical Therapy Examination (NPTE) through the Federation of State Boards of Physical Therapy (FSBPT), and
3. Applying for an Interim Permit

In order to qualify for an interim permit, you must complete the following requirements:

- Application and fee.**
- Education for physical therapists:**
  - Have a baccalaureate degree in physical therapy from an institution of higher learning approved by the board; **OR**
  - Have a baccalaureate degree from an institution of higher learning and a certificate or advanced degree from a school of physical therapy approved by the board;
- Education for physical therapist assistant:**
  - Have successfully completed a board-approved physical therapist assistant program.

**Official transcripts:** Your transcripts must indicate the degree and date conferred.

**Letter from your program director:** Verifying successful program completion and date of graduation.

- Education for physical therapist assistants:**
  - Have completed a board approved United States physical therapist assistant education program accredited by the American Physical Therapy Association's Commission on Accreditation in Physical Therapy Education or a United States military physical therapy technician program that is substantially equivalent to an accredited United States physical therapist assistant program.

**Official transcripts:** Your transcripts must indicate the degree and date conferred.



**Letter from your program director:** Verifying successful program completion and date of graduation. A full license will not be issued to you until an official transcript has been received. Please refer to [RCW 18.74.075](#) and [WAC 246-915-078](#).

**Jurisprudence Exam:**

Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](#) and [WAC 246-915](#)). After you take the jurisprudence exam, print your certificate of successfully passing the exam and include with application packet.

**Checklist and Sponsor Form:**

Provide checklist and sponsor form; and

**Interim Permit Sponsor Form:**

Provide written confirmation from the licensed supervising physical therapist attesting that he or she will:

- Ensure that a licensed physical therapist will remain on the premises at all times to provide “graduate supervision” as specified in [RCW 18.74.075](#).
- Report to the board any change in supervision or any change in location where services are provided;
- Ensure that the holder of the interim permit wears identification showing his or her clinical title and/or role in the facility as a graduate physical therapist; and
- Ensure that the holder of the interim permit ceases practice immediately upon notification of examination failure; or
- Ensure that the holder of the interim permit obtains his or her physical therapist or physical therapist assistant license immediately upon notification of having passed the examination.

## **Interstate Endorsement:**

A 90 day temporary permit is available for interstate endorsement applicants. The permit allows you to work as a physical therapist or physical therapist assistant until you receive your seven hours of AIDS training.

## **Internationally Educated Applicants (For Physical Therapists only)**

**In order to qualify for licensure, you must complete the following requirements:**

**Application and fee;**

**Jurisprudence Exam:**

Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](#) and [WAC 246-915](#)). After you take the jurisprudence exam, print your certificate of successfully passing the exam and include with application packet.

**Education:**

- Have a baccalaureate degree in physical therapy from an institution of higher learning approved by the board; **OR**
- Have a baccalaureate degree from an institution of higher learning and a certificate or advanced degree from a school of physical therapy approved by the board;

**Official transcripts:** Your transcripts must indicate the degree and date conferred. If you were internationally educated, see instructions below.

**Note: If information is not in English, an English translation signed by the translator must be submitted with the official document. Be advised that further documentation may be required in addition to the documents listed below:**

The Washington State Board of Physical Therapy recognizes the following credential evaluation services for the purpose of authenticating documents and providing credential evaluation reports directly to the Board. The Board requires each credential evaluation service to complete the appropriate Course Work Tool (CWT) adopted by the Federation of State Boards of Physical Therapy. The appropriate CWT means the CWT in place at the time the foreign educated physical therapist earned their first professional degree in physical therapy.

International Credentialing Associates, Inc. (ICA)  
7245 Bryan Dairy Road  
Largo, FL 33777  
1-727-549-8555 Fax 1-727-549-8554 Link: [icaworld.com](http://icaworld.com)

Foreign Credentialing Commission on Physical Therapy, Inc. (FCCPT)\*  
124 West Street South, 3rd Floor  
Alexandria, VA 22314  
1-703-684-8406 Fax 1-703-684-8715 Link: [fccpt.org](http://fccpt.org)

\*\*\* This evaluation service is **only** accepted if the evaluation was completed after 03/21/2006.

International Consultants of Delaware, Inc. (ICD)\*\*  
3600 Market Street, Suite 450  
Philadelphia, PA 19104-2651  
1-215-222-8454, ext. 603  
Fax 1-215-349-0026 Link: [www.icdeval.com](http://www.icdeval.com)

\*\*\* This evaluation service is **only** accepted if the evaluation was completed after 03/21/2006.

International Education Research Foundation (IERF)\*\*\*  
PO Box 3665  
Culver City, CA 90231-3665  
1-310-258-9451 Fax: 1-310-342-7086 Email: [www.ierf.org](http://www.ierf.org)

\*\*\* This evaluation service is **only** accepted if the evaluation was completed after 03/21/2006.

The cost of the evaluation is your responsibility. There may be additional charges for materials you wish to have reviewed once the initial evaluation is complete. Therefore, please make sure the information they receive from your school accurately reflects your educational program.

- Verification of TOEFL and TSE:** If your school of training was located in a country where English is not the official language, the board requires written verification of having passed the Test of English as a Foreign Language (TOEFL).
  - 4.5 on the test of written English (TWE)
  - 50 on the test of spoken English (TSE)
  - A minimum score of 220 on the computerized examination or a minimum score of 560 on the computerized examination

**OR**

- TOEFL Internet-Based Test (IBT) with the following scores:
  - 24 on the writing section
  - 26 on the speaking section
  - 21 on the reading section
  - 18 on the listening section
  - 89 on the overall examination.

If you wish to be scheduled for these examinations or want to have verification of your scores sent to this office, contact the TOEFL/TSE Registration Office at PO Box 6152, Princeton, NJ 08541-6152 or call 609-771-7100. Fax: 1-610-290-8972. Email: [toefl@ets.org](mailto:toefl@ets.org). The "TOEFL code" for Washington State is 9783.

- Jurisprudence Exam:**  
Study the Washington State Physical Therapy Practice Laws ([RCW 18.74](#) and [WAC 246-915](#)). After you take the jurisprudence exam, print your certificate of successfully passing the exam and include with application packet.
- AIDS Education and Training Attestation:**  
Seven hours of AIDS education and training is required;
- License Verification (if applicable):** A completed license certification form must be received for every state where you hold or have held a health care practitioner license; and
- Employment Verification:** Have each employer complete an employment verification form for every physical therapy position held within the past three years. Verifications will only be accepted if mailed to this office from the employer.

**Other Information**

- The initial license will expire on your birthday unless the license is issued within 90 days of your next birthday. See [WAC 246-12-020\(3\)](#).
- A courtesy renewal notice will be mailed to your address of record. You must keep your current address with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- Information regarding the physical therapy program is also available on our [web site](#).

**Note: You cannot practice as a physical therapist or physical therapist assistant until your license is issued.**

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Date  
Stamp  
Here

Revenue 0252080000

## Physical Therapist or Physical Therapist Assistant Application

Application for:	<input type="checkbox"/> Physical Therapist	<input type="checkbox"/> Physical Therapist Assistant
Application by:	<input type="checkbox"/> Examination	<input type="checkbox"/> Temporary Permit
	<input type="checkbox"/> Examination and Interim Permit	
	<input type="checkbox"/> Interstate Endorsement (I am licensed in another state.)	
	<input type="checkbox"/> Transfer of National Board Scores (I have taken the exam but was never licensed.)	
Select if either apply:	<input type="checkbox"/> Request for Military Training and Experience Evaluation	
	<input type="checkbox"/> Spouse or Registered Domestic Partner of Military Personnel	

### 1. Demographic Information

<b>Social Security Number (SSN)</b> (If you do not have a SSN, see instructions)	<b>National Provider Identifier Number (NPI)</b> (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	First	Middle	Last
Birth date (mm/dd/yyyy)	<b>Place of birth</b>		
	City	State	Country
Address			
City	State	Zip	County
Country			
Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)	
Email address			
Mailing address if different from above address of record			
City	State	Zip	County
Country			
<p>Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.</p>			
Have you ever been known under any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list name(s):			
Will documents be received in another name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list name(s):			

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.

1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs?.....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? .....

## 3. Education

List in date order your educational preparation. Attach additional pages if you need more space. Request your school or program to send an official transcript to this office.

Schools Attended Full Name, City and State	Degree Earned	Attendance Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 4. Experience

List in date order all of your experience and practice from date of graduation from professional college. Include the month/day/year. Attach additional pages if you need more space.

Name of Business	Total Number of Months	Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 5. Other License, Certification, or Registration

List all states (including Washington) where credentials are or were held. Attach additional pages if you need more space.

State/ Jurisdiction	License Number	License		Method of License
		Issue Date	Expiration Date	

A "License Verification" form is enclosed and must be sent to each state listed above. Enter your full name at the top of the form so the state may identify you. Also, contact each state board listed for any fees they might charge you for processing the verification form.

## 6. AIDS Education and Training Attestation

I certify I have completed the minimum of seven hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

**I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. I understand that if I provide any false information, my license may be denied, or if issued, suspended or revoked.** If AIDS education was included in your professional education or training, an additional course is not required.

Applicant's Initials	Today's Date



## 7. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of  
(Print applicant name clearly)

the state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ By: \_\_\_\_\_  
(mm/dd/yyyy) (Original signature of applicant)

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## **Physical Therapy Interim Permit**

### **Checklist and Sponsor Form**

Interim permits are available to graduates of CAPTE approved physical therapy programs. Interim permits expire immediately upon notification of exam failure and are not renewable.

- Complete and submit the attached Interim Permit Sponsor form.
- Request that your school send an official transcript indicating degree and date conferred, or ask your program director to submit a letter verifying successful program completion and date of graduation. Documents must be sent directly from the issuing institution to the address listed above.
- You may begin to work as a graduate physical therapist or physical therapist assistant only upon receipt of your interim permit.
- Post your interim permit in a conspicuous place at your place of employment.
- Wear identification stating your clinical title and role in the facility as a “graduate physical therapist or physical therapist assistant.” A Washington State licensed physical therapist must be on the premises at all times to provide supervision.
- A physical therapy license will be issued to you upon receipt of a passing score on the physical therapy examination and official transcripts with degree posted has been received. Destroy your interim permit immediately and replace it with your license.
- Cease practice as a graduate physical therapist or physical therapist assistant immediately upon notification of examination failure. Mail your interim permit to the Department of Health, Physical Therapy Credentialing, PO Box 47877, Olympia, WA 98504-7877.



Physical Therapy Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Interim Permit Sponsor Form

To be completed by applicant and supervising physical therapist. Detach and return this page only to the address above:

Please check one:  Physical Therapist Interim Permit  
 Physical Therapist Assistant Interim Permit

Applicant's Full Name \_\_\_\_\_

Sponsoring Physical Therapist \_\_\_\_\_  
(Must hold a current Washington State Physical Therapy License)

Sponsor's License Number \_\_\_\_\_

Sponsor's Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Mailing Address \_\_\_\_\_  
Street City State Zip Code

Facility Telephone \_\_\_\_\_

### Supervisor's Statement

I have read the attached [RCW 18.74.075](#) and [WAC 246-915-078](#) and understand that failure to adhere to these rules pertaining to my sponsoring the above-referenced new graduate physical therapist or physical therapist assistant could result in disciplinary action being taken against my physical therapy license.

\_\_\_\_\_  
Signature of sponsoring physical therapist Date

### Applicant Statement

I have read the attached [RCW 18.74.075](#) and [WAC 246-915-078](#) and understand that failure to adhere to these rules pertaining to interim permits could result in the revocation of my interim permit and disciplinary action against any future Washington license I may hold.

\_\_\_\_\_  
Signature of physical therapist or physical therapist assistant Date



Washington State Department of

**Health**

Physical Therapy Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Out-of-State Credential Verification

### To Applicant:

Please complete this side of form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered as a healthcare provider. Instruct them to return the form directly to the address listed above. Make a copy of this form if you need to send it to more than one state or jurisdiction. Agencies normally charge a fee for verification. Please check in advance to help expedite this process.

Name	Last	First	Middle
Mailing Address			
City		State	Zip Code
Any other names used			
Type of healthcare license, certification, or registration			
License, Certification, or Registration Number			Date Issued

Have the licensing agency return this completed form to the address listed above.

If you have any questions, please call 360-236-4700.

**(To be Completed by the Regulatory Agency)**

Please complete this form regarding the applicant listed on the reverse. Submit the completed form and any other requested material directly to this office at the address on the reverse. We will not accept the form if submitted by the applicant. Thank you.

Name of license, certification, or registration holder:		
Authority providing verification: (state, name & title)		
Applicant was credentialed by: <input type="checkbox"/> Written Examination	Date:	Score:
Name of examination:		
<input type="checkbox"/> Other Examination	Date:	Score:
Name of examination:		
Is credential current: <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date:	
Is this individual considered to be in good standing in your state? <input type="checkbox"/> Yes <input type="checkbox"/> No If "no," please attach explanation.		
Has this credential ever been denied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Surrendered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reinstated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," please provide a copy of the final order or other documentation of action taken.		
If this credential holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(SEAL)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## **RCW/WAC and Online Website Links**

### **RCW and WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Physical Therapy Laws, RCW 18.74](#)

[Physical Therapy Rules, WAC 246-915](#)

### **On-Line**

[AIDS Training Resources, Reference Page](#)

[Board of Physical Therapy, Web Page](#)

[Federation of State Boards of Physical Therapy, \(FSBPT\), \[www.fsbpt.org\]\(http://www.fsbpt.org\)](#)