

**Due to a recent process change,  
FSBPT is now evaluating candidates' eligibility  
to sit for the National Physical Therapy Exam  
(NPTE) for graduates from CAPTE accredited  
programs**



**This Application is for Foreign Educated  
Applicants Only**

**Please contact FSBPT directly for instruction on  
how to be made eligible if you are a graduate  
from a CAPTE accredited program.**

**[www.fsbpt.org](http://www.fsbpt.org) or 703-739-9420**



State of Maine

## BOARD OF EXAMINERS IN PHYSICAL THERAPY

Application for Eligibility to Qualify  
for the Physical Therapist or  
Physical Therapist Assistant Examination

**This Application is for Foreign Educated  
Applicants Only**

**Do not return the following informational pages with your  
application; They are for your information only**

Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8689 or Main Receptionist (207) 624-8603  
TTY users call Maine relay 711  
FAX (207) 624-8666

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [physicalthrp.lic@maine.gov](mailto:physicalthrp.lic@maine.gov)

### FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

### **Can I come to Gardiner to drop off my application?**

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address  
35 State House Station, Augusta, ME 04333.

## **APPLICATION INSTRUCTIONS**

Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the Physical Therapy Laws and Rules. Please review them carefully for more detailed and clarifying information.)

### **Fax submissions of applications and supporting documentation will not be accepted.**

- **Completed Application**

Complete and sign the application and submit with the appropriate fees and documentation.

- **Proof of Education**

⇒ You must submit your Official Transcripts

- **Foreign educated**

Submit written proof that the school of physical therapy education is recognized by the ministry of education in the country where the school is located.

Submit your credentials to an approved agency for evaluation of their equivalence to the United States trained applicant. A list of approved credentialing agencies is available at the American Physical Therapy Association (APTA) website: [www.apta.org](http://www.apta.org).

The applicant must demonstrate proficiency in written and spoken English:

- The Board will accept written verification that the courses were taught in English to satisfy the requirement of proficiency in written and spoken English.
- If the course work was not taught in English, the applicant must attain a passing score that is recommended by the Federation of State Boards of Physical Therapy on the Test of English as a Foreign Language (TOELF), on the Test of Spoken English For Professionals (TSE-P), and the Test of Written English (TWE).

Approval to take the physical therapist or physical therapist assistant examination does not qualify you for licensure with the Board of Examiners in Physical Therapy. You must submit a separate application for licensure once you have been notified of passing exam results. If you have any criminal convictions and prior discipline that information will be considered when an application for licensure is submitted, not with this application.



## SECTION 1: EDUCATION

Please check one:		
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Non Accredited Program
<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree	
<input type="checkbox"/> Foreign Graduate	<input type="checkbox"/> Other describe: _____	
Name of Educational Provider		Date of Graduation
Contact Address: _____ Street or P.O. Box _____		
City	State	Zip Code

**Your Official Transcripts demonstrating your education must be submitted with your application.**

Official Transcripts

**Foreign educated**

Submit written proof that the school of physical therapy education is recognized by the ministry of education in the country where the school is located.

Submit your credentials to an approved agency for evaluation of their equivalence to the United States trained applicant. A list of approved credentialing agencies is available at the American Physical Therapy Association (APTA) website: [www.apta.org](http://www.apta.org).

The applicant must demonstrate proficiency in written and spoken English:

The Board will accept written verification that the courses were taught in English to satisfy the requirement of proficiency in written and spoken English.

If the course work was not taught in English, the applicant must attain a passing score that is recommended by the Federation of State Boards of Physical Therapy on the Test of English as a Foreign Language (TOELF), on the Test of Spoken English For Professionals (TSE-P), and the Test of Written English (TWE).

### **SECTION 3: APPLICANT'S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Board of Examiners in Physical Therapy will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Applications that are incomplete, altered, defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing supporting documents, and/or missing or wrong fee.

Printed Name of Applicant	Title
Signature of Applicant	Date
	

#### **NOTICES**

##### **10 Day Notification Requirement**

##### **Please Note:**

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>



STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
**BOARD OF EXAMINERS IN PHYSICAL THERAPY**  
35 STATE HOUSE STATION  
AUGUSTA, MAINE 04333-0035  
TEL:(207)624-8603 – FAX:(207)624-8666

**ACCOMMODATION REQUEST FORM**

***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***

NAME: _____
ADDRESS: _____
TELEPHONE #: _____ SOCIAL SECURITY NUMBER: _____

***shared with any other organization or individual without your express written permission***

Accommodations Requested for the \_\_\_\_\_ Examination.  
Disability \_\_\_\_\_

**Please check all that apply**

- Accessible Testing Site
- Separate 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
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify): \_\_\_\_\_
- Use of Computer or other adaptive equipment (specify): \_\_\_\_\_

**DOCUMENTATION OF DISABILITY RELATED NEEDS**

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

**If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.**

I have known \_\_\_\_\_ since \_\_\_\_\_ in  
(Test applicant) (Date)

my capacity as a \_\_\_\_\_  
(Professional Title)

This applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, providing the following should accommodate him/her: (check all that apply):

- Accessible Testing Site
- Separate 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
- Sign Language Interpreter
- Extended Time
  - Time-and-a-half
  - Double time
  - More than double time (specify): \_\_\_\_\_
- Use of Computer or other adaptive equipment (specify): \_\_\_\_\_
- Other: \_\_\_\_\_

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

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_