

**BOARD OF PHYSICAL THERAPY**  
**NEW LICENSE APPLICATION | PT/PTA**

**CHECKLIST BY EXAMINATION**

**IMPORTANT:**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you <b>do not have</b> social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B)	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face</b>		
The photo must be original and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued photo ID (1) Recent and Identical Passport Type</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (if applicable)</b>		
Applicant must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are <u>Marriage Certificate</u> , <u>Divorce Decree</u> or <u>Court Order</u> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>7. Official School Transcript</b>		
Transcript showing proof that the applicant has graduated from a <u>professional physical therapy education program</u> accredited by an agency recognized by <a href="#">District of Columbia Municipal Regulations</a> and be sent electronically via email from issuing institution/issuing body <b>OR</b> provided in a sealed envelope from the issuing institution the applicant attended: <ul style="list-style-type: none"> <li><b>Send Via Official Email or Mail:</b> An official electronic transcript is acceptable from the issuing institution/agency if <b>directly sent from the school</b> to the Board of Physical Therapy via their secure electronic network or mail it to DC Board of Physical Therapy 899 North Capitol Street, NE, 1<sup>st</sup> Floor, Washington DC 20002.</li> </ul>	<b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail and must come directly from the school/issuing institution)</i>	<input type="checkbox"/>
<b>Foreign Educated Only:</b> Transcripts from a foreign school must have been evaluated by <a href="#">FCCPT</a> . ALL PT foreign-trained applicant must complete <a href="#">FCCPT Type 1 Review</a> .		

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<b>8. FSBPT Registration Confirmation (DC Jurisprudence Examination)</b>		
District of Columbia Jurisprudence Examination is required for physical therapy license. Applicant must complete an online registration to take DC Jurisprudence Exam through <a href="#">FSBPT</a> . <b>Note: Confirmation of registration must be upload with the online application.</b>	ONLINE	<input type="checkbox"/>
<b>9. FSBPT Registration Confirmation (National Physical Therapy Examination - NPTE)</b>		
NPTE is required for physical therapy license. Applicant must complete an online registration to take DC NPTE through <a href="#">FSBPT</a> . <b>Note: Confirmation of registration must be upload with the online application.</b>	ONLINE	<input type="checkbox"/>
<b>10. Supplemental Information Form</b>		
Applicant must complete and submit the <a href="#">Physical Therapy Supplemental Information form</a> .	ONLINE	<input type="checkbox"/>
<b>11. Criminal Background Check (CBC)</b>		
If a recent CBC (fingerprint) already exists in the system <b>within 2 years</b> , no new CBC is required. All other applicants must re-do their CBC with the online application. If answering <b>"YES"</b> to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website: <a href="https://dchealth.dc.gov/node/120532">https://dchealth.dc.gov/node/120532</a> . <b>Note: \$50 payment must be paid via online with the application. A link will be provided to you afterward via email.</b>	ONLINE	<input type="checkbox"/>
<b>12. Screening Question Responses</b>		
Applicants must provide a detailed explanation for any <u>Screening Questions</u> and/or any <u>Clean Hands</u> question to which <b>"YES"</b> was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the <b>"YES"</b> answer. Applicants must also submit any and all relevant documents related to the reason for the <b>"YES"</b> answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)	ONLINE	<input type="checkbox"/>
<b>13. Vaccination and Booster Attestation</b>		
Please submit a new entry via the Attestation portal at <a href="https://doh.force.com/ver/s/vaccinereporting">https://doh.force.com/ver/s/vaccinereporting</a>	ONLINE	<input type="checkbox"/>
<b>14. Payment (Fee)</b>		
<b>\$264.00</b> (USD) for Application and License Fee.	ONLINE	<input type="checkbox"/>