

**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><br><b>(Preferably via E-Mail and must come directly from the school/issuing institution)</b> | <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> .<br><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> .<br><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 “YES” 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> .<br><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 <a href="#">Screening Questions</a> and/or any <a href="#">Clean Hands</a> question to which “YES” was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the “YES” answer. Applicants must also submit any and all relevant documents related to the reason for the “YES” 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"/> |