

MONTANA BOARD OF PHYSICAL THERAPY EXAMINERS
PO BOX 200513
301 SOUTH PARK, 4th FLOOR
HELENA, MONTANA 59620-0513
(406) 444-6880
EMAIL: dlibsdppt@mt.gov WEBSITE: www.pt.mt.gov

EXAMINATION APPLICANTS - PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT
TEMPORARY PERMIT APPLICATION

To be completed by the examination applicant:

I, _____, (applicant), hereby apply for a temporary permit to practice physical therapy in the State of Montana. I understand that the temporary permit is valid until I either fail the first national examination or pass the examination, and the Board of Physical Therapy Examiners makes a final determination on my examination application. Only one temporary license will be issued per applicant. This form must also be signed by the licensed physical therapist responsible for providing direct on-site supervision, pursuant to ARM 24.177.504.

Signature of Applicant

Date

Signature of Supervisor

Date

Please Print Supervisor Name

Supervisor License Number

Agency/Organization