

MONTANA BOARD OF PHYSICAL THERAPY EXAMINERS

**PO BOX 200513
301 SOUTH PARK, 4th FLOOR
HELENA, MONTANA 59620-0513
(406) 444-6880
EMAIL: dlibsptp@mt.gov WEBSITE: www.pt.mt.gov**

(Please allow 14 days for processing from the date the Board has a complete routine application)

PHYSICAL THERAPIST/PHYSICAL THERAPIST ASSISTANTS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT A CURRENT ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS

- Must submit a completed application.
- Must submit the application fee(s).
- Must be of good moral character.
- Must be at least 18 years of age.
- Must have graduated from an accredited school of physical therapy or graduated from an accredited physical assistant curriculum.
- Must pass the National Physical Therapy Examination (NPTE) or the National Physical Therapy Assistant Examination (NPTAE).
- Must pass the Montana Physical Therapy jurisprudence examination.
- Must submit fingerprints for a fingerprint criminal background check by Montana Department of Justice and the FBI.

FEES

- **\$100.00 Application Fee (must be paid by all applicants)**
- **\$125.00 Application for Out-of-State Fee (Total fee - \$225.00 -must be paid by applicants licensed in another state)**
- **\$100.00 Temporary Permit Fee (Total Fee: \$200 – Must be paid by temporary applicants)**
- Make check or money order payable to the Montana Board of Physical Therapy Examiners (all fees are non-refundable).

U.S. GRADUATES

The following documents must be submitted to the Board office in order to complete your license application. Please make 8-½"x11" copies of the following and submit with your application.

1. A completed Licensure Application form.
2. The application fee(s). The check is to be made payable to the Montana Board of Physical Therapy Examiners. All fees are non-refundable.
3. A copy of the certificate of graduation (diploma) or official transcripts sent directly to the Board office from a board-approved physical therapy school or physical therapist assistant curriculum.
4. If the applicant has previously taken the national examination in **any** jurisdiction and licensed in another jurisdiction, official verification(s) of licensure must be submitted to the Board office from **ALL** applicable jurisdictions. A form is included for obtaining the verification(s). The form may be copied as needed.
5. If the applicant has previously taken the national examination in **any** jurisdiction the test scores must be obtained from the Federation of State Boards of Physical Therapy (www.fsbpt.org) who will report directly back to the Board office.
6. Complete the Jurisprudence Examination (attached).
7. Completed fingerprint and background check results sent directly to the Board office from the Montana Department of Justice (Instructions attached).

FOREIGN GRADUATES

1. All the documents for U.S. graduates (above).
2. If from a non-English speaking culture, the applicant must pass the test of English as a foreign language (TOFEL) with a passing score as designated by the Federation of State Boards of Physical Therapy (FSBPT).
3. Evaluation of the applicant's educational background performed by a credentialing service such as Foreign Credentialing Commission of Physical Therapy (FSBPT).
4. Foreign trained physical therapy assistants are not eligible for licensure.

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

APPLICATION FOR A TEMPORARY PERMIT

Examination applicants are eligible for the issuance of a temporary permit upon approval of the licensure application.

1. The temporary permit is valid until the applicant either fails the first national examination for which the applicant is eligible or passes the examination and is granted a license. Only one temporary permit will be issued per applicant.
2. Pay the temporary permit fee of 100.00, payable to the Montana Board of Physical Therapy Examiners.

APPLICATION PROCEDURES

- ◆ When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.
- ◆ If the application is considered a non-routine application, there may be a delay in processing of the application. The applicant may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Complete non-routine applications may take up to 120 days to process.
- ◆ All verifications of licensure must be sent directly from each jurisdiction in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some jurisdictions may charge a fee for verification. Contact each jurisdiction prior to sending the request.
- ◆ Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.
- ◆ The applicant must pass the Montana Jurisprudence Examination, which is an open book examination covering current Montana physical therapy statutes and rules. To pass the examination an applicant must score at least a 90%. You will find a copy of the Jurisprudence Examination attached to the application, which you must complete and return with the licensure application. The statutes and rules are located on our website at www.pt.mt.gov. Then click on the "regulations" tab. The exam is based on the Department and Board's statutes and rules. Applicants failing the Jurisprudence Examination shall retake the examination until passed. A fee of \$25.00 will be charged for each retake.
- ◆ The applicant must pass the National Physical Therapy Examination (NPTE) or the National Physical Therapy Assistant Examination (NPTAE). These examinations are computer-based (taken on a computer). The Federation of State Boards of Physical Therapy (FSBPT) is the organization responsible for administering and developing these examinations. Although Montana neither administers nor develops the examination, it is responsible for assuring that only eligible candidates sit for the exams. The FSBPT is responsible for the examination registration and fees. To pass the licensing examination an applicant must score a passing grade equal to or higher than a scaled score of 600. An applicant failing to pass the examination will need to reregister with the FSBPT. Upon approval of the license application, the applicant will be notified by the Board authorizing them to retake the national exam.

- ◆ An applicant applying for out-of-state licensure who has not been actively engaged in the physical therapy profession in the four years immediately preceding application will be required to undergo continued study in the field of physical therapy. Subject to the discretion of the Board continued study may include, but will not be limited to, the following:
 - a. supervised Internships
 - b. independent study
 - c. refresher course
 - d. pertinent graduate or undergraduate work
 - e. pertinent continuing education courses
 - f. specialized study in a specific area

PROCESSING PROCEDURES

- ◆ Once a routine application is complete, the application takes up to 14 days to process from the time it is received in the Board office.
- ◆ The applicant will be notified in writing of any deficient or missing items from the application file.
- ◆ Once a routine application is processed and approved, a permanent license will be issued.

For information with regard to the processing of this application or other concerns, please contact the Board of Physical Therapy Examiners staff at (406) 444-6880 or email us at dlibsdptp@mt.gov.

PLEASE BE SURE TO REVIEW THE MONTANA LAWS AND RULES FOR THE PRACTICE OF PHYSICAL THERAPY ON OUR WEBSITE: www.pt.mt.gov

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Application for Licensure as:

Physical Therapist

Physical Therapist Assistant

Application by:

Examination

License from Another State

Allow 14 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME: _____
Last First Middle

2. OTHER NAMES KNOWN BY: _____

3. ORGANIZATION NAME: _____

4. ORGANIZATION ADDRESS: _____
Street or PO Box # City and State Zip Country

5. HOME ADDRESS: _____
Street or PO Box # City and State Zip Country

PREFERRED METHOD OF CONTACT

Home

Organization

EMAIL ADDRESS: _____

6. TELEPHONE: _____ HOME _____ MOBILE _____

7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____

8. DATE OF BIRTH: _____ MALE FEMALE

9. Which exam did you take for initial licensure? (Applies to out-of-state applicants).

National Physical Therapist Exam

National Physical Therapist Assistant Exam

10. If taking an examination, do you have any physical or mental impairment(s) requiring special accommodations? If yes, you must provide supporting documentation. Yes No

11. Have you read the Physical Therapy Laws and Rules for the State of Montana? Yes No

12. List all professional licenses, registrations or certificates you hold or have ever held. Verification must be sent directly to Montana from each state/province/territory. Use supplemental sheet if necessary.

State	License Type	Issue Date	Exp. Date	Requested Verification?	
				Yes	No
				Yes	No
				Yes	No

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

- | | | |
|--|-----|----|
| 13. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 14. Have you ever surrendered a credential like those listed in number 14, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 15. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? | Yes | No |
| 16. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? | Yes | No |
| 17. Have you ever withdrawn an application for any professional license? | Yes | No |
| 18. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? | Yes | No |
| 19. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) | Yes | No |

"Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

- | | | |
|---|-----|----|
| 20. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 21. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |

The following information is provided for Question 22 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board or program website.

- | | | |
|--|-----|----|
| 22. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? | Yes | No |
| 23. Are you now subject to criminal prosecution or pending criminal charges? | Yes | No |
| 24. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? | Yes | No |
| 25. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? | Yes | No |
| 26. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? | Yes | No |
| 27. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 28. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? | Yes | No |
| 29. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? | Yes | No |
| 30. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? | Yes | No |

31. PROFESSIONAL EDUCATION:

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Check if you are submitting foreign education

32. **PRACTICE HISTORY:** List **all** places where you have practiced as a physical therapist or physical therapist assistant in the last five years in chronological order, up to and including the present. Use a supplemental sheet if necessary.

Name and Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Department of Labor and Industry, Healthcare Licensing Bureau, Board of Physical Therapy Examiners.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

 Signature of Applicant

 Date



INSTRUCTIONS TO OBTAIN FINGERPRINT BACKGROUND CHECK

Carefully read and follow the steps in the order specified below:

1. **Submit a license application to the BSD online or by paper and an application fee. The application includes an *Applicant Rights & Consent to Fingerprint Notice*.** This form authorizes our agency to receive and review your fingerprint background check results. **Any fingerprint background check results received without your acknowledgement of receipt of an *Applicant Rights & Consent Notice (acknowledged received if online or signed and returned to us if on paper) may be discarded.***
2. You may continue to work on completing your application while the results are processed (e.g., forwarding transcripts or verifications) but if you have not completed your application within six months after our receipt of the results, you will be required to resubmit your fingerprints to obtain a current background check results.
3. You have two options to have your fingerprints captured:
Option 1 – Local Law Enforcement Agency (estimated time to send results to the Board or Program **4 to 8 weeks**) - OR -
Option 2 – Montana Department of Justice (MDOJ), Division of Criminal Investigations-Criminal Records in Helena, Montana, (406) 444-3625. (Estimated time to send results to the Board or Program **3 to 5 business days**).
2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620
Email: dojcriss@mt.gov
4. Contact the law enforcement agency in advance to ask if it performs non-criminal fingerprinting and if so, the need for an appointment, forms of acceptable identification, hours of operation, cost, and methods of payment. Find out if the agency will supply the appropriate Fingerprint Card (Form FD258 rev. 5-15-17) or if you need to obtain the card from MDOJ prior to arriving.
5. You *may* be charged a fee to capture each set of your fingerprints. This fee is in addition to the processing fee paid to MDOJ to run the background check.
6. Provide the technician with a government-issued, photograph identification to prove your identity.
7. **IMPORTANT:** Provide the technician a copy of a Fingerprint Card Example for the license type you are applying for that contains information ***unique to your license type***. The fingerprint card must have all fields correctly filled out to be accepted by the MDOJ.

8. Request the technician to capture your fingerprints TWICE and create TWO fingerprint cards to help avoid unnecessary delay due to rejection of poor quality prints. This is especially important if your fingerprints are ink-rolled.
9. If using a Local Law Enforcement Agency, you must mail the completed Fingerprint Card in a manila envelope with the correct amount of postage and a check or money order made payable to the "Montana Department of Justice" in the amount of **\$30.00** to:

Montana Criminal Records
2225 Eleventh Avenue
PO Box 201403
Helena, MT 59620

Please do NOT fold or staple the fingerprint card. Please do NOT upload the fingerprint card to your online account with the Department of Labor & Industry, Business Standards Division.

10. You will be notified to take corrective action if your fingerprint card is rejected as "unreadable," is not accompanied by proper payment, or is incomplete. A second rejection of a fingerprint card as "unreadable" will require BSD to conduct a name-based search, resulting in additional processing time.
11. Once a fingerprint card or name-based search is processed, the resulting criminal history (aka "Identity History Summary") result will be sent directly to the Board in care of the Business Standards Division. If there is a conviction or convictions that require Board review, we will notify you.
12. Notice of your privacy rights and procedures for obtaining a change, correction, or updating of an Identity History Summary are provided to you separately in the *Applicant Rights & Consent to Fingerprint Notice*.

End of Instructions

Fingerprint Card Example

Provide this example to the technician capturing your fingerprints. All requested fields must be completed legibly, including the highlighted information specific to your license application type. Incomplete cards will not be processed and will be mailed back to the applicant's listed address. All fingers need to be in the correct position and rolled. For assistance, call Montana Criminal Records at (406) 444-3625.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			LEAVE BLANK		
		LAST NAME: NAM		FIRST NAME		MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED <i>Applicant Signature</i>		APPLICANT ALIASES <i>Applicant Aliases</i>		MT920096Z					
RESIDENCE OF PERSON FINGERPRINTED: <i>Applicant Address</i>		CITIZENSHIP <i>Applicant Citizenship</i>		DATE OF BIRTH Month: Day: Year: <i>Applicant DOB</i>		PLACE OF BIRTH <i>Applicant POB</i>			
DATE: <i>Date</i>		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Technician Signature</i>		YOUR NO.: MTST00020		CLASS			
EMPLOYER AND ADDRESS: DLI-BSD Board of Physical Therapy PO Box 200513, Helena, MT 59620-0513		FBI NO.: <i>n/a</i>		ARMED FORCES NO.: <i>n/a</i>		SSN: <i>Applicant SSN</i>			
LICENSES FINGERPRINTED: MCA 37-1-307 & 37-11-312- Licensure- Physical Therapist & PT Assistant		MONTANA SECURITY NO.: <i>n/a</i>		MONTANA RESIDENCE NO.: <i>n/a</i>		REF			
I. THUMB		II. INDEX		III. MIDDLE		IV. RING		V. LITTLE	
I. THUMB		II. INDEX		III. MIDDLE		IV. RING		V. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		I. THUMB		II. INDEX		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

Example



Montana Department of LABOR & INDUSTRY

APPLICANT RIGHTS & CONSENT TO FINGERPRINT NOTICE

As required by 28 CFR § 50.12, you are advised that your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation and the Montana Department of Justice for the sole purpose of applying for professional licensure. Any resulting criminal history record will be retained for this purpose only and will not be disseminated outside of the Montana Department of Labor & Industry and related licensing board or program.

A Privacy Act Statement further explaining authority, principal purpose and routine use by the FBI of your information is included on the following page.

CHANGE, CORRECT, OR UPDATE RECORD

Procedures for you to obtain a change, correction, or update to your criminal history record are set forth in Title 28, C.F.R. § 16.30 - 16.34.

Our office will notify you if a disqualifying criminal offense is found in your criminal history record and give you a reasonable opportunity to challenge or correct the information, or decline to do so, before making a licensure decision.

If we notify you of a disqualifying conviction in your criminal history record, you may contact board or program licensing staff at the Business Standards Division of the Department of Labor & Industry to obtain a copy of your criminal history record. You can view your criminal history record in person, have it mailed to you, or sent to you by the State of Montana File Transfer Service. For security reasons, the criminal history record cannot be emailed to you.

If, after review, you believe your criminal history record is incorrect or incomplete and wish to change, correct, or update the alleged deficiency, you should apply directly to the law enforcement agency that contributed the questioned information. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the law enforcement agency that contributed the question information requesting the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes in accordance with the information supplied by that agency. Information regarding this process may be obtained at www.fbi.gov/services/cjis/identity-history-summary-checks.

Within 10 calendar days of the date of receiving the results of the criminal history record, you must notify the board or program licensing staff if you have challenged your record by providing a copy of the correspondence you have submitted as referenced above. If the licensing board or program has not received a copy of such correspondence within 10 calendar days, licensing staff will schedule a disposition on the issuance of your license based on the record in its possession.

Privacy Act Statement

The Montana Department of Labor & Industry, Business Standards Division is required by federal law to provide you this privacy act statement. This statement is also located on the back of the FD-258 fingerprint card.

“Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.” *Eff. 03/30/2018*

By signing below, I acknowledge that I have received a copy of the above Applicant Rights & Consent to Fingerprint Notice and Procedure to Change, Correct, or Update Record, and Privacy Act Statement and that I consent to provide and use my fingerprints for the stated purpose.

Applicant
Signature: _____ Date: _____

Applicant
Name: _____
Please Print Legibly

Directions to Applicant: Return a signed copy of this document to the Department of Labor & Industry and maintain a copy for your own records.

VERIFICATION OF LICENSURE

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE PHYSICAL THERAPY. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.

STATE BOARD:

I am applying for a license to practice physical therapy/physical therapy assistant in the State of Montana and the Board of Physical Therapy Examiners requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF PHYSICAL THERAPY EXAMINERS, PO BOX 200513, HELENA, MT 59620-0513**. Your early response is appreciated.

(Signature)

Name (Please Print)

Address

My License Number is

DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF PHYSICAL THERAPY EXAMINERS.

State of: _____

Full Name of Licensee: _____

License No. _____ Issue Date: _____

Licensed by: Examination _____ Endorsement _____ Other (Please List) _____
(List State) _____

License is Current? Yes _____ No _____ If NO, explain _____ License Status: Active _____ Inactive _____ Other _____

Has License been suspended, revoked, on probation or otherwise disciplined? Yes _____
If YES, explain and attach documentation. No _____

Has licensee ever been requested to appear before your Board? Yes _____
If YES, explain. No _____

Derogatory information, if any _____

Comments, if any _____

BOARD SEAL

Signed: _____

Title: _____

State Board: _____

Date: _____

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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

MONTANA BOARD OF PHYSICAL THERAPY EXAMINERS JURISPRUDENCE EXAMINATION

(To pass this examination you must score at least 90%) **\$25.00 RETAKE FEE**

Applicant's Name: _____ Date Taken: _____

PLEASE SELECT EITHER "T" FOR TRUE OR "F" FOR FALSE FOR EACH QUESTION.

- T F 1. Topical medications obtained from one patient may not be used in treatment of another patient.
- T F 2. If an examination candidate fails the NPTE (National Physical Therapy Examination), a temporary license will not be extended while the applicant is waiting to retake the exam.
- T F 3. Twenty hours of continuing education is required biennially for the renewal of the physical therapy and physical therapist assistant license.
- T F 4. As provided by rule, unprofessional conduct includes sexual misconduct, failing to adequately supervise staff and violating child abuse reporting requirements.
- T F 5. All applicants for licensure or renewal must report any legal or disciplinary actions against them.
- T F 6. A written complaint of suspected violation of the Physical Therapy statutes or rules specifying the grounds for the complaint may be filed with the Board.
- T F 7. A supervising physical therapist must make an onsite visit to patients at least once for every 10 visits made by a physical therapy assistant.
- T F 8. A maximum of 10 credits from online or correspondence course is allowed per reporting period.
- T F 9. A physical therapy student or physical therapy assistant student may practice without the onsite supervision of a licensed physical therapist.
- T F 10. If a foreign-trained physical therapist has a valid unrestricted license in the United States jurisdiction in which he or she is currently practicing, he or she is not required to have his or her educational credentials evaluated by a board-approved credentialing agency to become licensed in Montana.
- T F 11. All continuing education credits/hours may be obtained online as long as the courses meet the current rule requirements.
- T F 12. "Direct supervision" means the supervising physical therapist or physical therapist assistant is onsite (on the premises physically) and immediately available for direction and supervision when a physical therapy aide is performing specified patient-supportive tasks.
- T F 13. Physical therapy evaluation includes the administration, interpretation and evaluation of tests and measurement of bodily functions and structures.
- T F 14. A licensed physical therapist may not concurrently supervise more than four aides or the equivalent or two assistants and two aides or the equivalent.

- T F 15. Unauthorized representation of oneself, orally or in writing, as a licensed physical therapist may result in a misdemeanor charge.
- T F 16. Failure to receive a renewal notice shall release the licensee from the obligation to make a timely renewal.
- T F 17. Continuing education coursework may be live, by correspondence, video conferencing, internet, or be satellite-based.
- T F 18. The Montana Chapter of the APTA governs, controls the functions of, and elects members to the Montana Board of Physical Therapy Examiners.
- T F 19. The ultimate responsibility for physical therapy care rendered by a physical therapist assistant rests with the supervising physical therapist.
- T F 20. A copy of the written prescription from an authorized licensed medical provider specifying the topical medication to be applied and the method of application must be retained in the patient's physical therapy medical records.
- T F 21. The Board of Physical Therapy may establish a screening panel to determine whether there is reasonable cause to believe that a licensee has violated a particular statute or rule.
- T F 22. The Board may refuse to license any applicant who is, in the judgment of the Board, guilty of practicing physical therapy or practicing as an assistant beyond the scope and limitation of the person's training and education.
- T F 23. A physical therapist may not evaluate and treat a patient without a referral in Montana.
- T F 24. A licensee may reactivate a lapsed license within 45 days after the April 1 renewal date.
- T F 25. The licensee shall display their current license in a conspicuous place in the principal office where they practice physical therapy.