

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION



Board of Physical Therapy

**APPLICATION INSTRUCTIONS AND FORMS
FOR A LICENSE TO PRACTICE AS A PHYSICAL THERAPIST
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Physical Therapist (PT) in the District of Columbia and look forward to providing expedient and professional services. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. The Board of Physical Therapy will not review any application not completed in accordance with these instructions.

If you have any questions, call the Health Professional Licensing Administration (HPLA) Customer Service toll free at 1-877 -672-2174 between 8:15 a.m. and 4:40 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect payment will be returned in their entirety. Please print or type all information except signatures.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
Board of Physical Therapy
899 North Capitol Street, NE
First Floor
Washington, DC 20002

GENERAL REQUIREMENTS FOR ALL APPLICANTS

1. Applicants must not have been convicted of an offense, which bears directly on the applicant fitness to practice; and
2. Applicant must be at least eighteen (18) years of age; and
3. Completed and signed application; and

APPLICANTS MUST SUBMIT THE FOLLOWING:

4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and your Social Security Number. Your picture will be displayed on your pocket license; and

5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license or passport, as proof of identity; and
6. Check or money order for \$264.00, made payable to D.C. Treasurer. The \$85.00 application fee is applied toward the processing of the application and is not refundable. However, the license fee of \$179.00 will be refund ed in case of final denial of license or if the ca ndidate withdraws their application.

PHYSICAL THERAPIST (PT) LETTERS OF SUPERVISED PRACTICE

1. According to the District of Columbia's Municipal Regulations (DCMR), Chapter 67, § 6711.3 "A first-time applicant for a physical therapy license may practice physical therapy under the direct supervision of a physical therapist licensed in the District of Columbia while the initial application is pending." First-time applicants only may receive a letter of supervised practice. This one time letter allows Physical Therapist applicants to practice for a maximum of 90 days in the District of Columbia under the **direct supervision of a District of Columbia licensed Physical Therapist**, while their new licensure application is pending. You must submit: complete signed new licensure application, passport photos, a copy of your current driver's license or passport, and all applicable fees in order to be eligible to receive an executed letter of supervised practice. **Please note that you must obtain an executed letter of supervised practice in order to begin practicing under direct supervision.**

REQUIREMENTS:

2. In order to obtain a letter of supervised practice you must appear in person at the Department of Health office (address below) between the hours of 9:00 a.m. and 4:00 p.m. on Monday, through Friday with the following items:
 - a. a picture ID; and
 - b. a **completed** Supervised Practice Form (completed by your supervisor); and
 - c. all other application documents (these materials may be submitted ahead of time)

899 North Capitol Street, NE
First Floor
Washington, DC 20002
3. Please note that if you have answered YES to the screening questions A – J located in Section 7 of your application form for licensure, then your supporting documents submitted to supplement your response(s) must be reviewed and cleared by the Attorney Advisor assigned to the Board of Physical Therapy before a Supervised Practice Form may be issued to you.

COMPLETING THE LICENSE APPLICATION

SECTION 1. REQUESTED LICENSE TYPE/FEEES

- a. There are three different methods for becoming licensed in the District of Columbia. These methods include:

Examination (E)	Has successfully graduated from either a CAPTE accredited program in Physical Therapy or has cleared a Type 1 Certification by the FCCPT and is ready to sit for the National Physical Therapy Examination (NPTE) administered by the FSBPT through the District of Columbia.
Re-Examination	Is reapplying to sit for the NPTE through the D.C. Board of Physical Therapy after failing to achieve a passing score on that exam through a previous attempt with the DC Board of Physical Therapy.
Endorsement (N)	Holds an active PT license in good standing in another state or jurisdiction of the United States with standards which are comparable to DC's requirements. If applicant is Foreign Trained, a Type 1 Certification by the FCCPT is required.

- b. The abbreviation for the license type for which you are applying for is provided in Section 1 of the application. The following license type is available under the Board of Physical Therapy:

License Abbreviation	License Description
PT	Physical Therapist

- c. Should you need to obtain additional copies of your license to comply with laws and regulations pertaining to displaying your license at each office where you conduct business, you may order up to five (5) duplicate licenses (\$34 fee each additional copy). Check the “duplicate licenses” box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.

You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to D.C. Treasurer and submitted with your license application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to withdraw their application. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure. It will take approximately six (6) weeks after denial or withdrawal of your application for you to receive your refund. For your information, the application and license fee portions of each application method are listed below:

FEE MATRIX

License Type	Application Method	Application Fee	License Fee	Total Due*
PT	Examination (E)	\$85	\$179	\$264
PT	Re-Examination	\$85	\$0	\$85
PT	Endorsement (N)	\$85	\$179	\$264

***The Total Due amount is the fee that must be paid in order for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).**

All licenses issued to Physical Therapists by the District of Columbia expire on January 31st of odd numbered years. **Your initial license will be valid for the balance of the current renewal cycle. If you are licensed within 120 days of the current expiration date, then your license will expire during the next odd year renewal cycle. If you are licensed before the 120-day period prior the expiration date, then you will be required to renew your license this renewal cycle.** You will be mailed a renewal notice to your preferred mailing address on file approximately three (3) months before the expiration of your license. Upon completion of the renewal application and payment of the renewal fee, your license will be renewed for a full two-year period. You are required by regulation to report all changes of your business or residence address to the Board within 30 days of the effective change. Address change requests for either address are required to be submitted via letter or fax. Send the letter to DOH/HPLA, Board of Physical Therapy at the address on page 1 or fax your request to (202) 724-5145. Please call 1-877-627-2174 to confirm receipt of your change of address request. Without an updated address on file, you may not receive your renewal notice.

SECTION 2A. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. Pursuant to D.C. Official Code Section 3-1205.05 (b) (2001), applicants are required to provide a Social Security Number on applications for professional license. Your social security number will not be made available to the public, but if not provided; your application will be returned to you for completion. Pursuant to the U.S. Department of Health and Human Services Guideline, if you do not have a social security number at the time you complete application for licensure, then you are required to submit a sworn affidavit attesting to that fact.

According to the DC Official Code Section 22-2405:

- a. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly, to any instrumentality of the District of Columbia Government, under circumstances in which the statement could reasonably be expected to be relied upon as true; provided, that the writing indicates that the making of a false statement is punishable by criminal penalties.
- b. Any person convicted of making false statements shall be fined not more than \$1000 or imprisoned for not more than 180 days, or both.

All applicants must be at least 18 years of age.

SECTION 2B. PREVIOUS NAMES

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended a college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

SECTIONS 3A. & B. HOME ADDRESS/BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. If you provide a PO Box # for one of the addresses, a street address is required for the other address. If your current business address is located in the District of Columbia, then please provide your effective date of employment at this address. You are required by regulation to report all changes of your business or residence address to DOH/HPLA, Board of Physical Therapy. Should you fail to advise us in writing of your current addresses, you may not receive your renewal notice.

SECTION 3C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed. **Please Note:** a PO Box # cannot be used for your preferred mailing address. You must provide a street address.

SECTION 4A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top.

SECTION 5A. POSTGRADUATE EXPERIENCE

List all experience since your professional degree was conferred in reverse chronological order, beginning with the most recent at the top. Internship hours should be documented in this section of the application.

SECTION 5B. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all jurisdictions in which you have ever been licensed, certified or registered as a Physical Therapist.

If you are currently licensed and practicing in another jurisdiction, an official letter of verification must be submitted directly to the DC Board Physical Therapy from that state board or you may submit the letter of verification enclosed in its original sealed envelope.

SECTION 6. SUPPORTING DOCUMENTS REQUIRED

The required supporting documents are listed in this section. Place an “X” in the “YES” box for each item you have included with your application package *or* requested to be sent under separate cover to DOH/HPLA, Board of Physical Therapy.

Place an “X” in the “NO” box for each item that does not apply for the license type (or licensure method) for which you are applying. Keep a photocopy of all supporting documents for your records.

SECTION 7. SCREENING QUESTIONS

If you answer “Yes” to questions A through J, then please provide a complete typed explanation on a separate sheet of paper and include copies of relevant court documents, date of incident, allegation, and the disposition of the case. False or misleading statements may be cause for denial of licensure and may result in criminal prosecution pursuant to DC Official Code 22-2405.

SECTION 8. APPLICANT AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

APPLICATION MATERIALS

If you need additional copies of this application package you may visit HPLA’S Web site at www.hpla.doh.dc.gov or call HPLA Customer Service at 1-877-627-2174. The forms that make up this package are:

- Physical Therapist New License Application Instructions
- Physical Therapist New License Application
- Supplemental Information Form
- Physical Therapist New License Application Checklist
- Letter of Supervised Practice
- DC Municipal Regulations (DCMR) – Chapters 40 and 41
- Jurisprudence Exam Candidate Handbook

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure requirements for three application methods. The law governing Physical Therapy licensure in the District of Columbia is *D.C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing Physical Therapy licensure are included in *DC Municipal Regulations Title 17, Chapter 67*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Physical Therapy if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

SUMMARY OF PHYSICAL THERAPIST LICENSURE REQUIREMENTS

License Type	Application Method	Complete and Signed Application for License	Two 2" x 2" Photos	Confirmation of On-line registration for DC Jurisprudence Exam through FSBPT ¹	Official Transcript or FCCPT Type 1 Certification ²	Confirmation of On-line Registration for NPTE through FSBPT	Supplemental Information Form	National Physical Therapy Examination (NPTE) Results Transferred to D.C. through FSBPT	Verification of Licensure ³	Check or Money Order Must be made payable to Promissor, Inc. ⁴
PT	Examination	X	X	X	X	X	X	O	O	\$264
PT	Re-Examination	X	O	X	O	X	X	O	O	\$85
PT	Endorsement	X	X	X	X	O	X	X	X	\$264

X = Required
O = Not required

¹ Once you have submitted your complete application for licensure and have been approved to sit for the DC Jurisprudence exam, you will then be authorized to sit for this exam. Your application for licensure will remain pending until you pass this exam. If you are applying by Re-Examination and you have already passed the DC Jurisprudence Exam, then you are not required to re-register for the DC Jurisprudence exam.

² Applicant must have successfully completed an educational program in the practice of physical therapy at an institution accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). Transcript(s) may be sent directly from the school, but it is preferred that it accompany the application in a school sealed envelope. Foreign-trained applicants must obtain a Type 1 Certification of their foreign education in Physical Therapy from the Foreign Credentialing Commission on Physical Therapy (FCCPT). This evaluation report must be sent directly to the DC Board of Physical Therapy from the FCCPT.

³ You must list all the jurisdictions that have issued you a PT license regardless of whether you have an active or inactive license. However, you are only required to submit an official letter of verification that states you are currently licensed and in good standing from the state board where you are currently practicing physical therapy or where you most recently practiced. The applicable state board is required to send this letter directly to the D.C. Board of Physical Therapy.

⁴ Check or Money Order MUST be made payable to D.C. Treasurer, for the licensing and application fees.