

- V. PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS: YES NO
1. Have you ever used a name other than the one on the front of the form?
If yes, give name(s) _____
2. Have you ever taken the physical therapist licensing examination
If YES, list ALL state(s) and ALL date(s) of exam (failed and passed): _____
If NO, list state where you will take exam and exam date: _____
3. Have you ever been denied the privilege of taking a physical therapist
licensing examination? _____
- If yes, give state(s): _____

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, GIVE DETAILS ON A SEPARATE SHEET AND ATTACH.

4. Has disciplinary action ever been taken or is pending against you by a PT
Licensing board? _____
5. Have you ever used drugs or alcohol to the extent it adversely affects
professional competence? _____
6. Have you ever been convicted for violating any narcotic or controlled
substance law? _____
7. Have you ever been convicted of a felony or other public offense involving moral
turpitude? _____
8. Have you ever been found to have committed an act or acts of malpractice,
gross negligence or incompetence in the practice of physical therapy? _____
9. Have you ever had an adjudication of insanity or incompetence? _____

VI. FEES: **Certified check or money order** payable to: NC Board of Physical Therapy Examiners
must accompany application. Personal or business checks will be returned.
Application fee is NOT refundable

- Check One: Applying for licensure by endorsement \$150.00
 Applying for licensure by examination in another state \$150.00
 Applying for licensure by examination in North Carolina: \$150.00
(examination cost \$370.00 to be paid directly to FSBPT)

Exam Candidates: List preferred examination date: _____

If you have a disability and need an accommodation at the exam, check here _____ . You will receive a Request for Accommodation Form which must be submitted at least 60 days before the examination.

VII. AFFIDAVIT

By signing the application I, _____, do hereby state that I am the person referred to in this application for a license to practice as a physical therapist in North Carolina and to the best of my knowledge and belief the statements in my application are true in every respect. The attached photograph is a true likeness of me. I authorize former employers, schools, references, testing services and other licensing boards to give any job related, personal or licensing information they may have regarding me. I hereby release them from all liability for issuing such information.



Sign in the presence of a Notary Public

Sworn to me before this _____ day of _____, 20____

Signature of Notary Public (affix seal): _____

My commission expires: _____

SEND FORM AND CERTIFIED CHECK OR MONEY ORDER TO:
 N.C. Board of Physical Therapy Examiners
 18 West Colony Place, Suite 140
 Durham, NC 27705



NORTH CAROLINA BOARD OF PHYSICAL THERAPY EXAMINERS

CHARACTER REFERENCE

Check One
Applying for Licensure
by Endorsement
by Exam in _____

PT Web Form

To be completed by applicant

Name: Mr. Ms. Mrs. Dr.	Maiden Name:	
Address:		
City:	State:	Zip code:

To be completed by a person who has known the applicant for at least one year and is not a relative:

This certifies that I have been acquainted with _____
(name of applicant)
for _____ years, from _____ 19____, 20____ to _____, 20____
as _____
(type of association)

Personal Statement: **(Please include comments on the applicant's moral character)**

signature

print or type name and title

address

city, state and zip code

date

Do not give this reference to the applicant. Reference must be returned directly by person writing it to:

**NC Board of Physical Therapy Examiners
18 West Colony Place, Suite 140
Durham, NC 27705**



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