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**Rules of**  
**Department of Economic**  
**Development**  
**Division 150—State Board of Registration**  
**for the Healing Arts**  
**Chapter 3—Licensing of Physical Therapists and**  
**Physical Therapist Assistants**

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**Title 4—DEPARTMENT OF  
ECONOMIC DEVELOPMENT  
Division 150—State Board of  
Registration for the Healing Arts  
Chapter 3—Licensing of Physical  
Therapists and Physical Therapist  
Assistants**

**4 CSR 150-3.010 Applicants for Licensure  
as Professional Physical Therapists**

*PURPOSE: This rule provides requirements to applicants desiring permanent licensure in Missouri to practice as professional physical therapists.*

(1) The applicant shall furnish satisfactory evidence as to his/her innocence of unprofessional or dishonorable conduct and good moral character including acceptable evidence that s/he is at least twenty-one (21) years of age.

(2) The applicant must furnish satisfactory evidence of completion of a program of physical therapy education approved as reputable by the board. The applicant must present evidence that his/her physical therapy degree is the equivalent of a bachelor's degree in physical therapy from a United States college or university. An applicant who presents satisfactory evidence of graduation from a physical therapy program approved as reputable by the Commission on Accreditation in Physical Therapy Education, or its successor, shall be deemed to have complied with the education requirements of this section.

(3) All applicants shall have on file in the office of the executive director a photostatic copy of their certificate of graduation from a reputable physical therapy program before a license number can be issued to them.

(4) All applications (see 4 CSR 150-3.020) for examination must be filed in the office of the executive director sixty (60) days prior to the date of the examination; provided, however, the board may waive the time for the filing of applications as particular circumstances justify.

(5) If the applicant is from a country in which the predominate language is not English, the applicant must provide the board with the following:

(A) TOEFL (Test of English as a Foreign Language) Certificate in which the applicant has obtained a minimum score of fifty-five (55) in each section and a total score of five hundred sixty (560); and

(B) TSE (Test of Spoken English) Certificate in which the applicant has obtained a minimum score of fifty (50).

(6) An internationally trained physical therapist applying for licensure shall present proof that s/he is licensed as a physical therapist in the country in which s/he graduated.

*AUTHORITY: section 334.125 and 334.550, RSMo Supp. 1999.\* Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed March 13, 1985, effective May 25, 1985. Amended: Filed July 3, 1989, effective Dec. 1, 1989. Amended: Filed June 4, 1991, effective Oct. 31, 1991. Amended: Filed Aug. 6, 1992, effective April 8, 1993. Emergency amendment filed July 3, 1995, effective July 13, 1995, expired Nov. 9, 1995. Amended: Filed Oct. 2, 1995, effective May 30, 1996. Amended: Filed Aug. 18, 2000, effective Feb. 28, 2001.*

*\*Original authority: 334.125, RSMo 1959, amended 1993, 1995; 334.550, RSMo 1969, amended 1981, 1995.*

*State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 SW2d 480 (Mo. App. 1975). Administrative Hearing Commission Act, section 161.252, RSMo (1986) repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.*

**4 CSR 150-3.020 Application Forms**

*PURPOSE: This rule provides instructions for filing applications in the office of the State Board of Registration for the Healing Arts requesting permanent licensure as professional physical therapists in Missouri.*

(1) The applicant is required to make application upon a form prepared by the board.

(2) No application will be considered unless fully and completely made out on the specified form and properly attested.

(3) An applicant shall present with the application at least one (1) recent unmounted photograph, in a size not larger than three and one-half inches by five inches (3 1/2" × 5"), on the back of which there shall be a certificate signed by the dean of the professional school or by a licensed professional physical therapist certifying that the same is a genuine photograph of the applicant.

(4) Applications shall be sent to the executive secretary of the State Board of Registration for the Healing Arts, P.O. Box 4, Jefferson City, MO 65102.

(5) The board shall charge each person applying for licensure to practice as a professional physical therapist, either by examination or reciprocity, an appropriate fee established by the board. The fee shall be sent in the form of a bank draft or postal money order or express money order. (Personal checks will not be accepted.)

(6) In all instances where the board, by rule or in the application form, has provided that it will accept copies in lieu of an original document, the applicant shall provide copies notarized by a notary public to verify that those copies are true and correct copies of the original document. The board will not recognize foreign notaries. The board shall accept the notarization of a United States consul.

*AUTHORITY: section 334.125, RSMo (1986).\* Original rule filed Dec. 19, 1975, effective Dec. 29, 1975. Amended: Filed July 3, 1989, effective Dec. 1, 1989.*

*\*Original authority 1959.*

*State Board of Registration for the Healing Arts of Missouri v. De Vore, 517 SW2d 480 (Mo. App. 1975). Administrative Hearing Commission Act, section 161.252, RSMo (1969) repealed the former authority of the board to conduct evidentiary hearings on the qualifications of applicants for licensure.*



**MISSOURI STATE BOARD OF REGISTRATION  
FOR THE HEALING ARTS  
P.O. Box 4  
Jefferson City, Missouri 65102  
314/751-2334, Ext. 151 or 152**

Dear Physical Therapist:

Transmitted herewith are the materials you will need to make application for licensure to practice as a physical therapist in the State of Missouri. Included in the packet are:

1. The application with specific instructions for completing it;
2. A sheet of general information which will help you through the application process;
3. A Verification of Licensure form (if necessary, please make additional copies);
4. A Jurisprudence Examination;
5. A booklet containing the text of the Healing Arts Practice Act and the attendant rules and regulations of the Missouri Board.

It is suggested that you read the General Information sheet before beginning the process. Next, read the Practice Act. Besides containing information, this statute governs your professional conduct as a practitioner of physical therapy in the State of Missouri.

There are two (2) ways to become licensed in Missouri: (1) Reciprocity with a state in which the license was obtained by a written examination and (2) Taking the examination in Missouri.

No application can be considered by the Board until the entire file is complete. Therefore, you should not make any firm commitment to actually begin working until you have received notification of licensure, in writing, from this office.

Please be advised that no application will be processed without a fee. You will be notified, in writing one (1) time if your application is deficient in any way. You should allow a minimum of sixty (60) days for the processing of your application once you have filed the completed application and the required documents in this office.

Please be reminded that it is unlawful to misrepresent any material fact, in any way, in connection with your application for a Missouri license.

If you have any questions, during the process, which are not answered in the enclosed material, you may contact the Board of Healing Arts Physical Therapy Section for assistance by dialing 314/751-2334.

Sincerely,

**HEALING ARTS PHYSICAL THERAPY DEPARTMENT**



STATE OF MISSOURI  
 BOARD OF REGISTRATION FOR THE HEALING ARTS  
**PROFESSIONAL PHYSICAL THERAPIST LICENSE RECIPROCITY APPLICATION**

| LICENSE NUMBER   | DATE ISSUED   | STATE OF   | BY STATE BOARD OF           |                            |                                |
|--|---------------|--|-----------------------------|----------------------------|--------------------------------|
| I HEREBY APPLY FOR A LICENSE TO PRACTICE AS A PROFESSIONAL PHYSICAL THERAPIST IN THE STATE OF MISSOURI ON THE BASIS OF THE ABOVE INFORMATION.  |               |  |                             |                            |                                |
| 1. APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)  |               |  |                             |                            |                                |
| 2. ADDRESS (P.O. BOX, STREET, CITY, COUNTY, STATE, ZIP)  |               |  |                             |                            |                                |
| PLACE OF BIRTH   | DATE OF BIRTH | 3. SOCIAL SECURITY NO. (USED FOR IDENTIFICATION PURPOSES ONLY) |                             |                            |                                |
| 4. INTENDED RESIDENCE  |               |  |                             |                            |                                |
| 5. EDUCATION State in chronological order the name and location of each institution attended, beginning with high school, the time spent at each, and, if graduate, year of graduation.) |               |  |                             |                            |                                |
| NAME AND LOCATION OF INSTITUTION   |               | YEAR FROM  | TO                          | DATE GRADUATED             | DIPLOMA OR CERTIFICATE AWARDED |
|  |               |  |                             |                            |                                |
|  |               |  |                             |                            |                                |
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|  |               |  |                             |                            |                                |
|  |               |  |                             |                            |                                |
|  |               |  |                             |                            |                                |
| 6. PHYSICAL THERAPY DEGREE/CERTIFICATE RECEIVED  |               | DATE RECEIVED  | NAME OF PROFESSIONAL SCHOOL |                            |                                |
| PROFESSIONAL SCHOOL LOCATION   |               |  |                             |                            |                                |
| 7. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A PERMANENT OR TEMPORARY LICENSE TO PRACTICE PHYSICAL THERAPY, IN ORDER OF ATTAINMENT.                                 |               |  |                             |                            |                                |
| A.   | B.            | C.   | D.                          | E.                         |                                |
| F.   | G.            | H.   | I.                          | J.                         |                                |
| 8. INDICATE NUMBER OF TIMES PES/APTA PT EXAMINATION HAS BEEN TAKEN AND STATES TAKEN IN   |               |  |                             |                            |                                |
| 1.   | 2.            | 3.   | 4.                          | 5.                         |                                |
| 9. HAVE YOU PREVIOUSLY TAKEN A STATE BOARD EXAMINATION?  |               |  | NUMBER OF TIMES             | STATE EXAMINATION TAKEN IN |                                |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |               |  |                             |                            |                                |

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25. CERTIFICATE OF STATE ENDORSEMENT

I, \_\_\_\_\_ of \_\_\_\_\_  
 Secretary of the \_\_\_\_\_ State Board of \_\_\_\_\_  
 hereby certify that \_\_\_\_\_ of \_\_\_\_\_  
 was granted, on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, Certificate No. \_\_\_\_\_  
 by the \_\_\_\_\_ State Board of \_\_\_\_\_  
 upon Diploma \_\_\_\_\_ and  
(STATE SCHOOL AND DATE OF GRADUATION)  
 Examination by said Board.  
 P.E.S. Examination? \_\_\_\_\_ If not, name of examination \_\_\_\_\_

| TOTAL RAW SCORE                    | ▶ | TOTAL CONVERTED SCORE   | ▶ |
|------------------------------------|---|-------------------------|---|
| PART I (Basic Sciences)            |   | CONV. I                 |   |
| PART II (Clinical Sciences)        |   | CONV. II                |   |
| PART III (PT Theory and Procedure) |   | CONV. III               |   |
| GENERAL AVERAGE (if applicable)    |   | STANDARD DEVIATION USED |   |

I further certify that the rating herein given is true and correct, and that the said applicant is in good standing with this Board. I further certify that no certificate issued by this Board to the said \_\_\_\_\_ has ever been revoked or suspended, and that from records now on file in this office, I believe him/her to be of good moral character and worthy of professional recognition, and recommend him/her to the Missouri State Board of Registration for the Healing Arts as a fit and proper person to receive reciprocal recognition by the Missouri State Board of Registration for the Healing Arts.

In Testimony Thereof, Witness my Hand and Seal.

\_\_\_\_\_  
 Dated at \_\_\_\_\_ Secretary of the \_\_\_\_\_ State  
 this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_ Board of \_\_\_\_\_

(SEAL)

26. CERTIFICATE OF ETHICAL AND MORAL CHARACTER, FROM PRESIDENT OR SECRETARY OF DISTRICT OR STATE PROFESSIONAL SOCIETY.

P.O. address \_\_\_\_\_ Date \_\_\_\_\_, 19 \_\_\_\_\_  
 I certify that \_\_\_\_\_ of \_\_\_\_\_  
 is a member in good standing of the \_\_\_\_\_ and that  
 he/she is an ethical Physical Therapist and is of good moral and professional character.

(PRESIDENT OR SECRETARY)

**NOTE:** If applicant is not a member of a professional society, it will be necessary that he/she have a letter of recommendation from the supervisor of the physical therapy department in the hospital where training was received.

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 10. Have you ever been charged with violation of any Federal, State or local statute?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you ever been denied a certificate by, or denied the privilege of taking the examination before any State Board of Physical Therapy Examiners?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Has any license to practice or registration or certificate in Physical Therapy issued to you been revoked, suspended, limited or restricted?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you ever been warned, censured, disciplined, had privileges suspended, been put on probation, or ever been requested to withdraw from any licensed hospital, nursing home, clinic, or other hospital care facility with an organized medical staff, in which you have trained, been a partner, or held hospital privileges? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever voluntarily surrendered a license issued to you by a U.S. state and/or Canadian provincial licensing agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever been notified or requested to appear before any U.S. state and/or Canadian provincial licensing agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been notified of any charges or complaints filed against you with any U.S. state and/or Canadian provincial licensing or disciplinary agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you now or have you ever used alcohol (except socially), narcotics, barbituates, or other drugs affecting the central nervous system, or other drugs which may cause physical or psychological dependence?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Are you now are have you ever been emotionally or mentally ill?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever received psychotherapy?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been a patient (voluntarily or otherwise) in any institution for the treatment of emotional or mental illness, drug addiction, or alcohol problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been treated, but not hospitalized, for emotional or mental illness, drug addiction or alcohol problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any law suit (other than malpractice) been filed against you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?   | <input type="checkbox"/> | <input type="checkbox"/> |

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**27. APPLICANT'S OATH**

State/Province of \_\_\_\_\_ County/Parish of \_\_\_\_\_

I, \_\_\_\_\_, hereby certify under oath that I am the person named in this application for a license to practice physical therapy in the State of Missouri; that all statements I have made herein are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application.

I acknowledge and state that I have read the Healing Arts Practice Act and instructions that accompanied this application and I have answered all questions in compliance with these instructions and understand that the fee I submitted is not refundable.

I further state that by filing this application for a license to practice physical therapy in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of physical therapy, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice hereunder.

|   |                                      |                       |  |
|---|--------------------------------------|-----------------------|--|
| <b>MUST BE SIGNED IN THE PRESENCE OF NOTARY</b> ▶ |                                      | APPLICANT SIGNATURE   |  |
| NOTARY PUBLIC EMBOSSEER SEAL                      | STATE                                | COUNTY                |  |
|   | SUBSCRIBED AND SWORN BEFORE ME, THIS |                       | <b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b> |
|   | DAY OF _____ 19                      |                       |  |
|   | NOTARY PUBLIC SIGNATURE              | MY COMMISSION EXPIRES |  |
| NOTARY PUBLIC NAME (TYPED OR PRINTED)             |                                      |                       |  |

**PLEASE PLACE A RECENT PHOTOGRAPH IN SPACE PROVIDED** ▶

I, \_\_\_\_\_, hereby certify under oath that I am the person shown in the photograph above.

|   |                                      |                       |  |
|---|--------------------------------------|-----------------------|--|
| <b>MUST BE SIGNED IN THE PRESENCE OF NOTARY</b> ▶ |                                      | APPLICANT SIGNATURE   |  |
| NOTARY PUBLIC EMBOSSEER SEAL                      | STATE                                | COUNTY                |  |
|   | SUBSCRIBED AND SWORN BEFORE ME, THIS |                       | <b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b> |
|   | DAY OF _____ 19                      |                       |  |
|   | NOTARY PUBLIC SIGNATURE              | MY COMMISSION EXPIRES |  |
| NOTARY PUBLIC NAME (TYPED OR PRINTED)             |                                      |                       |  |



## INSTRUCTIONS FOR COMPLETING YOUR LICENSURE APPLICATION

The Board wishes to stress that you should give **full** details and dates, and **complete** names, addresses and zip codes as required in your application. Answer all questions. If you do not, the processing of your application may be delayed indefinitely. Allow sixty (60) days for processing your application. Please type or print your application in ink. The following information is provided in order to assist you in answering the questions.

Please provide your license number, date license was issued and state board by which you are applying by reciprocity with. This state board must be the state you took the examination in and obtained licensure.

**Question #1** — Print your full name.

**Question #2** — Please provide address to which all licensure material should be sent. B. Indicate place of birth. C. Indicate month, day and year of birth.

**Question #3** — Social security number is used for identification purposes.

**Question #4** — Indicate intended Missouri practice address. If unknown, please indicate the reason why a Missouri license is needed.

**Question #5** — List in chronological order the name and location of each institution attended, beginning with high school. Please indicate the dates of attendance, graduation date and type of diploma or certificate awarded.

**Question #6** — State degree received, date degree received, school of graduation and location of school.

**Question #7** — List all licenses, whether active, inactive, temporary or institutional, in order of attainment.

**Question #8** — Please indicate if you have taken any part of the PES Examination, listing date(s), number of times taken and the state(s) in which the exam(s) was given.

**Question #9** — Please indicate if you have taken any State Board Examination, listing date(s) and the state(s) in which the exam(s) was given.

**Question #10-12** — If your answer is “yes”, provide full details.

**Question #13-18** — If your answer is “yes”, give full details, names, dates, addresses, etc. on a separate notarized statement.

**Question #19** — If your answer is “yes”, give complete names and addresses of the therapists. Give the full details and dates of your counseling sessions on a separate notarized statement. Furnish a separate letter addressed to each therapist authorizing them to release whatever information the Board may require from them.

(Our process requires writing to each therapist to verify the information you have given the Board and to obtain the records of your treatment.)

**Question #20** — If your answer is “yes”, give complete names and addresses of each institution, the full details and dates on a separate notarized statement. Furnish a separate letter addressed to each institution authorizing them to release whatever information the Board may require from them.

(Our process requires writing to each institution to obtain the records for the time you were confined at each facility.)

**Question #21** — If your answer is “yes”, give names and addresses of each individual who treated you and full details and dates of the treatment on a separate notarized statement. Furnish a separate letter addressed to each individual authorizing them to release whatever information the Board may require from them.

(Our process requires writing to each individual to verify the information you have given us and to obtain their records of your treatment.)

**Question #22** — If your answer is “yes”, give full details on a separate notarized statement of the arrest, the dates, places and disposition of the case. **Furnish a Certified Court Copy (with court seal affixed) of the original charge, the judgment, the sentence and/or dismissal order, or other such documents which reflect the disposition of the matter.**

(This does not include any minor traffic or parking violation; fines which are under \$100.00 We suggest that if you have ever had an arrest (no matter how minor), you answer the question “yes” on your application and furnish all details of the incident leading up to and including the arrest and the disposition of the case.)

**Question #23** — If your answer is “yes”, give full details, dates, etc. on a separate notarized statement. If you have ever been a defendant in any legal action, FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE JUDGMENT, THE SETTLEMENT, AND/OR THE DISPOSITION OF THE CASE. If the case is still pending, please so state.

**Question #24** — If your answer is “yes”, give full details on a separate notarized statement. FURNISH A CERTIFIED COURT COPY (WITH COURT SEAL AFFIXED) OF THE COMPLAINT, ANSWER, THE JUDGMENT, THE SETTLEMENT, AND/OR THE DISPOSITION OF THE CASE. If the case is still pending, please so state.

**Question #25** — This section shall be completed and signed by the Secretary of the state board in which you

took and passed the examination and obtained a license. Examination scores, both raw and converted, must be placed in this section.

**Question #26** — This section shall be completed and signed by the President or Secretary of a District or State Professional Society. If you are not a member of a professional society, it will be necessary to have a letter of recommendation from the supervisor of the physical therapy department in the hospital where your training was received.

**Question #27** — You must sign this oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature. Also place a recent photograph of yourself in the space provided. Below the photograph place your name in the space provided and have your statement notarized verifying that you are the person in photograph.

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PLEASE BE ADVISED THAT ALL QUESTIONS MUST BE ANSWERED OR THE APPLICATION WILL BE RETURNED.



**PHYSICAL THERAPY SECTION**



STATE OF MISSOURI  
 BOARD OF REGISTRATION FOR THE HEALING ARTS  
**VERIFICATION OF LICENSURE**

P.O. BOX 4  
 JEFFERSON CITY, MISSOURI 65102  
 (314) 751-2334

I, \_\_\_\_\_, hereby authorize and request the state board of \_\_\_\_\_ having control of any documents, records and other information pertaining to me to furnish to the \_\_\_\_\_ state board information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

|  |                |   |
|--|----------------|---|
| SIGNATURE OF APPLICANT                             | LICENSE NUMBER | ISSUE DATE                                    |
| NAME IN FULL (PLEASE PRINT)                        | DATE OF BIRTH  | SOCIAL SECURITY NO. (identification purposes) |
| OTHER NAMES USED IN OBTAINING LICENSURE            |                |   |
| CURRENT ADDRESS (street, city, state and zip code) |                |   |

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

|  |                       |            |
|--|-----------------------|------------|
| STATE OF   | FULL NAME OF LICENSEE |            |
| GRADUATE OF  | LICENSE NUMBER        | ISSUE DATE |
| LICENSE METHOD<br><input type="checkbox"/> PES EXAM <input type="checkbox"/> STATE BOARD EXAM <input type="checkbox"/> RECIPROCITY WITH _____<br><input type="checkbox"/> OTHER (SPECIFY)      ► |                       |            |

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? <b>IF YES, ATTACH DETAILS</b>         | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? <b>IF YES, ATTACH DETAILS</b>              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? <b>IF YES, ATTACH DETAILS</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. HAS ANY APPLICATION BY THE ABOVE APPLICANT FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? _____ <b>IF YES, ATTACH DETAILS</b>                         | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS, IF ANY

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|            |                     |      |
|------------|---------------------|------|
| BOARD SEAL | SIGNATURE AND TITLE | DATE |
|            | STATE BOARD         |      |

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**DOCUMENTS AND FEE YOU MUST FURNISH WITH YOUR APPLICATION**

**1. FEES** — All licensure fees must be submitted to this office in the form of a **MONEY ORDER OR CASHIER'S CHECK** payable on or through a United States bank. **DO NOT** send a personal check or cash. **FEES WILL NOT BE REFUNDED.**

Reciprocity fee ..... \$100.00

**2. NOTARIZATIONS** — In order that copies of the documents you furnish with your application will not have to be returned to you to be notarized properly, please have the notarizations done as follows:

- 1. Copies should be notarized as being "True Copy" of the original document by the Notary Public.
- 2. Affidavits and statements should be notarized as "Subscribed and Sworn to" before a Notary Public. The Notary Public must sign it, date it and affix his/her notary seal to the document. Notary seal must show date of expiration.

**NOTE:** All notarizations must be done in the United States. Each individual document must be notarized.

**3. OFFICIAL TRANSLATIONS** — If any of your documents, transcripts, etc. are in a foreign language, this Board requires you to furnish an original, official, word-for-word translation of that document. **THE BOARD'S DEFINITION OF AN OFFICIAL TRANSLATION IS ONE WHICH IS DONE BY A GOVERNMENT OFFICIAL, OFFICIAL TRANSLATION SERVICE, OR A COLLEGE OR UNIVERSITY OFFICIAL IN THE UNITED STATES.** The translator must certify that it is a "true translation to the best of his/her knowledge, that he/she is fluent in the language, and is qualified to translate". He/she must sign the translation and his/her signature must be certified by a Notary Public. The translator must also print his/her name and title under the signature. This must be translated on official letterhead.

**NOTE:** Our Board will accept a translation done by an Official of the American Embassy in a foreign country. The translation must have the Embassy seal placed on it.

**4. ACTIVITIES STATEMENT** — Each applicant is required to provide a chronological listing of his/her professional and nonprofessional activities since

graduation from high school to the present date. All periods must be reported. In **CHRONOLOGICAL ORDER**, list the position you held, complete names, addresses and zip codes of employers and the beginning and ending dates of employment.

**NOTE:** This must be submitted in addition to the information on your application.

**5. BACHELOR OF SCIENCE/BACHELOR OF ARTS DIPLOMA** — Furnish a notarized copy, no larger than 8½ x 11" of your original Professional Diploma (Bachelor of Science/Bachelor of Arts in Physical Therapy).

**6. STATE BOARD EXAMINATION** — If applying for licensure based on an examination given by a State Board, please have that Board forward a certified copy of your grades directly to this office.

**7. PES EXAMINATION** — If applying for licensure based on the PES Examination, please have the state you took the examination in, or the Interstate Reporting Service, forward a copy of your grades directly to this office. If a state board is reporting scores, item number 26 of the application form, provides spaces for this purpose.

**NOTE:** The address for the Interstate Reporting Service is as follows:

475 Riverside Drive  
New York, NY 10115  
(212) 870-2724

**8. APTA PT EXAMINATION** — If applying for licensure based on the APTA PT Examination, please have the state you took the examination in, or the Assessment Systems, Inc. (ASI) Processing Center, forward a copy of your grades directly to this office. If a state board is reporting scores, item number 26 of the application form provides spaces for this purpose.

**NOTE:** The address for the ASI Processing Center is as follows:

APTA  
ASI Processing Center  
718 Arch Street  
Philadelphia, PA 19106  
(215) 592-8900

9. **VERIFICATION OF LICENSURE** — If you have ever held a permanent or temporary license in any State/Province (including Canada), the enclosed form must be mailed to each licensing agency in which you now or have ever been licensed to practice as a physical therapist. You may xerox this form for additional copies.
10. **PHOTOGRAPH** — Recent photograph must accompany the application in space provided.
11. **TRANSCRIPTS** — ALL applicants are required to submit Certified (with school seal affixed) transcripts of your grades from all colleges or universities attended.
12. **CREDENTIAL EVALUATION** — If you are a foreign trained physical therapist, it will be necessary for you to submit an original credential evaluation or a notarized copy of the original. The evaluation must state that your credentials are equivalent to a United States Bachelor of Science degree. If this statement is not stated on the evaluation, the form is not acceptable. The evaluation must be submitted from an acceptable credentialing service.
- The evaluation services that this office will accept evaluations from are listed below:
- 1) International Consultants of Delaware, Inc.  
914 Pickett Lane  
Newark, Delaware 19711  
(302) 737-8715
  - 2) International Education Research Foundations, Inc.  
Credential's Evaluation Service  
P.O. Box 24679  
Los Angeles, California 90024  
(213) 430-2405
  - 3) International Credentialing Associates, Inc.  
1101 New Hampshire Avenue, N.W.  
Washington, D.C. 20037
13. **NAME CHANGE** — If your name has changed from that which is shown on any of the documents submitted in support of your application, you will be required to submit one of the following documents for verification:
- Marriage — Furnish a notarized copy no larger than 8½ x 11" of your marriage certificate.
- Divorce Decree — Furnish a notarized copy no larger than 8½ x 11" of your divorce decree.
- Adoption — Furnish a notarized copy no larger than 8½ x 11" of your adoption order.
- Court Order — Furnish a certified court copy of the name change document.
- NATURALIZATION** — If you have had a name change by naturalization, you will be required to furnish your original Naturalization Certificate to this office for inspection, since it is unlawful to copy that particular document. After we have completed the inspection, we will return your original by certified mail.



STATE OF MISSOURI  
 BOARD OF REGISTRATION FOR THE HEALING ARTS  
**PROFESSIONAL PHYSICAL THERAPIST LICENSE EXAMINATION APPLICATION**

|  |               |                             |                                 |
|--|---------------|-----------------------------|---------------------------------|
| 1. APPLICANT NAME (LAST, FIRST, MIDDLE, MAIDEN)  |               |                             |                                 |
| 2. PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR WALL-HANGING LICENSE  |               |                             |                                 |
| 3. ADDRESS (P.O. BOX, STREET, CITY, COUNTY, STATE, ZIP)  |               |                             | TELEPHONE<br>HOME ▶<br>OFFICE ▶ |
| 4. PLACE OF BIRTH  | DATE OF BIRTH | SOCIAL SECURITY NUMBER      |                                 |
| 5. PROPOSED MISSOURI PRACTICE ADDRESS  |               |                             |                                 |
| 6. EDUCATION (STATE IN CHRONOLOGICAL ORDER THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, BEGINNING WITH HIGH SCHOOL, THE TIME SPENT AT EACH, AND, IF GRADUATE, THE YEAR OF GRADUATION. |               |                             |                                 |
| NAME AND LOCATION OF INSTITUTION   | YEAR FROM     | TO                          | DATE GRADUATED                  |
|  |               |                             | DIPLOMA OR CERTIFICATE AWARDED  |
|  |               |                             |                                 |
|  |               |                             |                                 |
|  |               |                             |                                 |
|  |               |                             |                                 |
|  |               |                             |                                 |
|  |               |                             |                                 |
|  |               |                             |                                 |
|  |               |                             |                                 |
|  |               |                             |                                 |
| 7. PHYSICAL THERAPY DEGREE/CERTIFICATE RECEIVED  | DATE RECEIVED | NAME OF PROFESSIONAL SCHOOL |                                 |
| PROFESSIONAL SCHOOL LOCATION   |               |                             |                                 |
| 8. LIST ALL OF THE STATES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A PERMANENT OR TEMPORARY LICENSE TO PRACTICE PHYSICAL THERAPY, IN ORDER OF ATTAINMENT.                                     |               |                             |                                 |
| A.   | B.            | C.                          | D.                              |
| E.   | F.            | G.                          | H.                              |
| I.   | J.            |                             |                                 |
| 9. HAVE YOU PREVIOUSLY TAKEN THE PES/APTA PT EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO   |               |                             |                                 |
| INDICATE NUMBER OF TIMES PES/APTA PT EXAMINATION HAS BEEN TAKEN AND STATES TAKEN IN  |               |                             |                                 |
| 1.   | 2.            | 3.                          | 4.                              |
| 5.   |               |                             |                                 |
| 10. HAVE YOU PREVIOUSLY TAKEN A STATE BOARD EXAMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO  |               | NUMBER OF TIMES             | STATE EXAMINATION TAKEN IN      |

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH THE APPROPRIATE CHECKMARK. IF ANY ARE ANSWERED YES, SEE SEPARATE INSTRUCTIONS.

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 11. Have you ever been charged with violation of any Federal, State or local statute?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Have you ever been denied a certificate by, or denied the privilege of taking the examination before any State Board of Physical Therapy Examiners?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has any license to practice or registration or certificate in Physical Therapy issued to you been revoked, suspended, limited or restricted?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been warned, censured, disciplined, had privileges suspended, been put on probation, or ever been requested to withdraw from any licensed hospital, nursing home, clinic, or other hospital care facility with an organized medical staff, in which you have trained, been a partner, or held hospital privileges? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Have you ever voluntarily surrendered a license issued to you by a U.S. state and/or Canadian provincial licensing agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been notified or requested to appear before any U.S. state and/or Canadian provincial licensing agency?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been notified of any charges, allegations or complaints filed against you with any U.S. state and/or Canadian provincial licensing or disciplinary agency?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been chemically dependent?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever been diagnosed or treated for any mental or physical illness that would serve to hinder your ability to practice physical therapy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Have you ever been unable to practice physical therapy because of illness or impairment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Have you ever been treated, but not hospitalized, for emotional or mental illness, drug addiction or alcohol problems?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Have you ever been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Have you ever forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any law suit (other than malpractice) been filed against you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?   | <input type="checkbox"/> | <input type="checkbox"/> |

MO 419-1330 (1-91)