

Michigan Department of Licensing and Regulatory Affairs
Board of Physical Therapy
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

PHYSICAL THERAPY RELICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Physical Therapy. Questions regarding your application can be directed to the Michigan Board of Physical Therapy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee, the applicant's signature and date will be returned.

GENERAL INSTRUCTIONS FOR RELICENSURE

1. Type or print legibly on all forms and send original application, with the proper fee, to the Board of Physical Therapy. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. **Effective October 1, 2008**, all applicants for relicensure of a Michigan health profession license or registration that has been expired for **more** than 3 years are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. All applicants for physical therapy relicensure must take and pass the 25-question jurisprudence examination. The passing score on the exam is 75% (19/25). The jurisprudence examination is included in the application packet and must be completed and returned with your application and fee. The jurisprudence examination covers material that can be found in the Administrative Rules of the Michigan Board of Physical Therapy and in Article 15, parts 161 and 174 of the Michigan Public Health Code.
4. If your Physical Therapy license expired within the last 3 years, complete the relicensure application and return it with the appropriate fee.
 - a. The board must also receive verification of licensure from any state where you hold or have ever held a permanent physical therapy license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required. The Verification of Licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
5. If your Physical Therapy license expired **more** than 3 years ago, complete the relicensure application and return it with the appropriate fee. You must also satisfy one of the following requirements:
 - a. Provide verification of current licensure as a physical therapist in another State or US territory. The board must also receive verification of licensure from any state where you hold or have ever held a permanent physical therapy license. A form is enclosed for this purpose and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required. The Verification of Licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
 - b. Submit proof of at least 500 hours of employment as a physical therapist in another jurisdiction recognized by the Federation of State Boards of Physical Therapy (FSBPT) during the two-year period immediately preceding the application for relicensure. Proof of employment could be an official letter from the employer, a copy of pay or tax records, etc.

- c. Take and pass the National Physical Therapy Examination (NPTE). Please mark the appropriate box on page 2 of the application in order to be made eligible for the NPTE.
 1. All applicants for the NPTE must apply on-line. The on-line application and payment process for the NPTE is available at www.fsbpt.net/pt. See the *NPTE Candidate Handbook* for complete instructions or check the website at www.fsbpt.org.
 2. You will be sent an Authorization to Test from the FSBPT after you have applied for the NPTE and have been made eligible for the exam by the Michigan Board of Physical Therapy. The Authorization to Test will information about how to schedule your examination at a Prometric Testing Center. Once you have received your Authorization to Test, you must sit for the examination within 60 days. You will be required to submit a testing fee to Prometric Testing Center before taking the examination.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Physical Therapy in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Physical Therapy in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation, or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be included when you submit your license application and preferably prior to that date. The information should be sent to: LARA, ADA/Applications, Bureau of Health Professions, P.O. Box 30670, Lansing, MI 48909.***
5. ORIGINAL LICENSES AND RELICENSURES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE GOOD FOR A TWO-YEAR PERIOD.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
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**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

Board of Physical Therapy

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 Lansing, MI 48909
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APPLICATION FOR RELICENSURE

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Board Use Only
License Number:
Date of Licensure:

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

Relicensure Fee: \$155.00 71-5501-06

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		E-mail Address
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)	Michigan Health Professional Permanent I.D./License Number and Expiration Date	
Has your Michigan physical therapy license been lapsed more than three years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No

List each state(s) or US territory in which you hold or have ever held a permanent physical therapy license, the license number, the date issued, and how the license was obtained. **DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)**

State	License Number	Date of Issue	How was it obtained (Endorsement or examination)

If your license expired **MORE THAN 3 YEARS AGO**, please check the appropriate box below and follow the instructions given:

1. I do hold a current license in the following state or US territory:

2. I have been employed as a physical therapist for at least 500 hours in an FSBPT recognized jurisdiction during the 2-year period immediately preceding this application.

3. I do not meet either of the requirements in 1 or 2 and must take and pass the National Physical Therapy Examination. (Applicants should contact the FSBPT at www.fsbpt.org for information; on-line registration is at www.fsbpt.net/pt.)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

PHYSICAL THERAPY LAWS & RULES

Name _____
LAST FIRST

DOB: _____

SSN _____

Please clearly print your name, date of birth and Social Security number in the above spaces. Circle your answers for each test question. Be sure to read the statement at the end of the examination and sign your name on the last page before returning it to the Board Office.

1. A written prescription for physical therapy **MUST** contain all of the following **EXCEPT** the
 - a. patient's name.
 - b. patient's diagnosis.
 - c. patient's prognosis.
 - d. authorized prescriber's signature.

2. A Physical Therapist may legally do all of the following **EXCEPT**
 - a. supervise personnel.
 - b. plan physical therapy treatment.
 - c. prescribe physical therapy treatment.
 - d. initiate referrals for physical therapy treatment.

3. A licensed Physical Therapist may administer therapy ordered by all of the following **EXCEPT** a/an
 - a. Dentist.
 - b. Chiropractor.
 - c. Physician's Assistant.
 - d. Osteopathic Physician.

4. The Board of Physical Therapy may limit the duties a Physical Therapist may delegate to supervised employees
 - a. if the license has been held for less than 5 years.
 - b. when a Physical Therapist is seeking licensure renewal.
 - c. in order to protect the health and safety of the public.
 - d. if they feel the Physical Therapist needs more work experience.

5. A Physical Therapist who has had a license revoked may
 - a. not practice physical therapy.
 - b. practice only in a state hospital.
 - c. only perform physical therapy evaluations.
 - d. practice physical therapy under the direct supervision of another Physical Therapist.

6. According to Michigan law, all of the following physical measures are allowed to be used by a Physical Therapist **EXCEPT**
- a. cold.
 - b. sound.
 - c. radiation.
 - d. electricity.
7. After initial licensure, a Physical Therapist's license **MUST** be renewed every _____ year(s).
- a. 1
 - b. 2
 - c. 3
 - d. 4
8. According to Michigan law, a Physical Therapist may **NOT**
- a. give consultative services.
 - b. administer prescribed medication.
 - c. interpret referrals from physicians.
 - d. participate in patient treatment planning.
9. A Physical Therapist may do all of the following **EXCEPT**
- a. prevent a mental disability.
 - b. correct a physical disability.
 - c. diagnose a medical condition.
 - d. alleviate a physical condition.
10. An employee under the direct supervision of a Physical Therapist performs negligent therapy. In this situation, which of the following statements is **TRUE**?
- a. The employee is not responsible
 - b. The supervising Physical Therapist is not responsible
 - c. The supervising Physical Therapist is liable for sanction
 - d. No action can be taken in this situation
11. According to the Michigan Public Health Code, a Physical Therapist practicing in Michigan may use all of the following titles **EXCEPT**
- a. Physiotherapist.
 - b. Licensed Physical Therapist.
 - c. Physical Therapy Technician.
 - d. Physical Therapy Practitioner.
12. A person who practices physical therapy under a fraudulently obtained license, or uses the license of another person as his or her own is guilty of
- a. a felony.
 - b. malpractice.
 - c. a misdemeanor.
 - d. no punishable offense.

13. A Physical Therapist may treat a patient
- by written order of a Podiatrist.
 - when requested by a Nurse Practitioner.
 - when requested by a Licensed Master's Social Worker.
 - when the discharge of the patient has been written by another Physical Therapist.
14. A licensed Physical Therapist may prescribe
- no medication at all.
 - any controlled substance.
 - non-controlled substances.
 - over-the-counter medications.
15. By law, the actual license for a Physical Therapist
- does not have to be displayed.
 - must be kept on file in the facility's personnel department.
 - does not have to contain notification of any limitation.
 - shall be displayed in a prominent place visible to the public.
16. The governing body for licensed Physical Therapists in Michigan is the
- Michigan Board of Physical Therapy.
 - American Physical Therapy Association.
 - Michigan Physical Therapy Association.
 - Federation of State Boards of Physical Therapy.
17. A name or address change of a Physical Therapist licensee must be reported to the Michigan Bureau of Health Professions no more than _____ days after the change occurs.
- 10
 - 14
 - 30
 - 60
18. Which of the following statements is true regarding the Health Practitioner Recovery Program (HPRP)?
- A licensed Physical Therapist must report to the HPRP any registered or licensed health care professional whom they believe is impaired.
 - A licensed Physical Therapist is legally liable for damages resulting from the failure to report to the HPRP any registered or licensed health care professional whom they believe is impaired.
 - A licensed Physical Therapist is only required to report a colleague whom they believe is impaired to the HPRP if the colleague is also a licensed Physical Therapist.
 - A licensed Physical Therapist who fails to report any registered or licensed health care professional whom they believe is impaired to the HPRP is not subject to any administrative disciplinary action.
19. The ultimate purpose of the Michigan Board of Physical Therapy is to
- collect licensing fees.
 - protect the public's health, safety and welfare.
 - meet with members of other health care professions.
 - report occupational infractions to the Department of Licensing and Regulatory Affairs.

20. A nursing unit has sent a patient to physical therapy with a verbal order to give "whirlpool therapy". As a licensed Physical Therapist, one should
- give the therapy that was verbally ordered and check the patient's chart later.
 - check the patient's chart to verify that the order has been written by an authorized prescriber before giving therapy.
 - give the therapy and have an assistant call the authorized prescriber to verify the order.
 - none of the above are correct
21. A prescription for Physical Therapy is required to renewed every
- 30 days.
 - 45 days.
 - 60 days.
 - 90 days.
22. When may certain tasks or functions within the scope of practice of a Physical Therapist be delegated to qualified, but unlicensed individuals?
- Never
 - Under a licensed Physical Therapist's supervision
 - Only if the Physical Therapy department is understaffed
 - If the assignment demands the same education, skills, and judgment required of a licensed Physical Therapist
23. Which of the following is a requirement for acceptance of a health professional into the Health Professional Recovery Program (HPRP)?
- The health professional acknowledges his or her impairment.
 - The health professional agrees to participate in a treatment plan.
 - The health professional voluntarily withdraws from, or limits the scope of his or her practice, as determined necessary by the health professional recovery committee.
 - All of the above are true
24. In Michigan, the scope of practice for Physical Therapists is determined by
- Michigan state law.
 - the Department of Public Health.
 - the American Physical Therapy Association.
 - the consensus of accredited physical therapy programs.
25. A license for a Physical Therapist
- lapses 2 weeks after its expiration date.
 - requires no additional fees for delinquent renewal.
 - may not be renewed under any circumstances after its expiration date.
 - may be renewed with a late fee during the first 60 days after expiration.

I CERTIFY THAT I AM THE APPLICANT WHOSE SIGNATURE APPEARS HERE AND THAT THE ANSWERS PROVIDED ON THIS EXAMINATION ARE MINE ALONE. BECAUSE OF THE CONFIDENTIAL NATURE OF THIS EXAMINATION, I WILL NOT COPY OR RETAIN EXAMINATION QUESTIONS, OR TRANSMIT THEM IN ANY FORM TO ANY OTHER PERSON.

Signature of Applicant

Date

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature_____
Date_____
Type or Print Name

(S E A L)

Title_____
Full Name of Licensing Board