



Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing

Board of Physical Therapy

PO Box 30670

Lansing MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

**PHYSICAL THERAPIST ASSISTANT
RELICENSURE APPLICATION PACKET**

INCLUDED IN THIS PACKET:

1. Mailing Information & Content.....	Pages 1-2
2. Licensure Instructions.....	Pages 3-4
3. Application.....	Pages 5-7
4. Physical Therapist Assistant Laws and Rules Examination	Pages 8-11
5. Printing Instructions.....	Page 12
6. Application Checklist.....	Page 13
7. Top Things Applicants Should Know.....	Page 14
8. Glossary/Definition of Terms.....	Page 15
9. Frequently Asked Questions.....	Page 16
10. Websites & Links.....	Page 17



Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Physical Therapy
PO Box 30670
Lansing MI 48909
(517) 335-0918
www.michigan.gov/healthlicense

PHYSICAL THERAPIST ASSISTANT RELICENSURE INSTRUCTIONS

* Please read application instructions carefully and answer all questions completely.
Failure to do so may cause a delay in your application process.*

1. You must complete and submit the application for relicensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Physical Therapy.
2. Applicants for relicensure of a Michigan health professional license or registration that has been expired **more** than 3 years are required to submit fingerprints and undergo a Criminal Background Check. Fingerprints must be taken using the Customer ID number and instructions provided in the Application Confirmation letter that will be sent when your license application and fee are processed. Do not have your fingerprints taken prior to receiving your Customer ID number.
3. If your physical therapy license expired **within** the last 3 years:
 - a. You are required to pass the Michigan jurisprudence examination. The Michigan jurisprudence examination is included with the application packet.
 - b. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**
4. If your physical therapy license expired **more** than 3 years ago:
 - a. You are required to pass the Michigan jurisprudence examination. The Michigan jurisprudence examination is included with the application packet.
 - b. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. **Copies of licenses are not acceptable.**

PHYSICAL THERAPIST ASSISTANT RELICENSURE INSTRUCTIONS CONTINUED

- c. You must also satisfy one of the following requirements:
- a. Submit proof of at least 500 hours of employment as a physical therapist assistant in another jurisdiction recognized by the Federation of State Board of Physical Therapy (FSBPT) during the two-year period immediately preceding the application for relicensure. An official letter from the employer or a copy of pay or tax records are acceptable proof.

OR

- d. Take and pass the National Physical Therapy Examination (NPTE).
- (1) All applicants for the NPTE must apply on-line. Information about exam dates and deadlines as well as the on-line application and payment process is available at www.fsbpt.org. The NPTE is computerized exam that is offered four times a year at various testing sites. The *NPTE Candidate Handbook* is available at www.fsbpt.org and provides complete exam information and instructions.
 - (2) You will receive an Authorization to Test from the FSBPT after registering with them for the NPTE and being made eligible for the exam by the Michigan Board. The Authorization to Test will include information about how to schedule your examination at a testing center.

Please Note:

- An application submitted with the appropriate fee is valid for two years from the date it is received. If an applicant fails to complete the requirements for licensure within the two year period following the date of application, the application will become invalid.

Michigan Department of Licensing and Regulatory Affairs
Health Licensing Division
Application Section
PO Box 30670
Lansing MI 48909
(517) 335-0918

www.michigan.gov/healthlicense

For Board Use Only
License #:
Issue Date:

APPLICATION FOR RELICENSURE, REREGISTRATION OR RECERTIFICATION

Select the license type you are applying for from the list below:

Physical Therapist Assistant Relicensure Fee: \$156.35 [71-5502-06]

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.

1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:	Birth Date:	
Street Address:	Apt/Bldg. #:	
City:	State:	Zip Code:
Country:		
Phone Number:	E-mail Address:	
Has your Michigan health professional license been lapsed more than three years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Professional Permanent ID/License Number:	Expiration Date:	
Have you ever been known under any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will documents be received in any other name? If yes, list name(s):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Full Name:	
2. Personal Data Questions	
1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
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
If yes, please explain	
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
If yes, please explain	
4. 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
If yes, please explain	
5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	
8. Have you ever been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain	

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name:

3. License(s) in Other State(s) and/or Province(s)

Do you hold or have you ever held a permanent health professional license, certification, or registration in any state or province? If yes, list each state or province, the license or registration number, the date issued and how the license was obtained (either examination or endorsement). **DO NOT LIST TEMPORARY/LIMITED LICENSES.** (Attach additional sheets if necessary.)

Yes
 No

State/Province	Permanent License/Registration Number	Date of Issue	How Obtained (examination or endorsement)

4. 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, 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 _____

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.

PHYSICAL THERAPIST ASSISTANT LAWS & RULES

Last Name: _____

First Name: _____

SSN: _____

DOB: _____

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. Sanctions may be levied against a physical therapist assistant for which of the following situations?
 - a. Fraud in obtaining a license
 - b. Practicing outside the scope of physical therapist assistants
 - c. Permitting a license to be used by an unauthorized person
 - d. All of the above are correct

2. A physical therapist assistant who has had a license revoked may
 - a. not practice as a physical therapist assistant.
 - b. practice only in a state hospital.
 - c. only assist with physical therapy.
 - d. practice as a physical therapist assistant under the direct supervision of a physical therapist.

3. Working under "general supervision" means the physical therapist assistant may perform services only while the physical therapist is
 - a. present in the exam room.
 - b. continuously available.
 - c. present in the office building.
 - d. available at least 5 hours a day.

4. A licensed physical therapist assistant may practice under
 - a. direct supervision
 - b. general supervision.
 - c. assigned supervision.
 - d. no supervision.

5. A licensed physical therapist assistant may prescribe
 - a. no medication at all.
 - b. any controlled substance.
 - c. non-controlled substances.
 - d. over-the-counter medication.

6. Which of the following is considered prohibited conduct?
- Failing to provide or arrange for the provision or continuity of necessary physical therapy service.
 - Being involved in a dual or multiple relationships with a current or former patient.
 - Engaging in harassment or unfair discrimination.
 - All of the above are true.
7. Working under "direct supervision" means the physical therapist assistant may perform services while the physical therapist is
- not physically present.
 - present in the office.
 - physically present and immediately available.
 - available by telecommunication or other electronic device.
8. After initial licensure, a physical therapist assistant's license **MUST** be renewed every _____ year(s).
- 1
 - 2
 - 3
 - 4
9. A name or address change of a physical therapist assistant licensee must be reported to the Michigan Bureau of Health Professions no more than _____ days after the change occurs.
- 10
 - 14
 - 30
 - 60
10. A licensed physical therapist assistant may not supervise
- more than one unlicensed individual.
 - a PTA student.
 - more than three unlicensed individuals.
 - unlicensed individuals.
11. By law, the actual license for a physical therapist assistant
- 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.
12. When may certain tasks within the scope of practice of a physical therapist assistant be delegated to qualified but unlicensed individuals?
- Never
 - Under a licensed physical therapist's or physical therapist assistant's supervision
 - Only when the physical therapy department is understaffed
 - When the task demands the same level of education and skills required of a licensed physical therapist assistant.

13. A licensed physical therapist assistant who delegates selected acts, tasks, or functions to an unlicensed individual must provide
- direct supervision.
 - general supervision.
 - assigned supervision.
 - no supervision.
14. The governing body for licensed physical therapist assistants in Michigan is the
- Michigan Board of Physical Therapy.
 - American Physical Therapy Association.
 - Michigan Physical Therapy Association.
 - Federation of State Boards of Physical Therapy.
15. Which of the following is a requirement for acceptance of a health professional into the Health Recovery Program?
- 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.
16. Temporary licenses for physical therapist assistant
- are not issued under any circumstances.
 - are in effect for two years with no stipulations.
 - may be issued when an applicant has met all requirements for licensure.
 - are revoked six months after an applicant does not appear for any required examinations.
17. Which of the following statements is true?
- A licensed PTA must report to the HPRP any registered or licensed health care professional whom they believe is impaired.
 - A licensed PTA 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 PTA is only required to report a colleague whom they believe is impaired to the HPRP if the colleague is also a licensed physical therapist assistant.
 - A licensed PTA 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.
18. According to the Michigan Public Health Code, a physical therapist assistant practicing in Michigan may use all of the following titles **EXCEPT**
- Physiotherapist Assistant.
 - Licensed Physical Therapist Assistant.
 - Physical Therapist Practitioner Assistant.
 - Registered Physical Therapist Assistant.
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 person who practices as a physical therapist assistant 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.
21. 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.
22. 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.
23. A license for a physical therapist assistant
- a. lapses 2 weeks after its expiration date.
 - b. requires no additional fees for delinquent renewal.
 - c. may not be renewed under any circumstances after its expiration date.
 - d. may be renewed with a late fee during the first 60 days after expiration.
24. In Michigan, the scope of practice for physical therapist assistants is determined by
- a. Michigan state law.
 - b. the Department of Public Health.
 - c. the American Physical Therapy Association.
 - d. the consensus of accredited physical therapy programs.
25. The Department of Licensing and Regulatory Affairs shall publish a list of disciplined individuals and send the list to all of the following **EXCEPT** the
- a. Commissioner of Insurance.
 - b. administration of federal health care programs.
 - c. local law enforcement agencies.
 - d. appropriate professional associations.

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

Please print out the Application (Pages 5-7) and the Physical Therapist Assistant Laws and Rules Examination (pages 8-11). Sign and date your application, and submit the application along with any supporting documentation and with your check or money order made payable to the "State of Michigan" to:

Michigan Department of Licensing and Regulatory Affairs
Bureau of Professional Licensing
Board of Physical Therapy
PO Box 30670
Lansing MI 48909

APPLICATION CHECKLIST

All information should be typed or printed clearly. It is your responsibility to submit the required forms to our office.

Application Fee: Submit a check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN**.

1. Demographic Information: Social Security Number: Please list only a United States Social Security number.

Name: List your full name: first, middle and last name. If your name changes after you apply, you must submit a name change to the Bureau of Health Care Services in writing along with legal documentation within 30 days.

Birth Date: Provide the month, day and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, and country. This will be your permanent address with the Bureau of Health Care Services. If your address changes, you must notify us in writing within 30 days.

Phone: Enter a telephone number where you can be reached in case we have questions about your application.

E-mail: Enter your e-mail address. E-mail is a quick way our office can communicate with you about your application.

Other Name(s): Indicate whether you have been known by any other names.

2. Personal Data Questions: All applicants must answer the same personal data questions. If you answer "yes" to any questions in this section, you must submit a detailed explanation with your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

3. Licenses in Other State(s) and/or Province(s): List all states/provinces where you hold or have ever held a physical therapy license. Indicate method of licensure - examination or endorsement.

4. Certification: You must sign and date your application for it to be valid. By signing the application you are indicating that you have read and understood the certification section.

TOP THINGS APPLICANTS SHOULD KNOW

1. **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.
2. Read the entire application before submitting it and DO NOT send the checklist to the Board of Physical Therapy office.
3. Applications and mail are processed as quickly as possible in date-received order.
4. Please allow time to process your application before you call or email our office to check on the status. Applications may take up to 2 weeks to reach our office. Applications with fees are first processed through our central mailroom then through our payment processing office.
5. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
6. Supporting documentation will not be accepted if faxed into our office.
7. **SPECIAL ACCOMMODATIONS:** If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. We also require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your educational program that describes the accommodations provided to you during your education. These documents need to be submitted with your application, if not earlier, to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Physical Therapy, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.
8. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Board of Physical Therapy in writing to request a partial refund.
9. If your name and/or address changes please notify the Board of Physical Therapy in writing within 30 days. To change a name or address, you can download the Data Change/Duplicate License Request Form from our website at www.michigan.gov/healthlicense and fax it to (517) 335-2044 ATTN: Applications Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Professional Licensing, Board of Physical Therapy, Applications Section, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes. After your license is issued, you can change your address online at www.michigan.gov/elicense.

GLOSSARY/DEFINITION OF TERMS

ENDORSEMENT	Application made by an individual who holds an active license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass the national boards in order to become licensed in Michigan.
LAPSED LICENSE	A lapsed license is a license that is no longer active. A license becomes inactive when it is not renewed upon the expiration date printed on the license.
RECIPROCITY	Process by which an individual could possibly become licensed in Michigan through a reciprocity agreement with another state board. Michigan does not have a reciprocity agreement with any other state.
REINSTATEMENT	The process in which a disciplinary, suspended or revoked license that has not lapsed is reactivated by the Board.
RELICENSURE	The application process in which a licensee must apply to reactivate a lapsed or lapsed suspended license.
RENEWAL	Process to maintain active licensure status at the end of each renewal cycle.

FREQUENTLY ASKED QUESTIONS

Q. How long will it take to process my application?

Applications and mail are processed as quickly as possible in date-received order. Applications with fees are first processed through our central mailroom then through our payment processing office.

Q. What do I do if I forgot to include my payment with my application?

Please submit the fee along with a copy of your application and a letter indicating that you failed to submit the required payment with your previous application. Mail to: Licensing and Regulatory Affairs, Bureau of Health Care Services, Board of Physical Therapy, PO Box 30670, Lansing, MI 48909.

Q. How do I check on the status of my application?

Within approximately three weeks of mailing your application to our office, you should receive an Application Confirmation letter containing your customer number. You may use your customer number to check the status of your application at www.michigan.gov/appstatus.

Q. If I have been convicted of a felony or misdemeanor will it stop me from being licensed?

We ask that you submit your application, fee and information regarding the occurrence. The Board will review your file and make a decision at that time. Please keep in mind that we do take into consideration the type of conviction, the age that you were when the incident occurred and the time that has elapsed since the conviction.

Q. How long is my license valid?

The initial license is good for a partial licensure cycle and will expire on the upcoming July 31 renewal date. Each subsequent license will cover a full two-year cycle.

WEBSITES AND LINKS

WEBSITES:

Michigan Department of Licensing and Regulatory Affairs	www.michigan.gov/lara
Bureau of Professional Licensing	www.michigan.gov/bpl
Health Professions Division	www.michigan.gov/healthlicense
Michigan Board of Physical Therapy Rules	www.michigan.gov/healthlicense
Michigan Public Health Code	www.michigan.gov/healthlicense
Application Status	www.michigan.gov/appstatus
Verify a Health Professional License	www.michigan.gov/verifylicense
Renewal Website	www.michigan.gov/elicense

LINKS:

Federation of State Boards of Physical Therapy (FSBPT)	www.fsbpt.org
Identogo	www.identogo.com