



Michigan Department of Licensing and Regulatory Affairs  
Bureau of Health Care Services  
**Board of Physical Therapy**  
PO Box 30670  
Lansing MI 48909  
(517) 335-0918  
[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

# PHYSICAL THERAPIST EXAMINATION APPLICATION PACKET

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## PHYSICAL THERAPIST BY EXAMINATION 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 licensure with the appropriate fee, as well as arrange for supporting documents to be sent to the Michigan Board of Physical Therapy.
2. Applicants for a physical therapist license in Michigan are required to undergo a Criminal Background Check (CBC) and provide evidence of fingerprint processing from an authorized agency. **You should make contact with an approved agency within 7-10 days after application submission.** Additional documentation is included in this packet offering detailed instruction on the CBC and fingerprinting process.
3. Arrange for a verification and/or certification of your license status to be sent directly to the Michigan Board of Physical Therapy 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. Graduates of CAPTE-accredited educational programs must arrange for a final, official transcript of your CAPTE approved physical education to be forwarded to this office directly from your education institution. Transcripts must bear the seal of the school and show a degree and date conferred.

You are eligible to take the NPTE PT examination if you are in the final semester, term, or quarter of a CAPTE-accredited PT program. The Michigan Board must receive an official letter directly from your PT program stating you are in the final semester, term, or quarter of your degree program and provides the date you are expected to graduate in order to make you eligible for the NPTE PT examination.

5. Graduates of education programs **outside** the United States that are not CAPTE-accredited must have their physical therapy education evaluated using the Foreign Credentialing Commission on Physical Therapy (FCCPT) course work evaluation tool for PT's. Evaluations may be completed by:

FCCPT, 124 West Street South, 3rd Floor, Alexandria, VA 22314. Website: [www.fccpt.org](http://www.fccpt.org). Telephone (703) 684-8406

**-OR-**

International Consultants of Delaware, Inc., PO Box 8629, Philadelphia, PA19101-8629. Website: [www.icdel.com](http://www.icdel.com), Telephone (215) 222-8454 ext. 510 Fax (215) 349-0026

**-OR-**

International Education Research Foundation, Inc., PO Box 3665, Culver City, CA 90231-3665. Website: [www.iefr.org](http://www.iefr.org), Telephone: (310) 258-9451 Fax (310) 342-7086

## PHYSICAL THERAPIST BY EXAMINATION INSTRUCTIONS CONTINUED

6. An applicant whose physical therapy education program was taught in a language other than English shall satisfactorily complete the TOEFL (passing score is 550 on written examination or 213 on the computerized exam) and TSE (passing score is 50) examinations or the TOEFLib (overall passing score of 89). Required section scores on the TOEFLIB are:

Not less than 21 on the reading section  
Not less than 18 on the listening section  
Not less than 26 on the speaking section  
Not less than 24 on the writing section

Results of the examination(s) should be sent directly to this office from ETS. You can contact ETS at (609) 771-7100 or at their website at [www.toefl.org](http://www.toefl.org) (email: [toefl@ets.org](mailto:toefl@ets.org)) to arrange to take these examinations or to have results sent to our office. The Institutional Code for physical therapy is 9715.

7. All applicants for physical therapy licensure 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 178 of the Michigan Public Health Code.
8. Applicants for the NPTE PT examination must apply on-line. On-line application and payment for the NPTE PTA exam is available at [www.fsbpt.net/pt](http://www.fsbpt.net/pt). The NPTE Candidate Handbook is available only online at [www.fsbpt.org](http://www.fsbpt.org). The handbook contains complete examination instructions.
- a. You will be sent an Authorization to Test for the NPTE after you have registered on-line for the exam and have been made eligible to test by the Michigan Board of Physical Therapy. FSBPT allows an individual to take the licensing examination a maximum of 3 times in any 12-month period.
9. If you have already taken the NPTE PT examination, arrange for results of your NPTE PT examination to be forwarded to this office directly from the Federation of State Boards of Physical Therapy (FSBPT). The FSBPT website is [www.fsbpt.org](http://www.fsbpt.org). FSBPT can also be reached by phone at (703) 739-9420 or email requests may be sent to [scoretransfer@fsbpt.org](mailto:scoretransfer@fsbpt.org).

### 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.

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[www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

FOR BOARD USE ONLY
License Number:
Issue Date:

### APPLICATION FOR EXAMINATION

I am applying for the following:

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:	Email Address:	
Have you ever held a health professional license in any profession in Michigan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list your Permanent I.D./License Number:		
Expiration Date:		
Have you ever been known under any other name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name(s):		
Will documents be received under any other name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name(s):		

Full Name:

**2. Personal Data Questions**

1. Have you ever been convicted of a felony?  Yes  
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?  Yes  
 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)?  Yes  
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgements in any consecutive 5 year period?  Yes  
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgements totaling \$200,000 in any consecutive 5 year period?  Yes  
 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?  Yes  
 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?  Yes  
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years?  Yes  
 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: \_\_\_\_\_

9. Have you ever filed a health professional application in Michigan?  Yes No10. Have you taken a National examination for another U.S. Jurisdiction?  Yes No11. Have you taken a State Constructed examination for another U.S. Jurisdiction?  Yes No**3. Professional Education**

Professional School Attended	Location of School	Graduation Date	Certificate/Diploma/Degree Granted

**4. License(s) in Other State(s) and/or Province(s)**Do you hold or have you held a permanent license or registration in any state or Canadian province?  Yes No

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 LICENSES.** (Attach additional sheets if necessary.)

State/Country	Permanent License/Registration Number	Date of Issue	How Obtained (Examination or Endorsement)

**5. 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 \_\_\_\_\_

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**
- cold.
  - sound.
  - radiation.
  - electricity.
7. After initial licensure, a Physical Therapist's license **MUST** be renewed every \_\_\_\_\_ year(s).
- 1
  - 2
  - 3
  - 4
8. According to Michigan law, a Physical Therapist may **NOT**
- give consultative services.
  - administer prescribed medication.
  - interpret referrals from physicians.
  - participate in patient treatment planning.
9. A Physical Therapist may do all of the following **EXCEPT**
- prevent a mental disability.
  - correct a physical disability.
  - diagnose a medical condition.
  - 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**?
- The employee is not responsible
  - The supervising Physical Therapist is not responsible
  - The supervising Physical Therapist is liable for sanction
  - 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**
- Physiotherapist.
  - Licensed Physical Therapist.
  - Physical Therapy Technician.
  - 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 felony.
  - malpractice.
  - a misdemeanor.
  - 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 Care Services no more than \_\_\_\_\_ days after the change occurs.
- 10
  - 14
  - 30
  - 60
18. Which of the following statements is true regarding the Health Professional 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.

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Signature of Applicant

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Date



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS  
(For Applicants in Michigan)**

1. Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID/ORI Number specific for the board for which they are applying. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at [www.michigan.gov/lsvendor](http://www.michigan.gov/lsvendor). Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Licensing Division. Receipts **should not** be mailed to the office, but kept for your own records.
2. Please complete the Livescan Fingerprint Request Form and check the box for the profession for which you have applied. Incorrectly selected professions/agency ID's may delay the criminal background check process.
3. You must bring the Livescan Fingerprint Request Form with 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 fingerprint agency when registering and/or scheduling your appointment.
4. When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police.
5. If no criminal history is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Information about fees and scheduling your fingerprint appointment with Identogo can be found at [www.identogo.com](http://www.identogo.com) or by calling 1-866-226-2952.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
10. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES  
HEALTH PROFESSIONS DIVISION

STEVE ARWOOD  
DIRECTOR

**CRIMINAL BACKGROUND CHECK  
FINGERPRINT REQUEST FORM INSTRUCTIONS  
(For applicants out of state/out of country)**

1. Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to MorphoTrust USA to the following address:

MorphoTrust USA  
Attn: Card Scan Processing Unit  
3051 Hollis Dr Ste 310  
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Licensing Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Licensing Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID/ORI Number specific for the board for which they are applying.
10. Please do not contact the board office regarding your criminal background check, unless your fingerprints were taken **more** than 30 days ago.
11. **Please note:** Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD  
DIRECTOR

## LIVESCAN FINGERPRINT REQUEST FORM

**Applicant Instructions:** Please complete the top section of this form then print it and take it, along with your picture I.D., to your scheduled appointment or if you are an out of state/out of country applicant please mail it along with your fingerprints.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg #:	
City:		State:		Zip Code:	
Phone Number:			Country:		
Date of Birth (MM/DD/YYYY):			Race:		Sex:
Height:	Weight:	Eye Color:		Hair Color:	
License/Registration you are applying for:					

### THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINT AGENCY

Fingerprint Date:	TCN:
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Type of ID Presented:
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### REQUESTING AGENCY INFORMATION

Agency Name Agency ID Number: <b>MI DEPT OF LARA - Physical Therapy Agency ID# 90906M</b>
Reason Fingerprinted: <b>LHP - Licensed Health Care Professional (MCL333.16174)</b>

LARA is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
HEALTH PROFESSIONS DIVISION  
611 W. OTTAWA ST. 1<sup>ST</sup> FL P.O. BOX 30670 LANSING, MICHIGAN 48909  
www.michigan.gov/healthlicense (517) 335-0918

Please print out the Application (page 4-6) and the LiveScan Fingerprint Request Form (pages 10). Sign and date your application, and submit the application along with your check or money order made payable to the "State of Michigan" to:

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

Schedule your fingerprints to be taken 7-10 business days AFTER you have mailed your application to our office.

## APPLICATION CHECKLIST INSTRUCTIONS

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 in the space provided on your application. If you do not provide this information, your application will be deemed incomplete and processing will be delayed.

**3. Professional Education:** List your current or completed educational program. Indicate degree/certificate/diploma earned. List graduation and/or anticipated graduation date.

**4. License in Other State(s) and/or Province(s):** List all states/provinces where you have held a physical therapist license. Indicate method of licensure - examination or endorsement.

**5. 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. Applications and mail are processed as quickly as possible in date-received order.
3. 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.
4. Mail, including mail sent overnight, is first received by our central mailroom prior to reaching the Board.
5. Supporting documentation will not be accepted if faxed into our office.
6. **REFUND POLICY:** If you wish to withdraw your application, you must notify the Michigan Board in writing to request a partial refund.
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 Health Care Services, Board of Physical Therapy, ATTN: ADA Request, PO Box 30670, Lansing, MI 48909.
8. 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](http://www.michigan.gov/healthlicense) and fax it to (517) 335-2044 ATTN: Application Section or mail the form to: Licensing and Regulatory Affairs, Bureau of Health Care Services, 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](http://www.michigan.gov/elicense).

## GLOSSARY/DEFINITION OF TERMS

ENDORSEMENT	Application made by an individual who holds an original license in another state with licensure requirements substantially equivalent to Michigan requirements.
EXAMINATION	Application made by an individual who must take and pass an examination 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/or 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 Health Professions Licensing Division 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](http://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 Michigan Board of Physical Therapy 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 31st renewal date. Each subsequent license will cover a full two-year cycle.

### **Q. How do I renew my license?**

You will be mailed a renewal notice approximately six to eight weeks prior to the expiration date of your license. The notice will include instructions on how to renew your license online.

## WEBSITES AND LINKS

### **WEBSITES:**

Michigan Department of Licensing and Regulatory Affairs	<a href="http://www.michigan.gov/lara">www.michigan.gov/lara</a>
Bureau of Health Care Services	<a href="http://www.michigan.gov/bhcs">www.michigan.gov/bhcs</a>
Health Professions Licensing Division	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Board of Physical Therapy Rules	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Michigan Public Health Code	<a href="http://www.michigan.gov/healthlicense">www.michigan.gov/healthlicense</a>
Application Status	<a href="http://www.michigan.gov/appstatus">www.michigan.gov/appstatus</a>
Renewal Website	<a href="http://www.michigan.gov/elicense">www.michigan.gov/elicense</a>

### **LINKS:**

Identogo	<a href="http://www.identogo.com">www.identogo.com</a>
Federation of State Board of Physical Therapy	<a href="http://www.fsbpt.org">www.fsbpt.org</a>
Foreign Credentialing Commission on Physical Therapy	<a href="http://www.fccpt.org">www.fccpt.org</a>
International Consultants of Delaware, Inc.	<a href="http://www.icdel.com">www.icdel.com</a>
International Education Research Foundation, Inc.	<a href="http://www.ierf.org">www.ierf.org</a>