



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 (517) 335-0918  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

## APPLICATION FOR PHYSICAL THERAPIST AND PHYSICAL THERAPIST ASSISTANT LICENSURE AND RELICENSURE

Authority: 1978 PA 368

**(This Form Should NOT Be Used For License Renewal)**

Applicant's Legal Name (First, Middle, Last)			
US Social Security Number	Date of Birth (MM/DD/YYYY)	10-Digit MI Permanent ID/License Number (If Applicable)	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	

List any other name or alias by which you have ever been known, including maiden name, if applicable:

\_\_\_\_\_

CHECK THE LICENSE/OBTAINED BY METHOD	FOR OFFICE USE ONLY					
P.T.A. – By Exam <b>\$118.95</b> 5502-01 P.T.A. – By Endorsement <b>\$118.95</b> 5502-09 P.T.A. – Relicensure <b>\$138.95</b> 5502-06  P.T. – By Exam <b>\$118.95</b> 5501-01 P.T. – By Endorsement <b>\$118.95</b> 5501-09 P.T. – Relicensure <b>\$138.95</b> 5501-06	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">License Number</td> <td style="width: 20%;">Issue Date</td> </tr> <tr> <td style="height: 150px;"></td> <td></td> </tr> </table>	License Number	Issue Date			
License Number	Issue Date					
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.						

LARA/BPL-PHYSICAL THERAPY (02/20)

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.

**Professional Education  
(Attach additional sheets if necessary)**

Name of School	Name of Education Program

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held a physical therapist/physical therapist assistant license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. *(Attach additional sheets as necessary)*

If you indicate there have been sanctions imposed against a license or registration, you must submit documentation that sanctions are not in force at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination, Endorsement, or Compact)	Have You Ever Had Sanctions Imposed Against this License/Registration?

**Good Moral Character Questions**

If you answer “yes” to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Answering “yes” to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

Have you ever been convicted of a felony?	Yes	No
Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years <b>OR</b> a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?	Yes	No

**CERTIFICATION AND SIGNATURE**

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 Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ADDITIONAL DOCUMENTS AND INFORMATION**  
**(READ BEFORE SUBMITTING YOUR APPLICATION)**

**All Applicants**

- **Background Check:** An *Application Confirmation & Fingerprinting* letter with instructions for completing a Live Scan Fingerprint Background Check will be mailed to you after your application is reviewed. If your license expired within the last 3 years, you do not need to complete a new background check or obtain fingerprints. However, the Application Confirmation letter contains **your unique Customer ID Number** that you will want to use to check the status of your license application online.
- **Jurisprudence Exam:** Applicants for a Physical Therapist (PT) license must obtain a passing score of 75% on the Michigan Physical Therapist Jurisprudence Exam. Applicants for a Physical Therapist Assistant (PTA) license must obtain a passing score of 75% on the Michigan Physical Therapist Assistant Jurisprudence Exam. The exams cover the Administrative Rules of the Michigan Board of Physical Therapy and Article 15, parts 161 and 178 of the Michigan Public Health Code. You must schedule your exam through PSI, Inc. by visiting [www.psiexams.com](http://www.psiexams.com) or calling PSI at 800-733-9267.
  - **Note for PTA Applicants Only:** PTA applicants who graduated on or before January 1, 2008, from a CAPTE-accredited PTA program or a program found substantially equivalent to a PTA entry level training program by an approved credentialing organization are exempt from taking the jurisprudence exam.
- **Non-CAPTE-accredited Education:** Applicants whose education is not CAPTE-accredited must demonstrate a working knowledge of the English language as established under R 338.7002b(2) of the Public Health Code administrative rule by satisfying ONE of the following:
  - The applicant's health professional educational program was taught in English.
  - The applicant supplies transcripts establishing that he or she earned not less than 60 college level credits from an English-speaking undergraduate or graduate school.
  - The applicant obtained a passing score on any of the approved English proficiency exam as established by the department under R 338.7002b(2).
    - **PT applicants** whose education is not CAPTE-accredited must have their education evaluated using the Foreign Credentialing Commission on Physical Therapy (FCCPT) course work evaluation tool. Evaluations may be completed by:
      - FCCPT: [www.fccpt.org](http://www.fccpt.org), phone (703) 684-8406
      - International Consultants of Delaware: [www.icdel.com](http://www.icdel.com), phone (215) 222-8454
      - International Education Research Foundation: [www.ierf.org](http://www.ierf.org), phone (310) 258-9451
    - **PTA applicants** whose education is not CAPTE-accredited must have their education evaluated to determine if it is substantially equivalent to physical therapist assistant entry level training in the United States. The evaluation does not need to use the FCCPT course work evaluation tool. The evaluation must be provided to the department by one of the following credentialing organizations:
      - CGFNS International: [www.cgfns.org](http://www.cgfns.org), phone (215) 349-8767
      - Educational Credential Evaluators: [www.ece.org](http://www.ece.org), phone (414) 289-3400
      - FCCPT: [www.fccpt.org](http://www.fccpt.org), phone (703) 684-8406
      - International Credentialing Associates: [www.icaworld.com](http://www.icaworld.com), phone (727) 549-8555
      - International Consultants of Delaware: [www.icdel.com](http://www.icdel.com), phone (215) 222-8454
      - International Education Research Foundation: [www.ierf.org](http://www.ierf.org), phone (310) 258-9451

**REMINDER: Renewal and Relicensure**

- **Professional Development Requirement (PDR):** Administrative Rule R 338.7161 requires licensees to complete 24 Professional Development Requirement (PDR) credits in activities approved by the Board, 1 credit of which must be in the area of pain and symptom management, during each 2-year renewal cycle before renewing the license.

The PDR requirement does not apply for the first renewal that occurs immediately after initial licensure. For example, if you are initially licensed in August of 2020, you will not need to complete PDR credits for renewal when the license expires in July of 2021. You will need to complete the PDR requirements for all subsequent renewals. Information regarding acceptable PDR credits are outlined in the administrative rules, which can be found at [www.michigan.gov/physicaltherapy](http://www.michigan.gov/physicaltherapy).

- **Identifying Victims of Human Trafficking:** Administrative Rule R 338.7126 requires proof of completion of training to identify victims of human trafficking. This is a one-time training that is separate from continuing education. The training must be completed as follows:
  - Licensees whose first renewal is in 2018 must complete the training before renewing in 2020
  - Licensees whose first renewal is in 2019 must complete the training before renewing in 2021
  - Licensees whose first renewal is in 2020 must complete the training before renewing in 2022
  - Beginning January 6, 2022, completion of the training is a requirement for initial licensure

**ADDITIONAL DOCUMENTS AND INFORMATION**  
**(READ BEFORE SUBMITTING YOUR APPLICATION)**

**PT/PTA by Exam**

- **Education:** Graduates of CAPTE-accredited educational programs must arrange for the educational institution to submit official transcripts directly to the department. Schools may submit transcripts to the address on this form or to [BPLData@michigan.gov](mailto:BPLData@michigan.gov). Graduates who earned an education outside the U.S. must arrange for the submission of an evaluation as outlined on page 3.
- **National Physical Therapy Examination for PT/PTA:** Applicants must arrange for the Federation of State Boards of Physical Therapy (FSBPT) to submit official passing scores of the NPTE to the department. The FSBPT website is [www.fsbpt.org](http://www.fsbpt.org). FSBPT can also be reached at [www.fsbpt.org](http://www.fsbpt.org), phone at (703) 739-9420, or email at [scoretransfer@fsbpt.org](mailto:scoretransfer@fsbpt.org).
  - **Note for PTA Applicants Only:** PTA applicants who graduated on or before January 1, 2008, from a CAPTE-accredited PTA program or a program found substantially equivalent to a PTA entry level training program by an approved credentialing organization are exempt from taking the NPTE.

**\*Please refer to page 3 for information regarding the Jurisprudence Exam requirement.**

**PT/PTA Endorsement**

- **License Verification:** Arrange for the licensing agency of every state or territory of the United States in which you hold a current license or ever held a license as a PT/PTA to submit official verification of licensure to the department. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- **National Physical Therapy Examination for PT/PTA:** Applicants must arrange for the Federation of State Boards of Physical Therapy (FSBPT) to submit official passing scores of the NPTE to the department. The FSBPT website is [www.fsbpt.org](http://www.fsbpt.org). FSBPT can also be reached at [www.fsbpt.org](http://www.fsbpt.org), phone at (703) 739-9420, or email at [scoretransfer@fsbpt.org](mailto:scoretransfer@fsbpt.org).
- **Education:** Applicants who have practiced as a licensed PT/PTA for **less than 5 years** at the time of application must arrange for their educational institution to submit official transcripts directly to the department. Official transcripts must bear the seal of the school and show a degree and date confirmed. Schools may submit transcripts to the address on this form or to [BPLData@michigan.gov](mailto:BPLData@michigan.gov). Graduates with a non-CAPTE-accredited degree must arrange for the submission of an evaluation and, if applicable, arrange for the submission of passing scores on the TOEFL-IBT as outlined on page 3.

**\*Please refer to page 3 for information regarding the Jurisprudence Exam requirement.**

**PT/PTA Relicensure**

- **License Lapsed for LESS Than 3 Years at the Time of Application:**
  - **Jurisprudence Exam:** Must take and pass the Michigan PT/PTA jurisprudence exam outlined on page 3. (This does not apply to PTA applicants who graduated from a qualifying program on or before January 1, 2008.)
  - **PDR Credits OR Employment in Another State:** Must submit proof of completing at least 24 PDR credits in activities approved by the Board during the 2 years immediately preceding the date of application for relicensure or proof of at least 500 hours of employment as a PT/PTA that was obtained in another state during the 2-year period immediately preceding the application for relicensure. An official letter from the employer or copy of pay or tax records may be accepted.
- **License Lapsed for 3 Years or More at the Time of Application:**
  - **Jurisprudence Exam:** Must take and pass the Michigan PT/PTA jurisprudence exam outlined on page 3. (This does not apply to PTA applicants who graduated from a qualifying program on or before January 1, 2008.)
  - **Employment or Exam:** Applicants must complete 1 of the following:
    - Submit proof of at least 500 hours of employment as a PT/PTA that was obtained in another state during the 2-year period immediately preceding the application for relicensure. An official letter from the employer or copy of pay or tax records may be accepted.
    - Arrange for FSBPT to submit official passing scores of the NPTE to the department. (This does not apply to PTA applicants who graduated from a qualifying program on or before January 1, 2008.)