

Bureau of Health Professions

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense**PHYSICAL THERAPY ASSISTANT LICENSURE 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 Bureau of Health Professions. Questions regarding your application can be directed to the Bureau of Health Professions at (517) 335-0918 four weeks after the date you sent the application. Please allow 6-8 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

GENERAL INSTRUCTIONS FOR LICENSURE BY EXAMINATION

1. Type or print legibly on all forms and send the 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to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.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. All applicants for a health profession license in Michigan 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. If you had fingerprints taken for the Michigan limited PTA license, your fingerprint report is in your licensing record. You do not need your fingerprints taken a second time.
3. Arrange for verification of licensure to be sent from any state where you hold or have ever held a physical therapy assistant 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 prior to sending them the form for completion. The Verification of Licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
4. Graduates of CAPTE accredited education programs must arrange for a final, official transcript of your CAPTE approved physical therapy assistant education to be forwarded to this office directly from your educational institution. Transcripts must bear the seal of the school and show a degree and date conferred. If you hold a Michigan limited PTA license, your transcripts are in your licensing record and do not need to be submitted a second time.
5. Graduates of education programs outside of the United States that are not CAPTE-accredited must have their physical therapy/physical therapy assistant education evaluated using the Foreign Credentialing Commission on Physical Therapy (FCCPT) course work evaluation tool for PTA's. Evaluations using the FCCPT course work evaluation tool may be completed by:

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

-OR-

International Consultants of Delaware, Inc., PO Box 8629, Philadelphia, PA 19101-8629
Website: www.icdel.com, Telephone: (215) 222-8454 ext. 510 and Fax: (215) 349-0026

-OR-

International Education Research Foundation, Inc., P.O. Box 3665, Culver City, CA 90231-3665. Website: www.ierf.org, Telephone: (310) 258-9451 and Fax: (310) 342-7086.

6. An applicant whose physical therapy assistant education program was taught in a language other than English shall satisfactorily complete the TOEFL (passing score is 550 on the written examination or 213 on the computerized exam) and TSE (passing score is 50) examinations or the TOEFLibT (overall passing score of 89). If you hold a Michigan limited PTA license, language proficiency scores have already been received and do not need to be resent. Required section scores on the TOEFLibT 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. Contact ETS at (609) 771-7100 or at their website at www.toefl.org (e-mail: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 assistant licensure must 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 who graduated from a CAPTE-accredited PTA program before January 1, 2008, are not required to pass the NPTE PTA examination in order to obtain a Michigan PTA license. Applicants who graduated from a CAPTE-accredited program after January 1, 2008 and all applicants who did not graduate from a CAPTE-accredited program must pass the NPTE PTA examination in order to become licensed as a PTA in Michigan.

If you have already passed the NPTE PTA examination and your scores have not previously been submitted to the Michigan Board of Physical Therapy, please contact FSBPT to arrange for your scores to be sent. The FSBPT website is www.fsbpt.org. FSBPT can also be reached by phone at 703-739-9420 or e-mail requests may be sent to scoretransfer@fsbpt.org.

You are eligible to take the NPTE PTA examination if you are in the final semester, term, or quarter of a CAPTE-accredited PTA educational program. The Michigan Board must receive an official letter directly from your educational program or school that clearly indicates that you are in the final semester, term, or quarter of your degree program and provides the date you are expected to graduate. Applicants who have graduated from a CAPTE-accredited educational program will be eligible to take the examination once their final, official transcripts are received.

9. Applicants for the NPTE PTA examination must apply on-line. On-line application and payment for the NPTE PTA exam is available at www.fsbpt.net/pt. The *NPTE Candidate Handbook* is available only online at 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 online for the exam and have been made eligible to test by the Michigan Board of Physical Therapy. The Authorization to Test will include instructions 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. FSBPT allows an individual to take the licensing examination a maximum of 3 times in any 12-month period.
10. ***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 submitted when you submit your license application and preferably prior to that date. The information should be sent to LARA, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***

GENERAL INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT (MUST be currently licensed in another state.)

1. Type or print legibly on all forms and send original application, with the proper fee, to the Michigan Board of Physical Therapy. An application with the appropriate fee is valid for two years. If an applicant fails to complete the licensure requirements within two years from the filing date, the application is no longer valid.
2. All applicants for a health profession license in Michigan 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.
3. Verification of licensure from any state where you hold or have ever held a permanent physical therapy assistant 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 prior to sending them the form for completion. The Verification of Licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
4. All applicants for physical therapy assistant 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.
5. Arrange for results of your NPTE PTA 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. FSBPT can also be reached by phone at (703) 739-9420 or e-mail requests may be sent to scoretransfer@fsbpt.org.
6. If you have been licensed in another state less than 5 years, the Michigan Board must also receive the following:

Graduates of CAPTE-accredited educational programs must arrange for a final, official transcript of your CAPTE approved physical therapy education to be forwarded to this office directly from your educational institution. Transcripts must bear the seal of the school and show a degree and date conferred.

Graduates of education programs outside of 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 PTA's. Evaluations may be completed by:

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

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Not less than 26 on the speaking section.
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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. ORIGINAL LICENSES ARE VALID FOR A 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
LANSING

STEVEN H HILFINGER
DIRECTOR

**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.

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

**APPLICATION FOR LICENSURE AS A
 PHYSICAL THERAPIST ASSISTANT**

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:

- License by Examination Fee: \$135.00 71-5502-01
- License by Endorsement Fee: \$135.00 71-5502-09

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					
City		State		Country	
				ZIP Code	
All Previous Names and/or Birth Name Used (if applicable)				E-Mail Address	
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes				Michigan Health Professional Permanent I.D. Number & Expiration Date	

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

9. Have you ever taken the National Examination to be qualified as a Physical Therapist Assistant? Yes No

Date: _____

10. Do you hold or have you ever held a permanent physical therapist assistant license in any other state? Yes No
 List each state, 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 obtained (Endorsement or examination)

Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and address of Institution	Dates of Attendance		Degree
	From	To	

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
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Michigan Department of Licensing and Regulatory Affairs
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"/> Audiology <input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Medicine <input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Admin. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology <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

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?
- a. Never
 - b. Under a licensed physical therapist's or physical therapist assistant's supervision
 - c. Only when the physical therapy department is understaffed
 - d. 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
- a. direct supervision.
 - b. general supervision.
 - c. assigned supervision.
 - d. no supervision.
14. The governing body for licensed physical therapist assistants in Michigan is the
- a. Michigan Board of Physical Therapy.
 - b. American Physical Therapy Association.
 - c. Michigan Physical Therapy Association.
 - d. 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?
- a. The health professional acknowledges his or her impairment.
 - b. The health professional agrees to participate in a treatment plan.
 - c. The health professional voluntarily withdraws from, or limits the scope of his or her practice, as determined necessary by the health professional recovery committee.
 - d. All of the above are true.
16. Temporary licenses for physical therapist assistant
- a. are not issued under any circumstances.
 - b. are in effect for two years with no stipulations.
 - c. may be issued when an applicant has met all requirements for licensure except examination.
 - d. are revoked six months after an applicant does not appear for any required examinations.

17. Which of the following statements is true?
- a. A licensed physical therapist assistant must report to the HPRP any registered or licensed health care professional whom they believe is impaired.
 - b. A licensed physical therapist assistant 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.
 - c. A licensed physical therapist assistant 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.
 - d. A licensed physical therapist assistant 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**
- a. Physiotherapist Assistant.
 - b. Licensed Physical Therapist Assistant.
 - c. Physical Therapist Practitioner Assistant.
 - d. Registered Physical Therapist Assistant.
19. The ultimate purpose of the Michigan Board of Physical Therapy is to
- a. collect licensing fees.
 - b. protect the public's health, safety and welfare.
 - c. meet with members of other health care professions.
 - d. 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