

INFORMATION/REQUIREMENTS AND INSTRUCTIONS - PHYSICAL THERAPY LICENSE

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

INFORMATION/REQUIREMENTS

DEFINITIONS

No person shall practice physical therapy in this state unless the person is appropriately licensed.

"Physical therapist" means a person who is licensed to practice physical therapy in this State.

"Physical therapy" or "physical therapy services" means the examination, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction, pain from injury, disease, and any other physical or mental condition as performed by a physical therapist appropriately licensed under this chapter. It includes but is not limited to:

- (1) Administration, evaluation, modification of treatment, and instruction involving the use of physical measures, activities, and devices, for preventive and therapeutic purposes; provided that should the care or treatment given by the physical therapist contravene treatment diagnosed or prescribed by a medical doctor, osteopath, or as determined by the board, the physical therapist shall confer with the professional regarding the manner or course of treatment in conflict and take appropriate action in the best interest of the patient; and
- (2) The provision of consultative, educational, and other advisory services for the purpose of reducing the incidence and severity of physical disability, bodily malfunction, or pain.

Hawaii does not reciprocate with any other state or country. Each applicant is required to meet the education and national examination requirements according to Hawaii laws and rules. Licensure requirements are subject to change as a result of new laws or rules, or new policies and procedures adopted by the Department of Commerce and Consumer Affairs ("Department") in cooperation with the Board of Physical Therapy ("Board"). All applicants must meet current licensure requirements.

EDUCATION

Submit proof of one of the following:

- 1) Graduated from a Commission on Accreditation of Physical Therapy ("CAPTE") accredited physical therapy program that is located in the U.S. **Arrange** with your college to send a certified transcript showing graduation date and physical therapy degree conferred, **directly** to the Board (address on page 4); or
- 2) Graduated from a CAPTE accredited physical therapy program that is located outside the U.S. **Arrange** with your college to send a certified transcript showing graduation date and physical therapy degree conferred-written in the English language; or
- 3) Graduated from a physical therapy school that is located outside the U.S. and that is not CAPTE accredited:
 - You must submit your credentials to a Board approved Credentials Evaluation Service organization. The board will accept a credentials evaluation report from those organizations listed below. Have the evaluation service forward your certified credentials evaluation report **directly** to the Board (address on page 4).
 - **Your credentials evaluation report must comply with Hawaii's requirements; therefore, a report prepared for another state will not be accepted. The report must state that your education is equivalent to an accredited program in physical therapy in the U.S.**

Credentials Evaluation Service Organizations:

International Educational Research Foundation
Credentials Evaluation Service
P.O. Box 3665
Culver City, CA 90231-3665
Phone: (310) 258-9451
Fax: (310) 342-7086
Email: info@ierf.org

International Consultants, Inc.
(ICI) of Delaware
109 Barksdale Professional Center
Newark, DE 19711
Phone: (302) 737-8715

International Credentialing Associates, Inc.
7245 Bryan Dairy Rd.
Bryan Dairy Business Park II
Largo, FL 33777
Phone: (727) 549-8555
Fax: (727) 549-8554

Foreign Credentialing Commission on Physical Therapy
511 Wythe St.
Alexandria, VA 22314
Telephone: (703) 684-8406
Fax: (703) 684-8715
Email: fccpt@fsbpt.org

**ENGLISH
LANGUAGE
COMPETENCY**

If the school is in a country, state or province where the official language is other than English, applicants must document English proficiency at the minimum of 12th grade level by taking and passing the General Education Development (GED), or Test of Adult Basic Education (TABE), or the California Achievement Test (CAT), or Test of English as a Foreign Language (TOEFL) with a minimum score of 550 for paper-based exam or 213 for computer-based exam. For TOEFL information, contact:

Educational Testing Service (ETS)
P.O. Box 6155
Princeton NJ 08541-6155
Phone: (609) 921-9000
Fax: (609) 520-1093
Web: <http://www.toefl.org>

EXAMINATION

In Hawaii, electronic testing is provided year-round on Oahu only. After the Board has determined that you are eligible to sit for the exam, you are to register electronically and submit payment directly to the FSBPT. To register and obtain information regarding the examination (process, content, fees, etc.), go to www.fsbpt.net/pt.

FSBPT will be notified of your eligibility for the exam and will send you an Authorization to Test form to be received approximately within 15 working days after you were made eligible.

You must sit for the exam within 60 days of your Authorization to Test. If you fail to do so, you must contact the Board and re-register for the exam. You should receive your examination results approximately within 15 working days after taking the exam.

EXAM SCORE

For an applicant sitting for the NPTE beginning with the November 1994 test administration, the passing score is the criterion-referenced scaled score of 600. The passing raw score may vary from exam to exam. Therefore, the Board relies on the Examination Services' report to ascertain whether a particular applicant has a passing score.

For an applicant who was initially licensed by taking the exam prior to November 1994, the passing score is -1.0 Standard Deviation below the national mean of the exam taken by the applicant. This score may vary from exam to exam. Applicants are required to pass the NPTE at one sitting; combining of scores from more than one sitting is not accepted.

EXAM WAIVER

If you have already taken the NPTE and your score meets with Hawaii's passing score requirement **and** you are currently licensed in the United States **and** you must meet the education requirement, the Board will consider issuance of license through the exam waiver provision. Contact the FSBPT to have your scores transmitted to the Board.

**TEMPORARY
LICENSE**

You may apply for a temporary license to practice while waiting to sit for the NPTE exam for the **first time**. You are not eligible for a temporary license if you already sat for the exam and failed at anytime, anywhere.

If you are sitting for the NPTE exam for the first time, you can be issued a temporary license when the Board is notified that you have registered for the exam by the testing service. It is the applicant's responsibility to sit for the exam on the earliest possible date once authorization is given. Any request for extension of a temporary license will require Board review. For failing candidates, the temporary license automatically expires upon notification of the exam score. **Attach** the additional \$30 fee.

For more information on the requirements for temporary licenses, please refer to Chapter 110, Hawaii Administrative Rules.

**AGE OF
MAJORITY AND
U.S. CITIZEN**

In addition to the education and examination requirements, an applicant shall be beyond the age of majority (18 years of age) and a United States citizen, a United States national, or an alien authorized to work in the United States. If you are not a citizen or national of the United States or alien authorized to work in the United States your application may be denied.

**AGE OF
MAJORITY AND
U.S. CITIZEN
(Cont.)**

Reforms in the immigration laws of the United States have led to new requirements for aliens who seek to enter the United States for the purpose of performing labor as a health-care worker, including physical therapists. Federal law mandates that any such alien is inadmissible from the country unless the alien presents a certificate from the Commission on Graduates of Foreign Nursing Schools, or a certificate from an equivalent independent credentialing organization approved by the Attorney General. (See 8 U.S.C. 1182(a)(5)).

Commission on Graduates of Foreign Nursing Schools (CGFNS)
3600 Market St Ste 400
Philadelphia, PA 19104-2651 (USA)
Applicant Inquiries: Phone - (215) 349-8767

Or visit their website at: www.cgfns.org for more information

The following organization has been identified to be an equivalent independent credentialing organization and is authorized to issue certificates. (see 8 C.F.R. section 212 15(e)(3)):

Foreign Credentialing Commission on Physical Therapy ("FCCPT")
511 Wythe St.
Alexandria, VA 22314

Telephone: (703) 684-8406
Fax: (703) 684-8715

Filing Instructions

**APPLICATION
FORM**

Complete and sign the attached application in type or print legibly in black ink.

- **Failure to provide all the requested information will delay the processing of your application.**

Indicate what you are applying for:

- Applying for endorsement: Passed National Physical Therapy Examination ("NPTE"). You must indicate which state and on what date you passed the exam.
- Applying for exam for the first time.
- Applying for exam, failed exam. You must indicate in which state or country and on what date you failed the exam.
- Applying for a temporary license.

**SOCIAL SECURITY
NUMBER**

Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your social security number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your social security number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666 (a)(13) requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4) HRS which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

FEES

If you are applying for a license through exam, **submit** the \$50 **non-refundable** application fee. License fees will be assessed after passage of the examination.

If you are applying for a license through the exam waiver provision, submit appropriate payment as follows (make check payable to "COMMERCE AND CONSUMER AFFAIRS"):

If you expect to be licensed in an ODD-NUMBERED year \$200
(\$50 - application fee + \$30 - license fee + \$70 Compliance Resolution Fund + \$50 - 1/2 Renewal)

If you expect to be licensed in an EVEN-NUMBERED year \$115
(\$50 - application fee + \$30 - license fee + \$35 Compliance Resolution Fund)

The \$50 application fee is non-refundable.

Note: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge will be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes. Your written request for a hearing should be directed to the agency that issues your license and must be made within 60 days after your application for a license is denied.

**DOCUMENTS
REQUIRED FOR
EXAM
APPLICANTS**

Applications for the exam will be accepted on a year-round basis. There will be no specific filing deadlines.

Proof of education:

- A. If educated in the United States, arrange with your university/college to send directly to our office a certified transcript showing graduation date and degree conferred. The physical therapy program shall have been appropriately accredited at the time of your graduation.
- B. If educated outside the United States, you must submit your credentials to a Board approved credentials evaluation service (see list of Credentials Evaluation Service Organizations on page 1). The Board will accept current credentials evaluation reports only from those organizations listed. Have the evaluation service forward your certified credentials evaluation report directly to our office.

Your credentials evaluation report must comply with Hawaii's requirements (other states may have different requirements, therefore, a report prepared for another state will not be accepted). The report must state that your education/training is equivalent to an accredited program in physical therapy in the United States.

**DOCUMENTS
REQUIRED FOR
EXAM WAIVER
APPLICANTS**

- 1. Proof of Education: Submit proof of education. See above for "Proof of education".
- 2. License verification: Have the licensing authority of each state/territory in which you **hold or held a license at any time**, complete the "Verification of License" form and send it directly to the Board. Make copies of this form, as needed. Check with the licensing authority(fees) for any fees you may need to pay and also the length of time for that agency to process your license verification to our State.
- 3. NPTE score report: Request the Federation of State Boards of Physical Therapy ("FSBPT") Score Transfer Service to forward your score directly to the Board. An application for the FSBPT Score Transfer Service can be made on the Internet at the website below or by contacting them directly.

FSBPT Score Transfer Services
Federation of State Boards of Physical Therapy
500 Montgomery Street, Suite 120
Alexandria, VA 22314

Telephone: 1-703-739-9420
<https://www.fsbpt.net/pt>

**APPLICANTS
WITH SPECIAL
NEEDS**

If you are requesting special testing arrangements due to a disability, call (808) 586-2711 immediately to obtain a Disability Certification Form which must be completed by an approved professional, and submitted preferably prior to your exam application, but no later than the exam filing deadline. Determination of qualification for special testing arrangements will then be made and if so, the type of special testing arrangements to be provided. No action will be taken to provide special testing arrangements until your exam application has been approved.

SUBMITTING APPLICATION

Mail or deliver all required items to:

Board of Physical Therapy
DCCA, PVL Licensing Branch
P. O. Box 3469
Honolulu, HI 96801

Office Location:
335 Merchant St., Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

Toll free voice access numbers
for the neighbor islands:
Kauai - 274-3141 ext. 6-3000
Maui - 984-2400 ext. 6-3000
Hawaii - 974-4000 ext. 6-3000
Molokai - 1-800-468-4644 ext. 6-3000
Lanai - 1-800-468-4644 ext. 6-3000

Instructions for “Yes” Answers to Questions (5) through (7) of the Application for License (Pt-01)

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
1. Questions 5 and 6 refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license. If your answer is “yes” to one or more of these questions, read paragraph “B” below, **AND** you must **submit** the following:
 - i. A statement signed by you explaining the circumstances; and
 - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
 2. If your application indicates a criminal conviction, read paragraph “B” below, and you must **submit** the following:
 - i. A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer’s name, description of duties, training attended, and educational courses attended.
 - ii. A copy of the court order, verdict, and terms of sentence; and
 - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders;
 - iv. A current criminal history record check in your name from the state where the conviction occurred and the state where you currently reside if different. In Hawaii, you may obtain a criminal history record check from the Hawaii Criminal Justice Data Center. Contact the Department of the Attorney General, Hawaii Criminal Justice Data Center, Kekuanao’a Building, 465 S. King Street, Rm. 101, Honolulu, HI 96813. Ph: (808) 587-3100 or visit their website at: www.hawaii.gov/hcjdc to request a “Criminal History Record Check” form.

Note: If your criminal conviction occurred in a state or states other than Hawaii, a current criminal history record check will be required from each state **AND** Hawaii. Contact the local authority or board in each state for their forms, instructions and fees on obtaining criminal history record checks.

BIENNIAL RENEWAL

All licenses, regardless of issuance date, expire **on December 31 of each EVEN NUMBERED year**. The licensee is held responsible to keep his/her license current. If you let your license lapse for longer than one year, you must file a new application and meet requirements that are in effect at the time of filing.

LAWS & RULES

The licensee is held accountable for knowing and complying with the Hawaii laws and rules of physical therapy practice as failure to comply may result in disciplinary action. Obtain copies of the physical therapy laws, Chapter 461, Hawaii Revised Statutes and rules, Chapter 110, Hawaii Administrative Rules by sending a written request to the Board's address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with the above statutes.

The laws and rules are also posted on our website at: www.hawaii.gov/dcca/areas/pvl. Click on "Physical Therapy".

ABANDONMENT OF APPLICATION

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Application for License - PHYSICAL THERAPIST

Type or print legibly in black ink.

Read the attached Requirements and Instructions before completing this form.

Applying for:

License by endorsement: Passed national PT exam in (state) _____ on (date) _____

Exam, first time.

Exam, failed exam in (state/county) _____ on (date) _____

Temporary license. Attach separate fee of \$30.

Legal Name of Applicant (First, Middle) _____ (LAST) _____

Residence Address (Include Apt. No., City, State & Zip Code) _____

Mailing Address (ONLY if different from residence) _____

Other Names Used (Include Maiden Name) _____ Social Security No. _____ Phone No. (days) _____

Eff. Date	License No: PT-
FOR BOARD USE ONLY	
Temporary License	Effective:

Circle your answers. If response is "Yes" to questions 5 to 7, refer to the instructions for additional documents that must be submitted with this application.

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Do you now hold or have you ever held a physical therapist license in another state or territory? YES NO
- 4) Have you ever held a license in Hawaii? License No. _____ Exp. Date _____ YES NO
- 5) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 6) Are there any disciplinary actions pending against you? YES NO
- 7) In the past 20 years, have you been convicted of a crime in which the conviction has not been annulled or expunged? YES NO

EDUCATION	Name of College/University	Location (City/State)	Dates (mo/yr)		Degree Earned
			From	To	

STATE LICENSES	Name of State (Attach additional sheets if needed)	License Number	Date Issued	Method of Licensure			License Current?		Provide date Verification was Requested
				National Exam	State Exam	Exam Waived	YES	NO	
	ORIGINAL state								

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and the attached documents are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 461J-12, Hawaii Revised Statutes). I further certify that I have read, understand and will obey the laws and rules concerning physical therapy in the State of Hawaii.

_____ Date

_____ Signature of Applicant

(Continued on back for "Release of Information to Third Party")

App.....	513.....	\$50	1/2 Renewal.....	510.....	\$50
Lic.....	516.....	\$30	Temp.....	517.....	\$30
CRF.....	518.....	\$35/\$70	Service charge.....	BCF.....	\$25

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

Name of Applicant _____

Release of Information to Third Party:

To assist me in the licensing process, I authorize the Board of Physical Therapy and staff to release any and all information regarding my application (including but not limited to, application status) to:

Print Name of Individual who is assisting you: _____

Signature of Applicant

Date

VERIFICATION OF LICENSE - PHYSICAL THERAPY

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

State of Hawaii
 Board of Physical Therapy
 P.O. Box 3469
 Honolulu, HI 96801

To be completed by applicant:

APPLICANT	Name (First, Middle)	(LAST)	Social Security No.
	Address (Include Apt. No., City, State and Zip Code)		License No. PT -
			Date Issued
	I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Board of Physical Therapy.		
Date _____		SIGN HERE _____	

To be completed by licensing agency:

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____ to practice physical therapy.	
	Date issued: _____	
	Date license expires: _____	
	License status: () current () lapsed since: _____ () inactive since: _____	
Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?	 () NO () YES (Please explain a yes response and attach copy of Boards order and related information.)
Signature: _____		
Print Name: _____		
Title: _____		
State Licensing Board: _____		<i>BOARD SEAL</i> <i>(If none, state "none")</i>
Address: _____		
Date: _____		
TO THE BOARD: Return this form directly to the Hawaii Board of Physical Therapy.		

(This form may be duplicated)

STATEMENT OF SUPERVISING LICENSED PHYSICAL THERAPIST

NAME OF PERSON APPLYING FOR TEMPORARY LICENSE: _____
(print name of applicant)

This is to certify that I, _____,
(print name of licensed Physical Therapist)

whose Physical Therapist License No. is _____ PT - _____, will be providing direct supervision*
to _____ from _____.
(date)

Further, should there be a severence of this supervisory relationship, I shall notify the Board, within 48 hours and through certified mail, of the severence.

Signature of Supervising Physical Therapist

Name of Company

Address of Company

Telephone Number

Subscribed and sworn to before me
this _____ day of _____, 20_____

Notary Public, State of _____

My commission expires: _____

*"Direct supervision" means the supervisor is on the premises, is quickly and easily available, and has examined the patient at such time as acceptable physical therapy practice requires, consistent with the delegated health care task.