State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Physical Therapy Section

Physical Therapy Reinstatement Application Instructions

The reinstatement application applies to any individual who previously held a license to practice as a physical therapist or physical therapist assistant in Ohio at any time. Please review rule 4755-23-10 of the Ohio Administrative Code for clarification on the requirements to apply to reinstate your Ohio physical therapist/physical therapist assistant license.

Applications are reviewed on a weekly basis. All applications must be **FULLY** completed before they are reviewed and a license is reinstated. If your application remains incomplete for one year from the date the Board receives it, your file will be closed.

Each reinstatement applicant must demonstrate proof of CE completion. To ensure that your CE courses have Ohio approval numbers, visit the Ohio Physical Therapy Association (OPTA) website (www.ohiopt.org).

You may not practice physical therapy in Ohio until your license is reinstated. Any continuing education credits used to reinstate your license to active status may not be used to fulfill the continuing education renewal requirements.

To reinstate your Ohio license, you must complete or provide all of the following:

(This instruction sheet is for your personal records.)

Application Fee

- ❑ The application fee is $100.00. Application fees are non-refundable.

Photograph

- ❑ Please staple a passport photograph of your face taken within the six month period immediately preceding the date of your application. The photo should be 2 x2 inches in size. If the photo is digital, it must be a clear representation and must meet the specifications listed above. For more information please review the *Passport Photograph Guidelines* on the Board's website (http://otptat.ohio.gov).

Ohio Jurisprudence Examination Registration

- ❑ You are required to complete an Ohio Jurisprudence exam registration and submit your Ohio Jurisprudence exam registration fee directly with FSBPT at https://pt.fsbpt.net. You must score a 600 or better to pass the Ohio Jurisprudence examination.
- ❑ For more information please review the *Ohio Jurisprudence Examination Candidate Handbook* on the Board's website (http://otptat.ohio.gov).
- ❑ The Ohio Jurisprudence Examination score results are valid for one year from the date of examination. If your passing score is more than one year old, you must retake the examination.

Notarized Statement

- ❑ You must submit a notarized statement indicating why you did not renew your license by the prescribed renewal date or why you would like to reinstate your Ohio license.

Verification of Licensure

- ❑ You must provide an official verification from any state in which you hold or have ever held a license to practice physical therapy or another healthcare profession. Jurisdiction means any state, U.S. territory, or foreign country.

Continuing Education

- ❑ You must provide proof of completion of 24 hours of CE for PT's and 12 hours of CE for PTA's. Every CE course must have an Ohio approval number and be completed in the two years prior to the date you submit this reinstatement application. Please provide copies of your certificates of completion. Original certificates will not be returned.
- ❑ Complete the Continuing Education Reporting Form and turn it in with your reinstatement application.

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board
Physical Therapy Section

Physical Therapy Reinstatement Application Instructions

Employment History

- ❑ You must complete and sign the employment history form.

Additional Requirements For Individuals Who Have Not Practiced Physical Therapy For Five Or More Years Prior to the Date of this Application

The Physical Therapy Section defines "out of practice" for a physical therapy practitioner as working less than 500 hours over a five year period.

Federation State Boards of Physical Therapy-Exam Registration

- ❑ The Federation of State Boards of Physical Therapy (FSBPT) administers the National Physical Therapy Examination for physical therapists and physical therapist assistants. You are required to complete an exam registration and submit your NPTE registration fee directly with FSBPT at https://pt.fsbpt.net.

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Governor
John R. Kasich
Executive Director
Jeffrey M. Rosa

Military Request Application Addendum

(This form applies to members of the armed forces, veterans, and spouses of members of the armed forces/veterans)

Please provide the First and Last Name and Social Security Number of the individual applying for the Ohio license:	
1. Have you served in the U.S. military?	Yes No
2. Has your spouse served in the U.S. military?	Yes No

If you answered No to both question 1 and 2, you are not eligible for military benefits.

3. If you answered Yes to question 2, please provide your spouse's First and Last Name:	
4. In which branch of the military did you/your spouse serve?	
5. Please provide the military service dates:	Military Service From: Military Service To:
6. Are you still active in the military or reserves?	Yes No
7. Were you discharged under honorable conditions?	Yes No
8. For which profession are you seeking a license?	OT | OTA | PT | PTA | AT

In addition to this application addendum, you must also submit the appropriate licensure application and a copy of your/your spouse's DD214 form or proof of current service. Please contact your County Veterans Services Office (1-877-OHIO-VET) or the Ohio Department of Veterans Services (www.ohiovet.gov) if you need assistance in obtaining a copy of the DD214 form.

You can access the licensure application at http://otptat.ohio.gov.

(Revised June 2014)

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

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Requirements for Applicants with Felony Convictions

If you are applying for licensure in the State of Ohio and you were convicted of a felony, you must provide the Board with a signed statement describing the details of the event(s) that led to the felony conviction and certified copies of the following court records:

1. Indictment
2. Plea Entry
3. Disposition
4. Sentencing Entry
5. Terms of Parole or Probation
6. Parole or Probation Release/Discharge

Failure to provide these documents will result in a delay in the processing of your applications. If you have any questions about this requirement, please contact the Board at 614-466-3774 or board@otptat.ohio.gov.

The Physical Therapy Section

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

Phone (614) 466-3774 Fax (614) 995-0816
Website: http://otptat.ohio.gov
Email: board@otptat.ohio.gov

OHIO PHYSICAL THERAPIST ASSISTANT REINSTATEMENT APPLICATION

INSTRUCTIONS, PLEASE READ:

A. Complete all relevant categories (type or print in ink).
B. Passport Photograph must be submitted with this application.
C. Fee must be submitted with application.

ALL LICENSURE APPLICATION FEES ARE NON-REFUNDABLE

**PLEASE READ: Provision of your social security number is mandatory and may be provided for child support enforcement purposes (ORC 3123.50) and for reporting requirements to the Federal Healthcare and Integrity Protection Data Bank (42 USC 132a-7e, 5 USC 552a, 45CFR pt. 61). In compliance with section 1347.05 (E) of the Revised Code, you are notified that failure to supply the information requested in this application may result in a denial of the application.

Section A: IDENTIFICATION INFORMATION

First Name	**Middle Name**	**Last Name**	**Maiden Name**

Home Phone Number (with Area Code)	**Alternate Phone Number (with Area Code)**

Permanent Mailing Address

City	**State**	**Zip**	**County**

****Social Security Number**	**Email Address** (Optional)

Date Of Birth (mm/dd/yyyy)	**Place Of Birth** (City and State)

Color of Hair	**Color of Eyes**	**Gender** ○ Male ○ Female

According to rule 4755-23-07 of the Ohio Administrative Code, you must inform the Physical Therapy Section in writing of any change of name, address, or employment within thirty days after the change.

FOR OFFICE USE ONLY
Application Received
Amount $:
Payment Details:
Batch Number

Staple Passport Photograph Here

Photograph must be 2 x 2 inches in size, full face, front view, between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head. Background color white, off-white, or light blue. Photograph must be taken with the past 6 months. Sign back of photograph.

Section B: EDUCATION

Entry Level Physical Therapy Education

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR) From	To

Other Post High School Education

Please list all post-professional education and/or other colleges attended.

Name and Location (City, State)	Certificate/ Degree	Dates Attended (MO/YR) From	To

Section C: EXPERIENCE

(Starting with present position, list chronologically your work experience during the past ten years. Please attach a separate page if necessary.)

DATES (MO/YR)		JOB TITLE, TYPE OF PRACTICE AND AVERAGE WORK HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	PERFORMED PT DUTIES IN OHIO	
Start	End				
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**
				YES	**NO**

Section D: LICENSURE HISTORY

Do you currently hold or have you ever held a **license, certification, or registration** to practice physical therapy or another healthcare profession in this state and/or another state. ○ **YES** ○ **NO**

If YES, Please complete the table below.

Initial license to practice as a ○ Physical Therapist ○ Physical Therapist Assistant issued by which State?

STATE	LICENSE #	INITIAL ISSUE DATE	EXPIRATION DATE

Section E: BACKGROUND QUESTIONS

Answer the following questions by initialing in the appropriate space at the right. NOTE: Be advised that you are under a continuing obligation to supplement your answers to these questions should any answers change following the submission of this application.	**YES**	**NO**
1. Have you ever been convicted of, found guilty of, pled guilty to, or received treatment in lieu of conviction for a felony and/or any offense involving moral turpitude in Ohio, another state, or a US territory?		
2. Have you ever been adjudged by a court, in Ohio, another state, or a US territory to be incompetent?		
3. Have you ever been denied licensure to practice as a physical therapist or physical therapist assistant, or another healthcare profession in Ohio, another state, or US territory?		
4. Have you ever been disciplined in any state or US territory in which you have ever held a license to practice as a physical therapist or physical therapist assistant, or any other healthcare profession?		
5. Have you used drugs, narcotics, or alcohol to the extent that it impairs you ability to practice physical therapy or another healthcare profession?		
6. Have you ever been revoked, suspended, restricted, or had your clinical privileges terminated by the United States Department of Defense or the United States Department of Veterans Affairs?		
7. Have you ever been terminated or suspended from participation in the Medicare or Medicaid program for an act or acts that constitute a violation of sections 4755.40 to 4755.56 of the Revised Code?		
8. Have you ever been convicted of a misdemeanor when the act that constituted the misdemeanor occurred during the practice of physical therapy?		
9. Have you ever been found guilty of malpractice or settled a malpractice claim?		

If the answer to any questions is "yes", please provide a written statement explaining the incident(s) and what state it occurred in and attach supporting documentation including but not limited to: *court records, police records, and/or documentation from other state licensing boards.* If you have been convicted of a felony, you must provide "certified" copies of the following court documents*: Indictment, Plea Entry, Disposition, Sentencing Entry, Terms of Parole or Probation, Parole or Probation and Release/Discharge*

_____

_____

Section F: ANTICIPATED PLACE OF EMPLOYMENT

(If unknown at the time this application is completed, please put "Unknown")

Facility Name	Employment Starting Date
Facility Physical Address (include City, State, and Zip)	Title/Position
Name of Supervising Physical Therapist License Number	Phone Number w/Area Code

Section G: CERTIFICATION OF APPLICANT

This section must be sworn to the presence of a Notary Public or an officer authorized to administer oaths.

I, _____, certify that I am the person referred to in this application and that the foregoing statements are true in every respect, and that the attached photograph is a true likeness of myself.

I hereby authorize all my references; educational institutions; employers; business; professional organizations and associates - past, present, and future - to release to the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board any information requested by the Board in connection with the processing of this application or subsequent licensure.

I hereby certify to the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board that I am not presently functioning and will not function as a physical therapist or physical therapist assistant or use any initials, titles or words which imply that I am licensed in Ohio to perform physical therapy services until I am granted licensure by the Physical Therapy Section of the Board.

I further certify that if I accept employment in a physical therapy setting in Ohio prior to licensure by the Physical Therapy Section, I will only perform duties that may be legally performed by "**UNLICENSED PERSONNEL**" and only at the direction of a licensed physical therapist.

I further certify that if I hold an H-1B visa, I am not employed in any capacity that violates the terms of my H-1B visa.

I understand that the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board is authorized by law to initiate action against a person who unlawfully uses titles and initials such as: physical therapist, physical therapy, physical therapy services, physiotherapist, physiotherapy, physiotherapy services, licensed physical therapist, P.T., Ph.T., P.T.T., R.P.T., L.P.T., M.P.T., D.P.T., M.S.P.T., P.T.A., physical therapy assistant, physical therapist assistant, physical therapy technician, licensed physical therapist assistant, L.P.T.A., R.P.T.A., as described in section 4755.48 of the Revised Code and, in accordance with section 4755.47 of the Revised Code, to refuse to grant, suspend, or revoke the license of a person who violates the laws and regulations of the jurisdiction(s) in which they practice.

I understand that the Physical Therapy Section of the Board may refuse to grant me licensure or take action against my license if I violate any provision of the laws and rules governing the practice of physical therapy in Ohio.

In compliance with section 1347.05 of the Revised Code, you are notified that failure to supply the information requested on the application may result in denial of the application.

_____

Signature of Applicant Date

Section H: Notary Public please complete the following:

Subscribed and sworn to in my presence this _____ day of _____, Year_____.

_____ _____

Signature of Notary Date Commission Expires

Return This Document To:

Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Notary Seal

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Credit Card Payment Authorization Form

Credit card payments may be mailed, faxed, emailed, or phoned in to the Board office. **This document will be shredded after your payment is processed.**

Section I: Provide Credit Card Information		
Card Holder Name: (Print First and Last Name)		
Mailing Address, including City, State, and Zip Code:		
Phone Number w/ Area Code:	**Email Address** *(for receipt)*:	
Credit Card Type: ◯ **Master Card** ◯ **Visa**	**Credit Card Number**	
Credit Card Expiration Date	**CVV2/CID#** *(The three digit number on back of card)*:	**Payment Amount ($0.00):**
Section II: Provide Payment Information		
Name of Applicant, if different than card holder name (Print First and Last Name):		
Specify License Type: ◯ OT ◯ OTA ◯ PT ◯ PTA ◯ AT License Number (i.e. AT.000000) if applicable: _____		
Payment for: ◯ Examination Application ◯ Endorsement Application ◯ Reinstatement Application ◯ Restoration Application ◯ Renewal ◯ CE Application ◯ Duplicate Wall Certificate ◯ License Verification ◯ Fine		

_____ Signature

_____ Date

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Phone (614) 466-3774
Fax (614) 995-0816
Email board@otptat.ohio.gov

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Passport Photograph Guidelines

The Ohio OTPTAT Board accepts passport photographs that meet the US Passport Guidelines established by the U.S. Department of State's Passport Services Directorate. For additional information on the photograph preparation requirements contained in the US Passport guidelines please visit the U.S. Department of State's travel information website (http://travel.state.gov).

Photograph Positioning and Background

1. Frame subject with full face, front view, eyes open
2. Make sure photo presents full head from top of hair to bottom of chin; height of head should measure 1 inch to 1-3/8 inch (25 mm to 35 mm)
3. Center head within frame (see page 2)
4. Make sure eye level is between 1-1/8 inch and 1-3/8 inch (28 mm and 35 mm) from bottom of photo
5. Photograph subject against a plain white or off-white background
6. Position subject and lighting so that there are no distracting shadows on the face or background
7. Encourage subject to have a natural expression

Photograph Print Properties

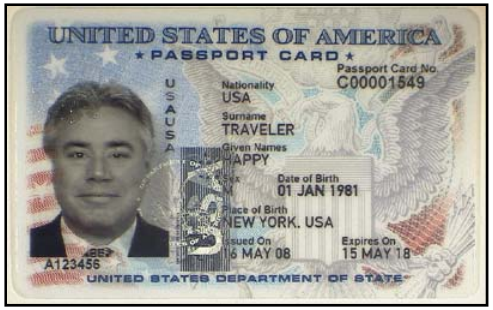
Produce 2 inch x 2 inch (51 mm x 51 mm) color photo. Print photo on thin photo paper or stock. Ensure the print is clear and has a continuous tone quality. Do not retouch or otherwise enhance or soften photo.

The following pages were taken from the U.S. Department of State's website (http://travel.state.gov).

Revised January 2011

77 S. High Street, 16th Floor · Columbus, Ohio 43215-6108 · 614-466-3774 · Fax: 614-995-0816 ·
http://otptat.ohio.gov · board@otptat.ohio.gov

Passport Book & Card Photograph Quality Requirements



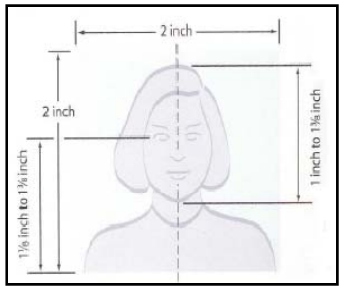
In order to print your passport picture, clear and correctly exposed photos must be submitted with your application – especially when applying for the U.S. passport card which displays a black and white image of the bearer. See the following examples of acceptable and unacceptable photos to ensure that the photographs you submit are correct.

The **most common** reason for a passport photo to be rejected for use is the **over exposure** or **lightness** of the photograph.

Photo 1 is **not acceptable** because it is **over exposed**, as you can see from the light patches discoloring the woman's face.

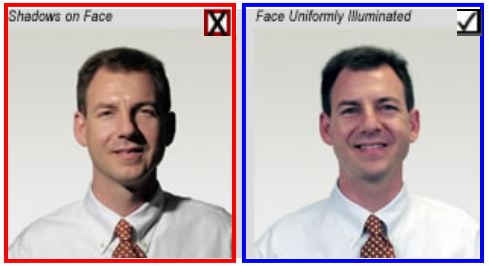
Photo 2 is acceptable

Photographs should be **2 x 2 inches** in size. The face size, measured from the bottom of the chin to the top of the head (including hair), should not be less than 1 inch or more than 1 3/8 inches.

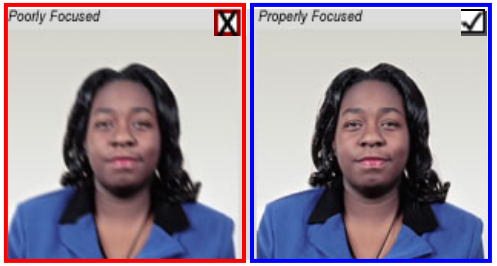


Other examples of unacceptable and acceptable passport photographs include:

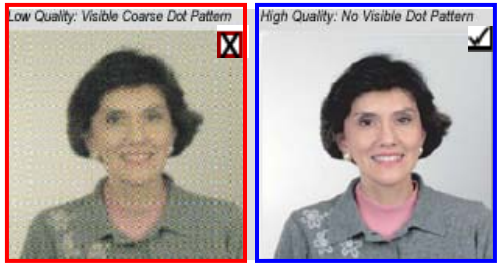
Shadows on Face



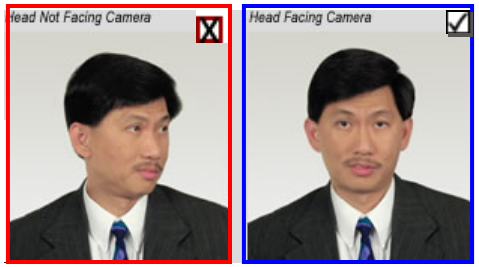
Poorly Focused



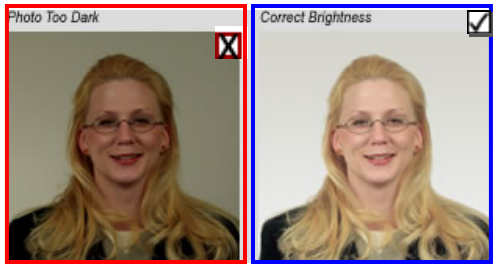
Low Quality/Visible Dots



Incorrect Facial Direction



Dark Photo



Passport and Visa Digital Image Requirements and Specifications

The submitted digital face image must adhere to the following specifications. Please be advised that failure to comply with any of the following requirements may result in rejection of your image by the online image quality assessment test or by a human reviewer.

Examples of well-composed images

Image Requirements – Technical Specifications	
Acquisition	The image file may be produced by acquiring an image with a **digital camera** or by digitizing a paper photograph with a **scanner**.
Dimensions	Image pixel dimensions must be in a square aspect ratio (meaning the height must be equal to the width). Minimum acceptable dimensions are **600 pixels (width) × 600 pixels (height)**. Maximum acceptable dimensions are **1200 pixels (width) × 1200 pixels (height)**.
Color	Must be in color (24 bits per pixel) in **sRGB** color space (common output of most digital cameras).
File Format	Must be in the Joint Photographic Experts Group (**JPEG**) file interchange format (JFIF).
File Size	Must be less than or equal to **240 kilobytes**.
Compression	The image may need to be compressed in order for it to be under the maximum file size. The compression ratio used should be less than or equal to 20:1.
Additional requirements if scanning:	
Print Size	If scanning the image from a paper photograph, the size of the paper photograph should be at least 2 inches × 2 inches (51 mm × 51 mm) square.
Resolution	Printed photographs should be scanned at a sampling frequency of at least 300 pixels per inch.
Image Requirements – Composition	

Content	• The image must contain the full face, neck, and shoulders of the applicant in frontal view with a neutral, non-smiling expression and with eyes open and unobstructed and directed at the camera. • All facial features must be visible and unobstructed. • No extraneous objects, additional people, parts of the body below the applicant's shoulders, or other artifacts. • The image must be from a recent (within 6 months) photo of the applicant.
Head Size	• The head height or facial region size (measured from the top of the head, including the hair, to the bottom of the chin) must be between 50% and 69% of the image's total height. • The eye height (measured from the bottom of the image to the level of the eyes) should be between 56% and 69% of the image's height.
Head Orientation	• Subject must directly face the camera. • Head must not be tilted up, down, to the side, or toward the shoulders. • Head must be centered within frame.
Background	• Subject must be surrounded by a plain, light-colored background with no distracting shadows on the subject or background.
Focus	• The entire face must be in focus and not overly-sharpened.
Brightness/ Contrast	• Brightness and contrast should represent subject accurately.
Color	• Image must be in color (24 bits per pixel). • Black and white photos are not acceptable. • Color should reproduce natural skin tones. • Color must be continuous tone – no posterization.
Exposure/ Lighting	• Photo may not be over- or under-exposed.

	• Avoid shadows on face or background.
Resolution	• Fine facial features should be discernible. • No discernible pixels/pixelization, graininess, or dot patterns.
Compression	• Image must not be overly compressed (the compression ratio used should be less than or equal to 20:1).
Alteration	• Digital enhancement or other alterations or retouching are not permitted. • When resizing, the aspect ratio of the image must be preserved (no image stretching is allowed).
Eyeglasses	• Eyeglasses are acceptable in photo only if the lenses are not tinted and there is no glare, shadows, or rims/frames obscuring the eyes. Glare on eyeglasses can usually by avoided by a slight upward or downward tilt of the head. • Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons.
Decorative Items	• No sunglasses or other items that obscure the face. • Hats or head coverings are only allowed if worn for religious reasons AND if they do not obscure any facial features.

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Employment History
This form is MANDATORY for Reinstatement Applicants

This form must be completed by any person who is applying to reinstate an Ohio license. Attach additional sheets if necessary. **If this form is not complete in its entirety, your application will not be processed and this form will be returned to you for completion.**

Section A

1. What type of license are you applying to reinstate? (Please provide Ohio license number)

   ○ OT #_____ ○ PT # _____ ○ AT # _____

   ○ OTA # _____ ○ PTA # _____

2. When did you discover your license expired (please list a specific date)?

3. How did you discover your license expired?

   ○ Board letter ○ Employer discovered ○ Other, Explain

4. Have you provided treatments to patients/clients as an OT, OTA, PT, PTA, or AT **in Ohio** since your license expired?

   ○ Yes ○ No (If no, complete section D.)

5. If "yes" to question 4, were you employed by a contract company/agency?

   ○ Yes (If yes, complete sections B, C, and D.) ○ No (If no, complete sections C and D.)

Section B

If you were employed by a contract company/agency, you are required to list the details for each facility in Ohio where you provided OT, OTA, PT, PTA, or AT services, including the name of each person who supervised you and the dates you provided services at each facility.

Name of Contract Company/Agency:	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):

Section C

*Employment Information**-***If you worked for a contract company, list the facility(s) where you provided services in this section.***

Employer #1: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility ***(Only list the dates you practiced at this facility after your licensed expired)**:	

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Employment History
This form is MANDATORY for Reinstatement Applicants

Employer #2: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility ***(Only list the dates you practiced at this facility <u>after your licensed expired</u>)**:	

Employer #3: (Company or Facility Name)	
Address, City, State, Zip Code:	
Phone Number w/ Area Code:	Supervisor(s) Name, Title, License Number(s):
List the specific date(s) you provided services at this facility ***(Only list the dates you practiced at this facility <u>after your licensed expired</u>)**:	

Section D

I, the undersigned, hereby certify that the information provided on the employment history form is accurate to the best of my knowledge.

Print Name _____ Type of License (OT, OTA, PT, PTA, AT) _____

Signature _____ Date _____

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Verification of Licensure

This form must be completed by an official from each jurisdiction where the applicant currently holds or has ever held a license, certification, or registration to practice an occupational health profession. Jurisdiction means any state, U.S. territory, or foreign country. You may copy this form and forward it as needed. Please contact each state directly to determine their license verification process.

This section must be completed by the applicant. Please print or type.		
Name (First, Middle, Last):	Maiden Name:	
Name as it appears on this state's license, certificate, registration, or permit:		
Type of License/Certificate/Registration/Permit: ○ OT ○ OTA ○ PT ○ PTA ○ AT ○ Other _____	Jurisdiction	License Number
Social Security Number:	Date of Birth (mm/dd/yyyy):	

The Ohio OT PT AT Board requests that I submit evidence of my license/certification/registration/permit in your jurisdiction. You are hereby authorized to release any information in your possession pertaining to me directly to the Ohio OT PT AT Board, 77 South High Street, 16th Floor, Columbus, Ohio, 43215-6108.

Applicant Signature _____ Date _____

This section must be completed by an administrative officer of the regulatory agency. Please print or type.			
Licensure Jurisdiction:	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: ○ Active ○ Inactive/Expired ○ Suspended/Revoked ○ Other (Explain)			
The license was issued on the basis of: ○ Examination ○ Endorsement ○ NBCOT or BOC ○ Grandfather ○ Other (Explain)			
Has the applicant's license to practice ever been restricted or disciplined in any way? If yes, please explain and attach any relevant documentation.			
Does the applicant have any pending complaints or is the applicant currently under investigation? If yes, please explain and attach any relevant documentation.			

Print Name _____ Title _____

Signature _____ Date _____

Return This Document To:

Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

Board Seal

State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

Physical Therapy
Continuing Education Reporting Form

This continuing education reporting form must be completed by any person who is applying to reinstate an Ohio license. Physical therapists are required to complete a minimum of 24 contact hours. Physical therapist assistants are required to complete a minimum of 12 contact hours. Continuing education activities must be fulfilled for the two year period immediately preceding the date the Board receives the reinstatement application. Please provide **copies** of your certificates of completion. Remember that all continuing education activities require valid Ohio Approval Numbers issued by the OPTA (www.ohiopt.org). Original certificates will not be returned. If necessary, please attach an additional sheet of paper.

Full Name _____ **License Number: PT/PTA**_____

Name of Course/Activity	Date	Ohio Approval No.	# of Hours

_____ _____

Applicant's Signature Date

Return This Document To:
Ohio OT PT AT Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108
Fax (614) 995-0816

Physical Therapy Section

Ohio Occupational Therapy, Physical Therapy, & Athletic Trainers Board

Candidate Handbook for the Ohio Physical Therapy Jurisprudence Examination

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Appendix A - Content Outline

I. Security Information

Passing the Ohio Physical Therapy Jurisprudence Examination is required in order to receive your license to practice as a physical therapist or physical therapist assistant in the State of Ohio. The Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board (Board) requires ALL applicants for licensure to pass the Jurisprudence Examination in order to demonstrate minimal understanding of the laws and rules governing the practice of physical therapy in Ohio. Requiring a passing score on the Jurisprudence Examination is one assurance that anyone granted a physical therapist or physical therapist assistant license in Ohio possesses the necessary knowledge to treat patients with skill and safety.

Understandably, you will want to take advantage of all available resources when preparing for this important examination. While a student, you may have considered fellow students to be good resources for learning about questions that were on examinations. However, according to rule 4755-27-05 (B)(2) of the Ohio Administrative Code, **it is illegal and unethical to recall (memorize) and share questions that are on the examination or to solicit questions that are on the Jurisprudence Examination from other applicants who have taken the exam.**

What Do You Mean by "It's Illegal to Recall Questions"?

Each candidate who sits for the Jurisprudence Exam must accept the Security Agreement. The Security Agreement states that the exam and items contained therein are owned by the Physical Therapy Section and the Federation of State Boards of Physical Therapy and protected by Federal Copyright Law.

It also informs applicants that no part of the examination may be copied or reproduced in part or whole by any means whatsoever, including memorization.

Recalling questions from the examination and sharing them with anyone else violates both the Federal Copyright Law and the FSBPT Security Agreement that applicants must accept before taking the Ohio Physical Therapy Jurisprudence Examination.

Items from the Exam are Not to be Recalled for Any Purpose

Why is it Unethical to Ask Someone Else for Recalled Questions?

Soliciting recalled questions from applicants who have previously taken the examination is unethical for several reasons. The primary reason is obvious; you are expected to pass the test based on your own merit without assistance. The members of the public who will entrust you with their well-being expect that you are a trustworthy and competent individual.

You are encouraging applicants to commit illegal acts if you are soliciting questions from previous test takers who have accepted the FSBPT Security Agreement.

Items from the Exam are Not to be Solicited for Any Purpose

What Happens If I Do Share or Solicit Recalled Questions?

- The Federation of State Boards of Physical Therapy will continue to actively prosecute individuals who violate the security agreement.
- The Federation will also report any incidents of applicants requesting questions or sharing questions to the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board.
- Applicants who are prosecuted by the Federation or who are reported to the Physical Therapy Section for soliciting or sharing questions will severely damage their chances of being licensed due to violation of rule 4755-27-05 (B)(2) of the Ohio Administrative Code.

II. The Examination

Testing Accommodations

You must submit appropriate documentation of your request for testing accommodations to the office of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board at the time that you submit your application for licensure. Only those applicants who have been granted approval from the Board will receive testing accommodations. You can download the Testing Accommodations Request Form on the Board's website at http://otptat.ohio.gov. You can also contact the Board at (614) 466-3774 for more information on the testing accommodation request process.

Examination Fee, Method of Payment and Registration

Applicants must apply and be approved before they can take the Physical Therapy Jurisprudence Examination. In order to avoid delays, endorsement and reinstatement applicants should register with the Federation of State Boards of Physical Therapy (FSBPT) for the Jurisprudence Examination at the same time they submit their application to the Physical Therapy Section. Applicants for licensure by examination should register with the FSBPT approximately one (1) months before the program completion date.

The fee for the Jurisprudence Exam is $75. This fee is in addition to the application fee submitted to the Physical Therapy Section of the Ohio Board, and any other fee charged by FSBPT for the National Physical Therapy Examination (for applicants by Examination) or for the Examination score transfer (for applicants by endorsement). Payment is as follows:

- $50 Jurisprudence Examination fee payable to the FSBPT. Visit their web site at http://www.fsbpt.org regarding registering for the exam and other information. You may pay the Federation of State Boards of Physical Therapy (FSBPT) either by Visa or MasterCard.
- $25 Prometric testing fee payable to the Prometric Testing Center at the time of scheduling. Visit their web site at http://www.prometric.com for more information on scheduling the exam and other information. Payment for the Prometric Testing Center fee may be made by credit card (Visa or MasterCard) or by direct debit to a checking account. It is not possible to pay at the testing center.

Scheduling the Examination

1. You will be required to register on-line with the FSBPT for the Jurisprudence Examination at http://www.fsbpt.org (use the Quick Link to "Exam Registration"). Please review the information above for recommendations on when to register for the Jurisprudence Examination.
2. Once the Physical Therapy Section approves you to sit for the examination, it will approve your eligibility by notifying the FSBPT.
3. FSBPT will send you an "Authorization to Test" (ATT) letter containing instructions on how to schedule an appointment with Prometric Testing Center. You can also access your ATT information by going to the "Status of My Request" Section at https://pt.fsbpt.net.
4. Questions regarding registration processing may be directed to examregistration@fsbpt.org
5. Schedule an appointment for the examination with Prometric by calling the telephone number listed in your ATT letter or schedule on-line at http://www.prometric.com. You will be required to give the name of the examination, when and where you would like to test, your name, social security number or alternate identification number, daytime telephone number and method of payment: credit card or direct debit.
6. Sit for the examination at your chosen Prometric Testing site. You must sit for the examination within your 60-day eligibility period as indicated on the ATT letter provided by FSBPT. If you do not sit for the examination, or withdraw your registration, within these 60 days, you will be removed from the eligibility list and will be required to begin the registration process again.

Content Overview

The Jurisprudence Examination consists of fifty (50) multiple-choice questions, 40 of which are scored and 10 that are pre-test questions that are not scored. Applicants are given one hour (60 minutes) to complete the computer-based test.

Applicants are **NOT** allowed to bring any reference materials, including the Ohio Physical Therapy Practice Act, into the examination room. The Ohio Physical Therapy Jurisprudence Examination will cover:

- Chapter 4755. of the Ohio Revised Code
- Chapters 4755-21 to 4755-29 of the Ohio Administrative Code
  (collectively referred to as the Ohio Physical Therapy Practice Act)

You can download a copy of the Ohio Physical Therapy Practice Act from the Board's web-site at http://otptat.ohio.gov.

The Ohio Physical Therapy Jurisprudence Examination Content Outline is attached as Appendix A.

Sample Questions

1. A supervising physical therapist and physical therapist assistant both work in an outpatient setting. To provide adequate supervision, the supervising physical therapist must:
   a. meet with the assistant once every seven days.
   b. be on-site when supervising the assistant.
   c. be available by telephone when supervising the assistant from a remote location.
   d. approve direct supervision by a referring physician.

2. According to the Ohio Revised Code, disciplinary action may be initiated against a physical therapist for which of the following behaviors?
   a. Failure to notify the Board of an address change within 30 days of the change
   b. Administering topical medications for use in physical therapy
   c. Failure to wear a name tag
   d. Treatment with a referral from a dentist

3. Which of the following tasks may a physical therapist delegate to a physical therapist assistant?
   a. Conducting an initial patient evaluation
   b. Performing a patient re-evaluation
   c. Interpreting the initial evaluation
   d. Reporting the patient's progress

Correct Answers: 1. c; 2. a; 3. d

Pre-test Items

The examination will contain 10 "pre-test" questions. The purpose of including pre-test questions on the examination is to expand and improve the bank of questions from which future examinations will be drawn. This is a common practice used by many national and state examination programs and is a critical step in ensuring the continued reliability and validity of an examination. Candidates will not be able to identify which items are pre-test items. In order to obtain valid statistics on the performance of an item, the test taker must not be able to discriminate between scored and unscored items.

III. Scoring Information and Notification

Passing Grade and Results

After the administration of the examination, your examination will be scored by the FSBPT. The results will then be transmitted to the Physical Therapy Section of the Ohio Board. The Board office will notify you of your results. A scaled score of 600 is required to pass the examination.

Re-Examination Information

An applicant who fails to achieve the required passing score on the Ohio Physical Therapy Jurisprudence Examination shall be required to be re-examined by completing the scheduling of the examination process, as previously outlined on page 2, and submitting the same fees.

Test-Taking Advice

The advice offered here is presented primarily to help you demonstrate your knowledge and maximize your chances of passing the examination.

- Read all instructions carefully.
- Before selecting the correct answer, read all options carefully.
- You should answer all questions; do not omit an answer for any test question.
- For best results, pace yourself by periodically checking your progress and the time. This will allow you to make any necessary adjustments. Remember, the more questions you answer, the better your chances of achieving a passing score, so you should select an answer for every question.
- Alert the examination supervisor of any problems that may occur during the examination. Do not wait until the examination is over to inform someone of a problem.
- Be sure to select an answer for each question, even the questions about which you are not completely sure. You can skip the questions you wish to reconsider and return to them later.

IV. Admission to the Examination

Supplies and What to Bring

You must arrive 30 minutes prior to your scheduled appointment with two forms of acceptable identification. Acceptable identification is:

1. A currently valid, military or government-issued photo ID (passport, driver's license, etc.) with pre-printed name and signature.
2. A currently valid, pre-printed identification with your name and your signature such as a credit card or check cashing card.

You will have to be checked in before taking the examination (i.e., sign in and present the appropriate identification). Once at the Prometric testing center, you will be thumb-printed and photographed at the center. All testing sessions are videotaped. On both forms of ID, your signature must match your pre-printed name. Your first and last name on both forms of ID must exactly match the first and last name on your ATT letter issued by FSBPT. A Social Security card is not an acceptable form of identification. If there is a problem with your identification, you will not be permitted to take the exam.

What Not to Bring

Unauthorized supplies, including those not listed below, will be subject to removal by the examination supervisor at the examination site. The following items are **NOT** allowed in an examination room:

1. Purses, briefcases, portfolios, fanny packs or backpacks;
2. Cameras, tape recorders, calculators or computers;
3. Cellular phones, pagers, electronic transmitting devices or telephones;
4. Any bound or loose-leaf reference materials, notes, or books;
5. Dictionary, thesaurus, or other spelling aids;
6. Canisters of mace, pepper spray or other personal defense items;
7. Coats or jackets;
8. Food or beverages.
9. Water bottles.

Nothing is allowed in the testing room.

Watches with alarms must be disabled during the examination administration. Watches that have advanced functions will not be allowed in the testing room.

Appropriate Attire

Please dress comfortably but appropriately for the examination. The examination room is usually climate controlled. However, it is not always possible to maintain a temperature suitable to each candidate. It is suggested that you dress in layers that can be removed if you become uncomfortable. For security reasons, Prometric does not allow bulky jackets to be worn.

V. Administrative Policies

Rules for the Examination

1. No examination materials, documents, or memoranda of any kind are to be taken from an examination room.
2. Computer knowledge is not required to take a computerized examination. Before the examination begins, a simple introductory lesson (tutorial) is presented that explains the process of selecting answers and moving from question to question. The time you spend on the tutorial does not count against the time allotted for the examination. You may select your answers using either the keyboard or the mouse. You are strongly encouraged to take the tutorial prior to taking the examination.
3. You should alert Prometric staff immediately to disruptions occurring within the testing room or computer malfunctions while taking the examination.
4. You are permitted to sign out and leave the room for a break. However, the time remaining on your examination will continue to elapse. This means any time you spend on a break is time that you are electing not to spend on the examination.
5. Do not bring food or drink into an examination room.

Change of Address

If you have a change of address, you must submit it in writing to the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board within 30 days from the change. You may submit that information using any of the Board office contact information listed below.

Who to Contact for Questions

Licensure Applications, Laws & Rules, Fees, Testing Accommodations Information

Physical Therapy Section
Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108
Phone: (614) 466-3774
Fax: (614) 995-0816
Email: board@otptat.ohio.gov
http://otptat.ohio.gov

Examination Registration Information

Federation of State Boards of Physical Therapy
124 West Street South
Third Floor
Alexandria, VA 22314
Phone: (703) 739-9420
Email: examregistration@fsbpt.org
http://www.fsbpt.org or https://pt.fsbpt.net (note the "s" after "http")

Prometric Testing Centers
Registration: (800) 796-9857
Testing Accommodations: (800) 967-1139
http://www.prometric.com (to schedule your exam appointment or locate a test center)

Appendix A

Ohio Jurisprudence Examination Content Outline

Category	Section	Ohio Revised Code	Ohio Administrative Code	Specs: # of Items (40 Item Test)	Specs: % Items
1000 Legislative Intent & Definitions	1100 Definition of physical therapy	4755.40 (A)		2	7.5% (3 items)
	1200 Definition of physical therapist and physical therapist assistant	4755.40 (B) 4755.40 (C)		1	
	1300 Definition of supervision	4755.40 (D)		0	
2000 Powers and Duties of the Board	2100 Powers and Duties	4755.41 4755.02		3	7.5% (3 items)
3000 Licensure & Examination	3100 Qualifications; Requirements	4755.42 4755.70		0	27.5% (11 items)
	3200 Examination and Application	4755.43	4755-23-01	0	
	3300 Foreign Educated Licensure		4755-23-12	0	
	3400 Licensure by Reciprocity/Endorsement	4755.45 4755.451	4755-23-04	2	
	3500 License Renewal; Reinstatement	4755.46	4755-23-06 4755-23-10	4	
	3600 Continuing Education; Waiver; Approval of Courses; Granting Units	4755.51 4755.511 4755.52 4755.53	4755-23-08 4755-23-09	4	
	3700 Requirements for Teaching	4755.482	4755-23-13	1	

Ohio Jurisprudence Examination Content Outline (continued)

Category	Section	Ohio Revised Code	Ohio Administrative Code	Specs: # of Items (40 Item Test)	Specs: % Items
4000 Patient Care Management	4100 Lawful practice; use of titles		4755-27-01	2	25% (10 items)
	4200 Supervision and Delegation		4755-27-02 4755-27-03 4755-27-04	4	
	4300 Documentation/Medical Records		4755-27-07	1	
	4400 Referral	4755.481		3	
5000 Disciplinary Actions; Unlawful Practice; Ethical Conduct	5100 Grounds for disciplinary action; form of business entities	4755.47 4755.471		4	27.5% (11 items)
	5200 Disciplinary violation action and proceedings; Denial	4755.48	4755-21-03	4	
	5300 Ethical conduct		4755-27-05	3	
6000 Consumer Advocacy	6100 Surrender of License		4755-28-01	1	5% (2 items)
	6200 Display of License		4755-23-05	1	

Note: Number of items and percentage of test drawn from each content area are based on 40 scored items.

PHYSICAL THERAPY SECTION
OHIO OCCUPATIONAL THERAPY, PHYSICAL THERAPY,
AND ATHLETIC TRAINERS BOARD

Requests for Accommodations under the Americans with Disabilities Act (ADA) to the National Physical Therapist Examination (NPTE) and to the Ohio Jurisprudence (Laws) Examination

The purpose of this policy statement is to clarify the requirements for filing a request for accommodations to the NPTE and to the Ohio Jurisprudence Examination in order to ensure that qualified individuals with disabilities are provided the protections guaranteed them under Title II of the Americans with Disabilities Act (ADA). It is the policy of the Physical Therapy Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board ("Board") to approve accommodation requests when the examination candidate demonstrates he or she has a qualifying disability. The cost of the accommodation to the NPTE is borne by the examination administrating organization – the Federation of State Boards of Physical Therapy. The cost of the accommodation to the Ohio Jurisprudence Examination is bone by the Board.

The ADA provides that qualified individuals have a "level playing field" when taking an examination. This means the examination accurately reflects an individual's aptitude or achievement level with respect to what the examination intend to assess or measure. ADA accommodations are provided in order to bring the candidate's ability to take the examination up to the ability of an average person in the general population.

The ADA defines a qualified individual with a disability as "one who with a disability, satisfies the requisite skill, experience, education and other requirements of the service, program, or activity, and with or without reasonable accommodation, can perform the essential functions of the service, program, or activity."

If a candidate is requesting any accommodation for standard testing conditions because of a disability, the disability must be one that is covered by the ADA. This means that the candidate must have a documented physical or mental impairment that substantially limits one or more major life activities.

- A **physical impairment** is defined by the ADA as:
  Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.
- **A mental impairment** is defined by the ADA as:
  Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Given the wide variety of possible disabilities, neither the law itself nor the regulations list all specific diseases or conditions that might constitute "physical or mental impairments." An impairment is a "disability" under the ADA only if it **substantially limits** one or more **major life**

activities. An individual must be unable to perform, or be significantly limited in the ability to perform, an activity when compared to an average person in the general population. The determination as to whether an individual is substantially limited is based on the effect of an impairment on that individual's life activities. Some impairments, such as blindness or deafness, are by their nature substantially limiting, but many other impairments may be disabling for some individuals but not for others, depending on the impact on their activities. Major life activities are activities that an average person can perform with little or no difficulty, for example, walking, seeing, hearing, speaking, breathing, learning, performing manual tasks, caring for oneself, working, sitting, standing, lifting, or reading.

The purpose of an accommodation is to reduce or eliminate a disadvantage due to a limitation that an individual who is disabled may have compared to the general population. The disability must be a substantial limitation to one or more major life activities. An accommodation should not give the individual an unfair advantage over others taking the examination. An accommodation also cannot change the purpose of the examination. An accommodation is also outcome neutral such that granting an accommodation does not guarantee that the individual will pass the examination.

The candidate must first satisfy the requirements that all exam applicants meet in regard to skill, experience, education and other job related requirements of the occupation and be able to perform the essential functions of the occupation.

Upon receipt of a request for examination modifications, the Board will request the applicant submit substantiation of the need for the accommodation based on the following criteria:

- <u>Documentation and Substantiation of a Learning Disability:</u>

  The candidate must submit documentation of the candidate's need for accommodations due to a disability that substantially limits one or more major life activities for the previous three (3) years (from the date of application to the Board). The documentation must also address how the disability leads to functional limitations and illustrate how the limitation or limitations inhibit the individual from performing one or more major life activities. Additionally the documentation must include a history of the disability and any past accommodations granted. An Individualized Education Plan (IEP) is not sufficient documentation alone, but may be considered as part of the documentation. The documentation should include identification of the specific standardized and professionally recognized test/assessments given (e.g., Woodcock-Johnson, Weschler Adult Intelligence Scale) and the resulting diagnostic report should include a diagnostic interview, assessment of aptitude, academic achievement, information processing and a diagnosis. The diagnostic report must include specific recommendations for accommodations, and the recommendations must be supported with specific test results or clinical observations. The candidate and the evaluator must demonstrate that the requested accommodation is appropriate for the disability and must demonstrate the impact that the disability has on his or her ability to test an examination.

- <u>Qualifications of Evaluator:</u>

  The credentials of the individual providing the evaluation must validate the evaluator's qualifications to diagnose and treat the disability specified. Documentation must be on

Applicant's Name: _____ Applicant's DOB: _____

Section III – Testing Accommodation Documentation Requirements

A comprehensive and current report (no more than three years old) from a qualified evaluator appropriate for evaluating the applicant's disability must accompany this request form. The report must include the following:

- Name, title, credentials and area of specialization for the qualified evaluator
- Specific diagnosis
- Specific findings in support of the diagnosis (include relevant test results)
- Recommendation for specific accommodations
- Rationale for requesting specific accommodations

List Applicant's Diagnosed Disability and Date of Diagnosis

Qualified evaluator's recommendation for testing accommodations based on current knowledge of applicant's disability and current function.

____ Additional 30 Minutes

____ Additional Time – Time and a half

____ Additional Time – Double Time

____ Zoom Text (software enlarges print on screen)

____ Screen Magnifier

____ Reader

____ Scribe

____ Separate Room

____ Other _____

Qualified evaluator's rationale for how the applicant will benefit from the recommended testing accommodations

I certify that I have current knowledge of the applicant, within the past three years, and that the information contained my attached comprehensive/current report and recommendation for testing accommodations is true and accurate to the best of my knowledge.

_____ _____

Qualified Evaluator's Name (Print) Title

_____ _____

Qualified Evaluator's Signature Date

Return Documents To:
Ohio OTPTAT Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108

professional letterhead, typed, signed, and dated. The signature must include the evaluator's name, title, and professional credentials. The Board will accept evaluations from the following professionals:

- Licensed physicians including, but not limited to, the following certifications: neurology, family practice, orthopedics, physical medicine and rehabilitation, and psychiatry;
- Licensed psychologists who practice in the field of performing evaluations for assessing individuals for mental disorders that might impact those persons' academic or testing performance.

- Board Review:

  The request and complete file will be forwarded to the Board and will be placed on the next regular session meeting for discussion and action. The Board shall review only those requests that are consistent with this policy. Consultation with the Board's Assistant Attorney General may be obtained in advance of the Board review, and a summary of any recommendations or advice from those consultations will be prepared for the Board's consideration.

- Expert Review:

  If the Board is unable to interpret test results provided as documentation for a disability and therefore determine whether a candidate has a disability that qualifies the candidate for accommodations, the Board may elect to refer the request to an expert.

- Board Determination:

  Once the individual is determined to be covered under the ADA, then the requested accommodation should be considered in terms of whether:

  - The accommodation requested will fundamentally alter the examination,
  - The accommodation requested is appropriate to the identified need,
  - The accommodation is reasonable,
  - The request is within the parameters of the ADA's requirements.

- Confidentiality:

  The Board and staff shall maintain confidentiality of all medical and diagnostic information and records.

Temporary conditions like a broken leg, a physical condition that is not the result of a physiological disorder (e.g., pregnancy), personality traits, and economic or cultural disadvantages are not disabilities under the ADA. "Stress" and "depression" may or may not be considered impairments, depending on whether they result from a documented physiological or mental disorder. Nonspecific diagnoses such as "academic problems," "learning style differences," "slow reader," or "test difficulty or test anxiety" do not by themselves constitute a learning disability.

An applicant who disagrees with the Board action relative to the request for accommodation may file an appeal; the Board shall hold a hearing pursuant to Chapter 119. of the Ohio Revised Code.

Applications to sit for the NPTE and/or Ohio Jurisprudence Examination with testing accommodations will not be considered until the Board receives all parts of the request for accommodations. The applicant will receive written notification from the Board regarding whether or not the Board granted the requested accommodation and which accommodation(s) were granted.

The standard conditions for taking the NPTE can be found in the Federation of State Boards of Physical Therapy (FSBPT) NPTE Candidate Handbook, which is available at www.fsbpt.org.

Sections I & II of this form must be completed by the applicant.

Section III must be completed by a qualified evaluator (see Qualifications of Evaluator section of this policy above). This evaluator must have current knowledge of the candidate's disability and must have diagnosed, evaluated, treated or consulted with the candidate within the last two years. Section III must come directly to the Board from the qualified evaluator. If Section III is forwarded by the applicant, it will not be accepted.

Ohio Testing Accommodations Request

Section I and II: To be completed by the physical therapist/physical therapist assistant applicant.

Section I: General Information

Name:		
Address: (Street, City, State, Zip Code)		
Email Address: (Optional)	Social Security Number:	Date of Birth:
I am requesting accommodations for the following:	☐ NPTE ☐ Ohio Jurisprudence Examination	
How many times have you taken the NPTE?	Have you ever been granted accommodations on the NPTE? ◯ Yes ◯ No	
Why are you requesting accommodations? Please explain.		

Section II - Disability Information and Requested Accommodations

A: Disability Information

What type of disability do you have? ***Please indicate the specific diagnosis.***

_____

_____

List the date your disability first diagnosed? _____

Who diagnosed your disability? Attach documentation indicating that person's credentials (e.g. M.D./Ph.D.)

_____

How does your disability substantially limit a major life activity?

_____

_____

How does your disability affect your ability to take computerized examinations?

_____

_____

B: Accommodations History

What accommodations have you received for this disability in the past?

_____

_____

What accommodations have you received in the past for the following exams?

National Physical Therapy Exam _____

PT/PTA School Exams _____

Undergraduate College Exams _____

Standardized Exams (e.g., SAT, GRE, etc.) _____

C: Requested Accommodations

What accommodations are you requesting during the examination?

____ Additional 30 Minutes

____ Additional Time – Time and a half

____ Additional Time – Double Time

____ Zoom Text (software enlarges print on screen)

____ Screen Magnifier

____ Reader

____ Scribe

____ Separate Room

____ Other _____

Candidate Affirmation

My signature on this form affirms that the information I have provided on this request is true and accurate. I have truthfully represented my disability, the impact it has on my daily life and my ability to take computerized examinations.

_____ _____

Applicant Signature Date

Return Documents To:
Ohio OTPTAT Board
77 South High Street, 16th Floor
Columbus, Ohio 43215-6108