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**Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board**

77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

Governor  
*John R. Kasich*  
Executive Director  
*Jeffrey M. Rosa*

## **CRIMINAL RECORDS CHECK REQUIRED FOR INITIAL LICENSURE**

Section 4755.70 of the Ohio Revised Code requires all individuals applying for a license issued by the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).

### **Instructions for Individuals Residing in Ohio or Within 50 Miles of Ohio**

Applicants residing in Ohio or within 50 miles of Ohio are required to utilize “WebCheck” to electronically submit their fingerprints to BCI. The Board will typically receive the results of a criminal records check submitted via “WebCheck” within 7 to 10 business days. In addition to the \$22 BCI fee and the \$24 FBI fee, the electronic fingerprinting company or law enforcement agency may charge its own fee to process the fingerprints.

Since the law requires applicants to submit a records check completed by both BCI and the FBI, you must use the services of a “WebCheck” vendor that participates in the “National WebCheck.” The sheriff’s offices in most of Ohio’s 88 counties participate in the “National WebCheck.” A list of other “WebCheck” vendors in Ohio, arranged by county, is available online at:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

**When locating an electronic fingerprinting site on the webpage, please note that you must use the services of a vendor that has (BCI & FBI) listed after the vendor’s name.** Only these entities participate in the “National WebCheck.” The Board does not endorse or recommend any specific electronic fingerprinting company.

You need both the BCI and FBI records check for initial licensure. By law, the Board cannot complete the processing of your application until it receives the background check reports from BCI and FBI.
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#### Steps for “WebCheck”

1. Identify a “WebCheck” vendor that participates in the “National WebCheck” (BCI & FBI).
2. Submit your fee directly to the “WebCheck” vendor. **Do not send your fingerprints or fee to the Board.**
3. Request both a BCI and FBI criminal records check.
4. Request that the criminal records check results be sent **directly** to:

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board  
77 S. High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215-6108

*The Board will only accept criminal records checks that are sent to the Board directly from the BCI. The results may not be sent to you, your employer, or to the entity that conducted the fingerprinting.*

5. List the reason fingerprinted as: Required for licensing per ORC 4755.70
6. **Bring the following information with you to the “BCI & FBI” Webcheck Vendor:** (1) this notice; (2) a valid form of photo identification, and (3) payment, in the appropriate amount and form, payable to the vendor.

## **Instructions for Individuals Residing More than 50 Miles From Ohio**

You must contact the Board at [board@otptat.ohio.gov](mailto:board@otptat.ohio.gov) or 614-466-3774 to request that the Board mail you the appropriate forms to have your fingerprints taken at a local law enforcement agency. Please note, the Board will not mail these cards until after you submit an initial application for licensure. In addition, it takes the FBI 3 to 4 months to process ink rolled fingerprints. Since Ohio does not have temporary licensure, please take this delay into account. You may also elect to physically come to Ohio to have your fingerprints taken electronically to minimize the time it takes to process your application.

### **Additional Information for Individuals Who Previously Submitted Fingerprints to BCI**

When an individual submits fingerprints to BCI for a criminal records check, BCI will keep the fingerprints on file for twelve (12) months. If less than one year has passed since the initial submission of fingerprints to BCI, the applicant can request that BCI run another check on the same fingerprints and run a new criminal records check report to be sent to the Board. In this situation, BCI charges the applicant \$8. You will need to provide BCI with the information identified above in the “Steps for WebCheck” section of this notice. If more than 12 months passed since you submitted your fingerprints to the BCI, you will need to submit new fingerprints and follow the steps identified in the first page of this notice.

This service only applies for the BCI check. Even if you previously submitted your fingerprints to the FBI, you will need to identify a “National WebCheck” vendor, submit new fingerprints, and request that the FBI criminal records check results be sent directly to the Board. You will need to bring this notice with you to the WebCheck vendor but will only need to request the FBI check.

### **Frequently Asked Questions**

**Question: I recently had an FBI records check completed for another purpose. Can I just use those results to meet the requirements of the Board?**

*Answer: No. The law requires that an applicant for an initial license from a licensing agency shall submit a request to the bureau of criminal identification and investigation for a criminal records check of the applicant. Upon completion of the criminal records check, the superintendent of BCI shall report the results of the check, and any information the FBI provides, to the licensing agency identified in the request for a criminal records check.*

**Question: How much time will this add to the licensure process?**

*Answer: The Board typically receives the criminal records check results approximately 7-10 days after you are electronically fingerprinted. For out-of-state applicants completing the ink-rolled fingerprints, it takes the FBI 3-4 months to process the fingerprints and submit the results of the criminal records check to the Board.*

**Question: What happens if I have a criminal history reported to the Board?**

*Answer: The Board will review the records related to the criminal history and determine if the offenses identified make you ineligible for licensure in Ohio.*

**Question: Will I need to submit a criminal records check to renew my license every two years?**

*Answer: No. The records check requirement does not apply to the biennial renewal process or to individuals reinstating an expired Ohio license.*



# State of Ohio

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

## Physical Therapy Examination Application Instructions

Any individual who is seeking approval to sit for the National Physical Therapy Examination (NPTE) must submit an examination application. Please review rule 4755-23-03 of the Ohio Administrative Code for clarification on the requirements to apply for an Ohio physical therapist/physical therapist assistant license by examination.

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

Once the Physical Therapy Section approves your application to sit for the NPTE, you will receive an "Authorization to Test" letter (ATT) from the Federation of State Boards of Physical Therapy (FSBPT). The ATT letter will allow you to schedule an appointment and sit for the examination at a Prometric testing center (<http://www.prometric.org/fsbpt>). For more information on the exam registration process, please visit the FSBPT website (<http://www.fsbpt.org>).

You may not practice physical therapy in Ohio until you receive a license. Physical Therapist licenses expire on January 31 of even numbered years. When a license to practice as a physical therapist is issued by the board on or after October first of an odd-numbered year, that license shall be valid through the thirty-first day of January of the second even-numbered year. Physical Therapist Assistant licenses expire on January 31 of odd numbered years. When a license to practice as a physical therapist assistant is issued by the board on or after October first of an even-numbered year, that license shall be valid through the thirty-first day of January of the second odd-numbered year. For your first renewal, you are exempt from providing proof of your continuing education activity. However, you are still required to renew your license. The second time you renew your license, you are required to comply with continuing education requirement. Please visit the continuing education link under the Physical Therapy dropdown menu on the Board's website for more details.

In accordance with section 4755.47 (A)(26) of the Ohio Revised Code, you are required to notify the Section, in writing, of any change in name, business address, or home address within thirty (30) days of the change.

### To obtain approval to sit for the NPTE in Ohio, you must complete all of the following:

*(This instruction sheet is for your personal records.)*

#### Application Fee

- The application fee is non-refundable. Please submit a cashier's check, business check, or money order made payable to the "Treasurer State of Ohio" for \$100.00. Personal checks, cash, and/or credit cards will not be accepted.

#### Criminal Records Check

- You must submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification and Investigation (BCI) and the Federal Bureau of Investigation (FBI).
- You need both the BCI and FBI records check for initial licensure. The Board cannot issue a license until it receives the criminal records check reports from BCI and FBI.
- Under rule 4755-23-14 of the Administrative Code, "a new criminal records check will be required if the applicant's criminal records check on file with the board is greater than six months old based on the date the board received the report." As a result, if a license is not issued within 6 months of the date the Board receives the results, the applicant will need to submit new criminal records checks.

### Photograph

- ❑ Please staple a passport photograph of your full face, front view with a plain white or off-white background taken within the six month period immediately preceding the date of your application. The photo should be 2 x 2 inches in size. If the photo is digital, it must be a clear representation, printed on glossy photo paper, 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.
- ❑ All applicants should register for the Ohio Jurisprudence Examination approximately one (1) month before the program completion date. FSBPT closes all unapproved registrations for the Ohio Jurisprudence Examination after six (6) months. Applicants will not be made eligible to sit for the Ohio Jurisprudence Examination until after the *Certification of Entry Level Education* form is received from the educational institution upon program completion.
- ❑ For more information please review the *Ohio Jurisprudence Examination Candidate Handbook* on the Board's website (<http://otptat.ohio.gov>).

### Entry Level Education Pre-Completion Form

- ❑ **This requirement is only needed if you want to be made eligible to sit for the NPTE prior to your program completion date.**
- ❑ For students enrolled in a PT/PTA academic program in Ohio: Your program director may submit a form indicating that you are a bona fide candidate for graduation from that entry-level PT/PTA program. This document must come to the Board directly from your educational institution (*have your program director contact the Board for more information on what needs to be included in the letter*).
- ❑ For students enrolled in an Out-of-State PT/PTA academic program: The Program Director may send the Board an "Entry Level Education Pre-Completion Form" for each student applying for licensure in Ohio. The form may be sent before you have completed all of the clinical and didactic educational requirements for graduation. The form must be mailed directly to the Board and may not be faxed or emailed. This form can be downloaded from the Board's website on the Physical Therapy Applications page.

### Certification of Entry Level Education

- ❑ Upon program completion, this document must come to the Board directly from your educational institution. Documents received from the applicant will not be accepted.

### Federation State Boards of Physical Therapy-NPTE 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>, prior to the Board making you eligible to sit for the NPTE.

### Verification of Licensure

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

## **The Following Applies to Individuals Requesting Testing Accommodations:**

### Testing Accommodation Request

- ❑ This form should only be completed by applicants who qualify for testing accommodations under the Americans with Disabilities Act for the NPTE or Ohio Jurisprudence Examination.

### The Following Applies to Graduates of Non-CAPTE Accredited Programs:

All graduates of non-CAPTE accredited programs seeking licensure as a physical therapist in Ohio must review the “PT Foreign Requirements” document, which can be downloaded from the application link on the Board’s website (<http://otptat.ohio.gov>).

#### Credential Evaluation

- ❑ The credential evaluation must be submitted by one of the approved professional education evaluating services. This document must come to the Board directly from the approved professional education evaluating service. Documents received from the applicant will not be accepted.

#### TOEFL/TSE/TWE or TOEFL iBT

- ❑ All foreign educated applicants are required to demonstrate working knowledge of the English language by obtaining a passing score on either the Test of English as a Foreign Language internet-Based Testing (TOEFL-iBT) or passing scores on the Test of English as a Foreign Language (TOEFL), the Test of Spoken English (TSE), and the Test of Written English (TWE).

Passing scores for Ohio are as follows:

- TOEFL-iBT: 24 writing, 26 speaking, 21 reading comprehension, 18 listening comprehension, 89 overall.
- TOEFL: 220 on computer based or 560 on paper based, TSE: 50, TWE: 4.5.
- The agency code for the Ohio Physical Therapy Board is 9099.

- ❑ To have your scores sent to the Ohio Physical Therapy Board, please contact ETS at: PO Box 6151, Princeton, NJ, 08541-6151. You can also visit their website at [www.ets.org](http://www.ets.org).

### Instructions for Retaking the National Physical Therapy Examination

If it has been one year or longer since you last applied to sit for the NPTE, you are required to resubmit all of the required documentation for the licensure by examination application.

If it has been less than one year, you are required to submit a new examination application, application fee, and passport photograph, to the Board office. In addition you are required to complete a new Federation State Boards of Physical Therapy-Exam Registration. You are not required to resubmit the “Certification of Entry Level Education.”

If it has been less than one year and you previously obtained a passing score on the Ohio physical therapy jurisprudence examination, you do not need to retake the examination. Candidates who have not applied within the past 12 month period will be required to retake the Ohio physical therapy jurisprudence examination. In addition, if your passing score is more than one year old, you must retake the examination.

If you are a graduate of a non-CAPTE accredited program, and your application is less than one year old, you are not required to resubmit your credential evaluation, TOEFL-iBT, TOEFL score, TSE score, TWE score, or the “Certification of Foreign Licensure” as long as those documents were submitted with your original application.



**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](mailto:board@otptat.ohio.gov)

APPLICATION FOR LICENSE TO PRACTICE PHYSICAL THERAPY IN OHIO	
<b>Profession</b> (Select one)	
<input type="radio"/>	Physical Therapist
<input type="radio"/>	Physical Therapist Assistant
<b>Application Type</b> (Select one)	
<input type="radio"/>	Examination
<input type="radio"/>	Endorsement
<input type="radio"/>	Reinstatement

**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. (**Money Order/Cashier's Check/Business Check** must be made payable to **"Treasurer State of Ohio"**)

**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	Weight	Height	Gender <input type="radio"/> Male <input type="radio"/> 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.				

**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.

FOR OFFICE USE ONLY
Application Received
Amount \$:
Money Order #:
Batch Number

**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. If you are a new graduate list your field work experience. 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

<b>Section D: BACKGROUND INFORMATION</b>
1. How many times have you taken the National Physical Therapy Examination (NPTE) for Physical Therapists?
2. How many times have you taken the National Physical Therapy Examination (NPTE) for Physical Therapist Assistants?
3. What State approved you to sit for the NPTE?

<b>Section E: LICENSURE HISTORY</b>			
Do you currently hold or have you ever held a <b>license, limited permit, certification, or registration</b> to practice physical therapy or another healthcare profession in this state and/or another state. <input type="radio"/> YES <input type="radio"/> NO			
If YES, Please complete the table below.			
Initial license to practice as a <input type="radio"/> Physical Therapist <input type="radio"/> Physical Therapist Assistant issued by which State?			
STATE	LICENSE # / LIMITED PERMIT #	INITIAL ISSUE DATE	EXPIRATION DATE

<b>Section F: BACKGROUND QUESTIONS</b>		
Answer the following questions by <b>initialing</b> in the appropriate space at the right.		
<b>NOTE:</b> 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.	<b>YES</b>	<b>NO</b>
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?		

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*

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# State of Ohio

Occupational Therapy, Physical Therapy, and Athletic Trainers Board

## Certification of Entry Level Education

<b>Section I: This portion must be completed by the applicant. Please print or type.</b>	
Name (First, Middle, Last):	Maiden Name:
Complete Mailing Address	
Social Security Number or Alien Registration Number:	Date of Birth: (mm/dd/yyyy):

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section II:** This Section must be completed by an official from the program where a physical therapy degree was earned. If the institution does not use a school seal, the official signing the verification must sign this form in the presence of a Notary Public. **The educational institution must mail the completed form directly to the OT PT AT Board at the address below. Documents received directly from the applicant will not be accepted. Please print or type.**

I hereby certify that \_\_\_\_\_ completed the didactic and  
*(Student's Name and SSN)*  
 clinical education requirements of the \_\_\_\_\_ program on \_\_\_\_\_  
*(Program Type : PT,PTA)* *(mm/dd/yyyy)*  
 and is eligible for or has been granted the degree of \_\_\_\_\_  
*(Degree: AAS, Certificate, BS, MPT, DPT etc.)*

Name of Institution: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number w/ Area Code: \_\_\_\_\_

Is this entry level program CAPTE  
 accredited?  Yes  No

FSBPT School Code: \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**If a Notary Public is used, 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, 16<sup>th</sup> Floor  
 Columbus, OH 43215-6108

*School or Notary Seal*



# 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.

<b>This section must be completed by the applicant. Please print or type.</b>		
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: <input type="radio"/> OT <input type="radio"/> OTA <input type="radio"/> PT <input type="radio"/> PTA <input type="radio"/> AT <input type="radio"/> 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, 16<sup>th</sup> Floor, Columbus, Ohio, 43215-6108.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_  
Date

<b>This section must be completed by an administrative officer of the regulatory agency. Please print or type.</b>			
Licensure Jurisdiction:	License Number:	Original Issue Date:	Expiration Date:
Current Licensure Status: <input type="radio"/> Active <input type="radio"/> Inactive/Expired <input type="radio"/> Suspended/Revoked <input type="radio"/> Other (Explain)			
The license was issued on the basis of: <input type="radio"/> Examination <input type="radio"/> Endorsement <input type="radio"/> NBCOT or BOC <input type="radio"/> Grandfather <input type="radio"/> 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, 16<sup>th</sup> Floor  
Columbus, OH 43215-6108

Board Seal