Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: **(608) 266-2112**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING
BUREAU OF HEALTH PROFESSIONS

IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

Committed to Equal Opportunity in Employment and Licensing

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PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

PHYSICAL THERAPIST ASSISTANT LICENSURE INFORMATION

All applicants are required to pass the national physical therapist assistant examination as well as an open book examination on Wisconsin Statutes and Administrative Code.

National Physical Therapy Examination (NPTE)

NPTE registration form and fee must be submitted directly to FSBPT at **https://www.fsbpt.net/pt**

IMPORTANT: THIS MUST BE FILED WITH FSBPT AT THE SAME TIME THE WISCONSIN APPLICATION IF FILED WITH THE DEPARTMENT. INFORMATION BOOKLETS FOR CANDIDATES ON THE NPTE ARE FOUND AT www.fsbt.org

Candidates who have written the NPTE in another state

Scores must be requested and forwarded to the Wisconsin Department of Regulation and Licensing. For score transfer information contact FSBPT at **https://www.fsbpt.net/pt**

Oral Examination Candidates

Applicants **may** be required to complete an oral examination if he/she:

1. has a medical condition which in any way impairs or limits the applicant's ability to practice as a physical therapist assistant with reasonable skill and safety;
2. uses chemical substances so as to impair in any way the applicant's ability to practice as a physical therapist assistant with reasonable skill and safety;
3. have been diagnosed as suffering from pedophilia, exhibitionism or voyeurism;
4. has within the past 2 years engaged in the illegal use of controlled dangerous substances;
5. has been subject to adverse formal action during the course of physical therapist assistant education, postgraduate training, hospital practice, or other physical therapist assistant employment;
6. has been disciplined or had licensure denied by a licensing or regulatory authority in Wisconsin or another jurisdiction;
7. has been convicted of a crime the circumstances of which substantially relate to the practice of physical therapist assistant;
8. has not practiced as a physical therapist assistant for a period of 3 years prior to application, unless the applicant has been graduated from a school of physical therapist assistant within that period;
9. has been graduated from a physical therapist assistant school not approved by the board.

An applicant who meets any of the above criteria, #1-9 will be reviewed by the Physical Therapists Affiliated Credentialing Board members. The Board shall determine whether the applicant is eligible for a regular license without completing an oral examination.

All examinations shall be conducted in the English language. Where both written and oral examinations are required they shall be scored separately and the applicant is required to achieve a passing grade on both examinations to qualify for a license.

If you are selected to appear for an oral examination, you will be advised of the date upon completion of your application.

Wisconsin Department of Regulation & Licensing

TEMPORARY LICENSURE

A temporary license will be issued to only **one** place of employment and cannot be transferred to another place of employment during the duration of the temporary license.

You may not begin practicing as a physical therapist assistant in Wisconsin unless you have either a permanent or temporary license.

NOTE: ONLY ONE TEMPORARY LICENSE WILL BE ISSUED PRIOR TO PERMANENT LICENSURE.

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PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

FOREIGN-TRAINED PHYSICAL THERAPIST ASSISTANT CANDIDATES

Verification of educational equivalency shall be obtained from a board-approved foreign graduate evaluation service.

You shall submit the following to an approved foreign graduate evaluation service.

1. A verified copy of transcripts from the schools from which secondary education was obtained.
2. A verified copy of the diploma from the school or educational program at which professional physical therapist assistant training was completed;
3. A record of the number of class hours spent in each subject for both pre-professional and professional courses. For subjects which include laboratory and discussion sections, the hours must be described in hours per lecture, hours per laboratory, and hours per discussion per week. Information must include whether subjects have been taken at basic entry or advanced levels; and
4. A syllabus which describes the material covered in each subject completed.
5. Applicants who have been educated in the United Kingdom, must include whether subjects have been taken at the ordinary or advanced level.

The board shall determine whether the applicant's educational training is equivalent to a school of physical therapist assistant approved by the board.

The cost of the evaluation shall be paid by the applicant prior to release of the results. Fees are based on the amount of time required to evaluate, and therefore may vary.

The completed evaluation from a foreign graduate evaluation service must be submitted to the Wisconsin Physical Therapists Affiliated Credentialing Board for consideration as a candidate for licensure.

Board-approved foreign graduate evaluation services are:

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

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

International Education
Research Foundation
Credentials Evaluation Service
PO Box 3665
Culver City, CA 90231
(310) 258-9451
Fax: (310) 342-7086
Website: www.ierf.org

Foreign Credentialing Commission
on Physical Therapy, Inc.
PO Box 25827
Alexandria, VA 22313-9998
(703) 684-8406
E-Mail: fccpt@fsbpt.org

Wisconsin Department of Regulation & Licensing

All foreign-trained physical therapist assistant candidates must take and pass the TOEFL examination, the Test of Written English (TWE) and the Test of Spoken English (TSE). A score report for all three examinations must be received by the Board directly from Educational Testing Service (ETS) prior to admission to an oral examination. The score reports must be received no less than three weeks before that oral examination.

TOEFL is a "Test of English as a Foreign Language." The purpose of the TOEFL test is to evaluate the English proficiency of people whose native language is not English. The tests uses a multiple-choice format to measure the ability to understand North American English. It consists of three sections.

TOEFL tests are given on various dates in Wisconsin at locations in Beaver Dam, LaCrosse, Ladysmith, Madison and Milwaukee. The tests are also given elsewhere throughout the USA, and at various locations throughout the world. More information on the TOEFL can be found online at www.toefl.org. **Passing score for TOEFL written is 560, computer is 220.**

The Test of Spoken English measures the ability of nonnative speakers of English to communicate orally in English. The test is approximately 20 minutes long. More information on the TSE can be found online at http://www.toefl.org/edabttse.html. **The passing score for the TSE is 50.**

The Test of Written English (TWE®) provides information about an examinee's ability to generate and organize ideas on paper, to support those ideas with evidence or examples, and to use the conventions of standard written English. It is intended to complement TOEFL® Section 2 (Structure and Written Expression). More information on the TWE can be found online at http://www.toefl.org/edabttwe.html. **The passing score for the TWE is 4.5.**

If you have questions about any of these examinations, please contact: TOEFL/TSE/TWE Services, Post Office Box 6151, Princeton, NJ 08451-6151, USA, or telephone them at (609) 951-1100, or register.

All foreign-trained candidates are required to take and pass the national license examination approved by the board. An applicant must meet all other licensure requirements prior to taking the licensure examination. Candidates will also be required to take an open book examination on Wisconsin Statutes and Administrative Rules.

The Wisconsin Physical Therapists Affiliated Credentialing Board has made it a policy that any graduate of a physical therapist assistant program not approved by the American Physical Therapy Association shall pass an oral examination before being issued a license to practice in Wisconsin.

TEMPORARY CREDENTIAL

Foreign-trained physical therapist assistant applicants cannot obtain a temporary credential until they are physically in this country. Additionally, foreign-trained applicants must have taken and passed the TOEFL, the TSE and the TWE. The department must receive an official score report from ETS for each of the three examinations before a temporary credential will be issued. If an applicant fails any examination, the temporary credential becomes null and void. (For further temporary credential information, see Form #2547).

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PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

PHYSICAL THERAPIST ASSISTANT CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR PHYSICAL THERAPIST ASSISTANT SCHOOL AND RETURNED TO THE PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last) _____	**Social Security Number*** ___ - __ - ____
ADDRESS (City, State, Zip) _____	**Date of Graduation** __ / __ / __

CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION _____	**LOCATION OF INSTITUTION** _____
DEGREE AWARDED _____	**MAJOR** _____
DATE DIPLOMA GRANTED _____	

_____
Signature of Dean or Department Head

_____
Date

SCHOOL SEAL

* For use in the school locating your records.

#2548 (Rev. 4/04)
Ch. 448, Stats.

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PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

REQUEST FOR TEMPORARY LICENSE FOR A PHYSICAL THERAPIST ASSISTANT

NAME OF APPLICANT: (Please Print) _____
(Last, First, Middle)

☐ I am a graduate of a board approved physical therapist assistant school and I have applied to take the physical therapist assistant licensure examination.

☐ I am a graduate of a board approved physical therapist assistant school. I have taken the physical therapist assistant licensure examination and am awaiting results.

AFFIDAVIT OF SUPERVISING PHYSICAL THERAPISTS

I request that a temporary license to practice as a physical therapist assistant in the State of Wisconsin be issued to _____, effective _____. I am aware that a temporary license to practice as a physical therapist assistant under supervision granted under Chapter PT 3 shall expire on the date the applicant is notified that he or she has failed any of the required examinations for regular license to practice as a physical therapist assistant. A temporary license to practice as a physical therapist assistant under supervision shall automatically expire 3 months from the effective date.

Signature and Title of Supervisor	Street Address
Print Name and Wisconsin PT License No.	City and State Zip
Location of Practice	Date

#2545 (Rev. 4/04)
Ch. 448, Stats.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a $6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth

_____ month _____ day _____ year

Social Security Number

_____

Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

   It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE	DATE	CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

	YES	NO	MO/YR COMPLETED
3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?	☐	☐	_____
Did you successfully complete the program?	☐	☐	_____

Please attach the certificate of completion/discharge summary.

	(Check all that apply)	YES	NO	MO/YR COMPLETED
4. Have you ever been sentenced to:	☐ Probation	☐	☐	_____
	☐ Parole	☐	☐	_____
	☐ Ordered to pay restitution	☐	☐	_____
Did you successfully complete one of the above as ordered by the court?		☐	☐	_____

If you are <u>currently</u> on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **<u>pending</u>**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE	DATE OF ARREST	LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

_____

_____

_____

_____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____ _____
Signature Date

Signed and sworn before me this _____ day of _____, 20 _____.

_____ _____
Signature of Notary Public Date

My commission (is permanent) _____ expires _____. **SEAL**

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.[a] An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at *http://www.legis.state.wi.us/rsb/code/rl/rl.html* and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at *http://www.drl.state.wi.us/* under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 3/04) ss. 15.04 (1) (m), 19.35, Stats.

[a] Section RL 4.06 of the Wisconsin Administrative Code

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PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD

APPLICATION FOR LICENSE TO PRACTICE AS A PHYSICAL THERAPIST ASSISTANT

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth
_____ month _____ day _____ year

Daytime Telephone Number
( ) _____ - _____

Ethnic/gender status information is optional.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? _____Yes _____No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

School Name: _____

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: _____ **Specialty:** _____

BOARD OFFICE USE ONLY
Temporary Permit Requested: _____Yes _____ No

APPLICATION FEES Please check applicable blank: Make check payable to the Department of Regulation and Licensing & attach to this application.

For Receipting Use Only

____ **NPTE & State Law**
$ 53.00 Initial Credential Fee
$ 57.00 State Law Exam
$ 15.00 Contract Exam Fee
$125.00 Total Fee Attached

NPTE Exam and Fee (must apply directly to FSBPT at www.fsbpt.net/pt)

____ **Request for a Temporary License** (exam candidate only)
$ 10.00 Is required in addition to the above fee (*non-refundable*)

____ **Endorsement of NPTE**
(From FSBPT)
$ 53.00 Initial Credential Fee
$ 57.00 State Law Exam
$110.00 Total Fee Attached

ORAL EXAMINATION: $266.00

If you should be selected for an oral examination, the additional oral examination fee will be required prior to being scheduled for the exam.

#2546 (4/04)
Ch. 448, Stats.

Committed to Equal Opportunity in Employment and Licensing

Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Copy of professional diploma and translation if necessary.

Certificate of Professional Education *(Form #2548)*.

Fee(s) attached to this application.

NPTE Form and fee filed with FSBPT *(NPTE candidates only)*

Scores for TOEFL, TWE and TSE *(foreign trained only)*

National Physical Therapist Assistant Examination Scores *(must be sent directly from FSBPT)*

Letters from all State Boards where licensed *(includes active and inactive licenses)*.

Copies of malpractice suit(s).

Completed Education Evaluation Report from a Board approved evaluation service *(foreign trained only)*

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

PRACTICE: Account for all activities and practice from date of graduation to the present time. **Must include professional and nonprofessional activities. ALL dates and time must be accounted for.**

	LOCATION EMPLOYER NAME, CITY, STATE & COUNTRY	DATES (from - to) MO/YR	# OF HOURS PER WEEK	JOB TITLE & DUTIES
1.				
2.				
3.				
4.				

I AM CREDENTIALED IN THE FOLLOWING STATES (UNLIMITED):

By Written Exam: _____

By Endorsement/Reciprocity: _____

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN PHYSICAL THERAPISTS AFFILIATED CREDENTIALING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

		YES	NO
1.	Are you familiar with the state health laws and rules and regulations of the Wisconsin Department of Health and Family Services regarding communicable diseases?	☐	☐
2.	Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	☐	☐
3.	Have you ever failed to pass any state board examination, national board examination, or NPTE examination? If yes, give details on an attached sheet.	☐	☐
4.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	☐	☐

Wisconsin Department of Regulation & Licensing

		YES	NO
5.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	❑	❑
6.	Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
7.	Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) charges.)	❑	❑
8.	Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	❑	❑
9.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	❑	❑
10.	Have your privileges ever been limited or removed? If yes, give details on an attached sheet.	❑	❑
11.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	❑	❑
12.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	❑	❑

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a physical therapist assistant" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned physical therapist assistant judgments and to learn and keep abreast of physical therapy developments; and
2. The ability to communicate those judgments and physical therapist assistant information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform physical therapist assistant tasks such as examination and treatment procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

		YES	NO
13.	Do you have a medical condition which in any way impairs or limits your ability to practice as a physical therapist assistant with reasonable skill and safety? If yes, please explain.	❑	❑
14.	Does your use of chemical substance(s) in any way impair or limit your ability to practice as a physical therapist assistant with reasonable skill and safety? If yes, please explain.	❑	❑
15.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	❑	❑
16.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.	❑	❑
17.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.	❑	❑
18.	Are you currently engaged in the illegal use of controlled dangerous substances?	❑	❑
19.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	❑	❑

AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Social Workers, Marriage and Family Therapists, and Professional Counselors or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

_____
Signature of Applicant

State of _____ County of _____

Subscribed and sworn to before this _____ day of

_____, 20_____, by _____
(Applicant name)

_____
Signature of Notary Public

SEAL

_____
Date Commission Expires

Wisconsin Department of Regulation & Licensing

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name _____ Middle Initial _____ Last Name _____

Profession _____

Date of Birth _____ month _____ day _____ year

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

[1] Section 440.03 (11m), Wis. Stats.
[2] Sections 49.22, and 440.13, Wis. Stats.
[3] Section 440.12, Wis. Stats.
[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Wisconsin Department of Regulation & Licensing

Mail To: **P.O. Box 8935**
Madison, WI 53708-8935
FAX #: **(608) 267-3816**
Phone #: **(608) 261-7096**

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

APPLICATION PACKET ADDENDUM (INTERNET)

Physical Therapist Assistant Exam Application

For the application packet that you have just downloaded, an open book examination and additional material is required.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional material and the Wisconsin open book exam to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Wisconsin Statutes and Administrative Code.

For assistance with the Wisconsin open book exam or for your information, you may access the Wisconsin Statutes and Administrative Code on the department's web site at http://drl.wi.gov . If you do not have internet access, you may obtain this information through the public library.

If you would prefer to have a printed copy of this code book, you may purchase one directly from the department. Please submit this form along with a check in the amount of $5.28 made payable to the Department of Regulation and Licensing (DRL) to the address listed above.

PLEASE PRINT OR TYPE

_____
Full Name

_____
Daytime Phone Number

_____
Street Address

_____
P.O. Box

_____
City, State, Zip

Thank you.

For Receipting Use Only

#2612 (04/04)