

# INSTRUCTION SHEET

## FOR MAKING APPLICATION UNDER PROVISIONS OF THE ILLINOIS PHYSICAL THERAPY ACT OF 1985

- Examination - Educated inside the U.S. or one of its Territories
- Examination - Educated outside the U.S. or one of its Territories
- Acceptance of Examination
- Endorsement
- Restoration

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT. If you are issued a license, please be advised that the Physical Therapy license will expire on September 30th of each even-numbered year, and the Physical Therapist Assistant license will expire on September 30th of each odd-numbered year.

	<b>Page</b>
<b>Table of Contents</b>	
<b>Applying for Licensure</b> .....	2
General Instructions .....	2
<b>Examination</b> .....	2-4
General Examination Instructions .....	2
Practicing Pending Licensure by Examination .....	3
Educated Inside U.S. or one of its Territories .....	3
*Educated Outside U.S. or one of its Territories .....	4
<b>Acceptance of Exam</b> .....	5-6
General Instructions .....	5
Educated Inside U.S. or one of its Territories .....	5
Educated Outside U.S. or one of its Territories .....	6
<b>Out-of-State Graduate Work Authorization</b> .....	6
<b>Endorsement</b> .....	7-8
General Endorsement Instructions .....	7
Educated Inside U.S. or one of its Territories .....	7
Educated Outside U.S. or one of its Territories .....	8
<b>Restoration</b> .....	9-10
<b>Forms Completion Guide</b> .....	10-11

**\*NOTE: SINCE THIS APPLICATION FOR EXAMINATION IS A DUAL APPLICATION PROCESS, THIS INFORMATION WILL ONLY BE PROVIDED UPON APPROVAL OF YOUR APPLICATION FOR EXAMINATION. ONCE THE APPLICATION HAS BEEN APPROVED, AN EXAMINATION PACKAGE WILL BE FORWARDED TO YOU. AN EXAMINATION FEE WILL BE REQUIRED WHEN REGISTERING FOR AN EXAMINATION TO CTS.**

Additional application forms can be downloaded from the IDFPR Web site at [www.idfpr.com](http://www.idfpr.com).

## APPLYING FOR LICENSURE

### General Instructions

1. Read these instructions; then read the Filing Instructions related to the method of application for which you qualify to determine the documentation and forms you must submit. The methods under which you may file to obtain a license as a physical therapist/physical therapist assistant are:
  - a. Examination\*
  - b. Acceptance of Exam
  - c. Endorsement
  - d. Restoration
2. All documents in a foreign language must be accompanied by an original, notarized translation that has been transcribed by a person other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.
3. For information concerning the completion of any of the enclosed forms, refer to the Forms Completion Guide on pages 10 and 11. You may photocopy any of the enclosed forms if additional forms are needed.
4. If needed, a telephone number for assistance in completing the Application Package is indicated on the **REFERENCE SHEET - A**.

\*Enclosed is a Candidate Handbook for your information.

## EXAMINATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

### General Examination Instructions

1. Read the above General Instructions before proceeding. All documents and forms required for licensure by examination must be submitted to:

Continental Testing Services Inc.  
P.O. Box 100  
LaGrange, Illinois 60525-0100

2. Fee payment must be in the form of a certified check or money order made payable to Continental Testing Services, Inc. To determine the fee, see **Reference Sheet - A, Chart I**.
3. **Conditions of Application**--Applicants have three years from the date of the Department's receipt of the application to complete the application process including passage of examination. If the process has not been completed in three years, the application shall be denied, the fee forfeited, and the applicant must reapply and meet the requirements in effect at the time of application.

Candidates educated outside the U.S. or one of its territories MUST submit their applications for evaluation by the Physical Therapy Committee to:

Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

## EXAMINATION (cont'd)

### Practice Pending Licensure by Examination

Effective with the implementation of the Computerized Based Testing (CBT) Examination in July 1996, the Department no longer issues work permits pending licensure by examination.

First time candidates making application for examination will receive notification from Continental Testing Services, Inc., advising them of the receipt and approval of their application for licensure. At that time, you may practice in accordance with Section 90/2(2) of the Illinois Physical Therapy Act of 1987, which stipulates that the Act does not prohibit the practice of physical therapy by one who has applied in writing to the Department in form and substance satisfactory to the Department for a license as a physical therapist/physical therapist assistant, and has complied with all the provisions under Section 90/8 and 90/8.1, except taking the examination. Anyone failing to pass said examination shall not be permitted to practice physical therapy until such time as an examination has been successfully passed by such person and has received the license to practice. You are required to take the examination within 60 days upon notification from the Federation of State Boards of Physical Therapy (FSBPT) of the Authority to Test (ATT). **NO APPLICANT FOR LICENSURE PRACTICING UNDER PROVISIONS OF THIS PARAGRAPH SHALL PRACTICE PHYSICAL THERAPY EXCEPT UNDER DIRECT/ONSITE SUPERVISION.**

### Educated Inside the U.S. or One of its Territories

If you received your education in the United States or one of its territories, you must submit the following documentation (read the General Instructions and the General Examination Instructions on page 2 **now**, if you have not already done so):

- a. Application for Licensure and/or Examination (four-page);
- b. **CT** Form (Certification of Licensing Agency/Board) - If you have ever held a license as a physical therapist/physical therapy assistant or related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. **Use exam CT form.** You must direct the licensing agency/board to return the completed form directly to you.
- c. **ED-PT** Form (Certificate of Education)--**Use exam ED-PT form.** Form must be signed by the Dean or Director of your physical therapy education program with school seal affixed;
- d. Fee--See **REFERENCE SHEET - A.**

## EXAMINATION (cont'd)

### Educated Outside the U.S. or one of its Territories

**~NOTE~**

Send your application to:

Department of Financial and  
Professional Regulation  
ATTN: Division of Professional  
Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

**~NOTE~**

Passage of TOEFL and  
TSE are required UNLESS  
your physical therapy  
education was taught in  
English--submit letter from  
your school official  
indicating such.

In order to be considered for licensure, applicants who received their education outside the United States or one of its territories must submit the following (read the General Instructions and the General Examination Instructions on page 2 **now**, if you have not yet done so):

- a. Application for Licensure and/or Examination (four-page);
- b. **CT Form** (Certification of Licensing Agency/Board)--If you have ever held a license as a physical therapist/physical therapy assistant or related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return completed form directly to you;
- c. Submit the following proof of education:
  1. Transcripts--official copy with school seal and **course descriptions**;
  2. Evaluation of your education by the Foreign Credentialing Commission on Physical Therapy (FCCPT), 511 Wythe Street, Alexandria, VA 22314;
  3. Proof of passing TOEFL and TSE (see note);
  4. **ED-PT** form must be completed and signed by the school official of your PT/PTA program, with the school seal affixed;
- d. Fee - **\$100 licensure fee only**--send with your application and supporting documents to the Illinois Department of Financial and Professional Regulation.

## ACCEPTANCE OF EXAMINATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

### **General Acceptance of Examination**

1. Read the "General Instructions" before proceeding. All documents and forms required for licensure by Acceptance of Examination must be submitted to:  
  
Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791
2. **Fee payment** must be in the form of a check or money order made payable to Department of Financial and Professional Regulation (see **REFERENCE SHEET - A, Chart I**).
3. Examination scores must be reported directly to the Illinois Department of Financial and Professional Regulation by the Federation of State Board of Physical Therapy: FSBPT, 509 Wythe Street, Alexandria, VA 22314, telephone number 1-703/299-3100, or <https://www.fsbpt.net/pt>.

**NOTE:** You may not work as a physical therapist or physical therapist assistant in the State of Illinois until your application and all supporting documents are received by the Department of Financial and Professional Regulation AND you have received official notification from the Department that you may begin working. Any practice of physical therapy in the State of Illinois prior to receipt of such official notification is subject to disciplinary action.

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### **Educated Inside U.S. or one of its Territories**

In order to be considered for licensure, applicants who were educated in the United States or one of its territories must submit the following: (read the General Instructions on Page 2 and the General Acceptance of Exam Instructions on page 5 **now**, if you have not yet done so):

- a. Application for Licensure and/or Examination (four-page);
- b. **CT Form** (Certification of Licensing Agency/Board) - If you have ever held a license as a physical therapist/physical therapy assistant or related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed form directly to you;
- c. **ED-PT Form** (Certificate of Education);
- d. Fee--See **REFERENCE SHEET - A**.

## ACCEPTANCE OF EXAMINATION (cont'd)

### Educated Outside U.S. or one of its Territories

**~NOTE~**

Passage of TOEFL and TSE are required **UNLESS** your physical therapy education was taught in English -- submit letter from your school official indicating such.

In order to be considered for licensure, applicants who were educated outside the United States or one of its territories must submit the following: (read the General Instructions on Page 2 and the General Acceptance of Exam Instructions on page 5 **now**, if you have not yet done so):

- a. Application for Licensure and/or Examination (four-page);
- b. **CT** Form (Certification of Licensing Agency/Board)--If you have ever held a license as a physical therapist/physical therapy assistant or related license, Supporting Document **CT** must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You are authorized to photocopy the form if necessary. You must direct the licensing agency/board to return the completed form directly to you;
- c. Submit the following proof of education:
  1. Evaluation of your education by the Foreign Credentialing Commission on Physical Therapy (FCCPT), 511 Wythe Street, Alexandria, VA 22314.
  2. **ED-PT** form must be completed and signed by the school official of your PT/PTA program, with the school seal affixed.
  3. Proof of passing the TOEFL and TSE examinations (see note).
  4. Transcripts with School Seal and **course descriptions**.
- d. Fee--See **REFERENCE SHEET - A**.

## OUT-OF-STATE GRADUATE WORK AUTHORIZATION

### General Instructions

If you are scheduled to take or have taken the exam in another state, you may request authorization to work pending the results of the examination provided said exam is your **first** attempt. To file, follow the appropriate instructions for Acceptance of Examination. In addition, submit the **CT** form which must be completed by the state board of the state in which you have taken or are scheduled to take the examination.

You may not begin practice as a physical therapist/physical therapist assistant until you have received notice from this Department. You may practice only under the direct supervision of a licensed physical therapist.

In no instance shall you practice or be employed in any supervisory capacity.

If you fail to pass the exam, you may no longer practice physical therapy until you have obtained a license to do so.

## ENDORSEMENT

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

### General Endorsement Instructions

**~NOTE~**

Licensure requirements in the State of original licensure must have been substantially equivalent to the requirements in Illinois at the time of licensure.

1. Read the "General Instructions" before proceeding. All documents and forms required for licensure by Endorsement must be submitted to:  
  
Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, IL 62791
2. **Fee payment** must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation (see REFERENCE SHEET - A, Chart I).
3. Examination scores must be reported directly to the Illinois Department of Financial and Professional Regulation by the Federation of State Boards of Physical Therapy: FSBPT, 509 Wythe Street, Alexandria, VA 22314, telephone number 1-703/299-3100, or <https://www.fsbpt.net/pt>.

NOTE: You may not work as a physical therapist or physical therapist assistant in the State of Illinois until your application and all supporting documents are received by the Department of Financial and Professional Regulation AND you have received official notification from the Department that you may begin working. Any practice of physical therapy in the State of Illinois prior to receipt of such official notification is subject to disciplinary action.

### Educated Inside U.S. or one of its Territories

In order to be considered for licensure, applicants who were educated in the United States or one of its territories must submit the following (read the General Instructions on Page 2 and the General Endorsement Instructions on page 7 **now**, if you have not yet done so):

- a. Application for Licensure and/or Examination (four-page);
- b. **CT** Form (Certification of Licensing Agency/Board) - This form must be completed by the original state of licensure and the current state of physical therapy/physical therapy assistant practice. **Current** registration in another state is required by the Illinois Physical Therapy Act. You must direct the licensing agency/board to return the completed form directly to you;
- c. **ED-PT** Form (Certificate of Education);
- d. Fee--See **REFERENCE SHEET - A**.

## ENDORSEMENT (cont'd)

### Educated Outside U.S. or one of its Territories

**~NOTE~**

Passage of TOEFL and TSE are required UNLESS your physical therapy education was taught in English -- submit letter from school official indicating such.

**~NOTE~**

The Department may waive the English proficiency examination for foreign-educated applicants who are currently licensed and have been actively practicing in another jurisdiction for 3 years prior to the date of application for licensure in Illinois.

In order to be considered for licensure, applicants who were educated outside the United States or one of its territories must submit the following (read the General Instructions on Page 2 and the General Endorsement Instructions on page 7 **now**, if you have not yet done so):

- a. Application for Licensure and/or Examination (four-page);
- b. **CT Form** (Certification of Licensing Agency/Board) - This form must be completed by the original state of licensure and the current state of physical therapy/physical therapy assistant practice. **Current** registration in another state is required by the Illinois Physical Therapy Act. You must direct the licensing agency/board to return the completed form directly to you;
- c. Submit the following proof of education:
  1. Evaluation of your education by the Foreign Credentialing Commission on Physical Therapy (FCCPT), 511 Wythe Street, Alexandria, VA 22314.
  2. **ED-PT** form must be completed and signed by the school official of your PT/PTA program, with the school seal affixed.
  3. Proof of passing the TOEFL and TSE examinations (see note).
  4. Transcripts with School Seal and **course descriptions**.
- d. Fee--See **REFERENCE SHEET - A**

## RESTORATION

***In order for your application to be processed,  
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED  
with the application and required fee unless otherwise directed in the instructions.***

### General Restoration Instructions

#### **~IMPORTANT NOTICE~**

These Restoration Instructions apply only to those physical therapists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

**If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.**

#### **~NOTE~**

The ED form may be used to verify proof of attendance at college level courses.

#### **~NOTE~**

Copies of certificates of attendance may be used to verify completion of Physical Therapy CE.

Do the following if you wish to apply for restoration of your license because it has expired or been placed on inactive status for more than five years. Read the General Instructions on Page 2 before proceeding. All documents and forms required for licensure by restoration must be submitted to the following address:

Illinois Department of Financial and Professional Regulation  
ATTN: Division of Professional Regulation  
P.O. Box 7007  
Springfield, Illinois 62791

**Fee payment** must be in the form of a check or money order made payable to the Department of Financial and Professional Regulation (see the Official Use Only Box on supporting document **RS** (Restoration), for the fee amount you must submit). Submit the following documents and/or forms:

- a. Application for Licensure and/or Examination (four-page);
- b. **RS** Form (Restoration). If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458;
- c. **CT** Form (Proof of licensure in another state)--If you have been practicing as a licensed physical therapist in another state or jurisdiction, this form must be completed by the state of current licensure. Direct the licensing agency/board to return the completed form directly to you;
- d. **VE** Form (Verification of Employment/Experience) (If this form was not included in the application packet, you may obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458) - This form must be completed by the Personnel Representative for Physical Therapy Services of your place of employment to show active practice; **OR**
- e. **DD214**--Restoring after active military service, submit a copy of this form. This form must be submitted within 2 years of termination. The termination must be other than by "dishonorable discharge" in order to qualify for waiver of the lapsed renewal fees and the restoration fee; **OR**
- f. Submit evidence of recent attendance at educational programs in physical therapy, including attendance at college level courses, professionally oriented continuing education classes, special seminars, or any other similar program, or evidence of recent related work experience to show that the applicant has maintained competence in his/her field. The Department will accept:
  - A) For an applicant whose license has lapsed 5 to 10 years, 160 contact hours of clinical training under the supervision of a licensed physical therapist or 20 hours of continuing education relating to the clinical aspects of physical therapy or any combination thereof approved by the Committee.

## RESTORATION (cont'd)

- B) For an applicant whose license has lapsed for 10 years or more, 320 contact hours of clinical training under the supervision of a licensed physical therapist or 40 hours of continuing education relating to the clinical aspects of physical therapy or any combination thereof approved by the Committee; *or*
- g. Pass the examination set forth in Section 1340.40.

## FORMS COMPLETION GUIDE

This guide will help you complete the forms needed to apply for licensure. For specific information regarding the forms which you will be required to submit, refer to the filing instructions relative to the method of licensure under which you are applying.

### **Application for Licensure and/or Examination**

Provide all applicable information requested on all four pages of the application. The following will assist you in this endeavor:

1. Part I--Use the Reference Sheet - A (Chart I) to record the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee.
2. Part II--Enter all applicable information requested. On number 3, Social Security Number is mandatory.
3. Part III, number 6--Itemize all university/college coursework, including physical therapy education since graduation from high school. Please indicate beginning and ending dates by year.
4. Part IV--Record of Licensure Information. Individuals licensed in a U.S. jurisdiction or a foreign country or province must state whether or not they have ever held licensure (either permanent or temporary) to practice as a physical therapist/physical therapist assistant.
5. Part V--You must indicate dates and results for any and all physical therapy examinations taken.
6. Part VI--This part must be completed by all applicants.
7. Part VII--Graduates of a Physical Therapy/Physical Therapy Assistant Education Programs, must indicate school code in item "c." (See Physical Therapist/Physical Therapist Assistant School Code Listing.)
8. Part VIII--This part must be completed by all applicants.
9. Part IX --Read the certifying statement and then sign and date your application.

## FORMS COMPLETION GUIDE

**CT**  
**Certification of Licensure**

This document must be completed by the original state of licensure and the current state of physical therapy/physical therapy assistant practice. Complete applicant section of form and forward to the original and current state of licensure. Completion of **CT** form is not necessary if license is held in Illinois. Direct the licensing agency/board to submit the completed form directly to you.

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**ED-PT**  
**Certification of Education**

If you are applying for licensure under examination, acceptance of examination or endorsement, you must submit this form. Complete the applicant section of this form, then send the form to the educational institution at which you completed your physical therapy education program. The form must be signed by the dean or director of your physical therapy education program with school seal affixed. Direct the program to submit the completed form directly to you.

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**VE**  
**Verification of**  
**Employment/Experience**  
**(Restoration only)**

Fill in the top portion of this form. Then submit it to your employer to be completed by the Personnel Representative for Physical Therapy Services. Instruct that person to fill out the remainder of the form and return it to you for enclosure with the rest of your application. The purpose of this form is to provide proof of your active engagement in physical therapy in another jurisdiction.

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**RS**  
**Restoration**

This is one of the forms you must complete to restore your Illinois Physical Therapist/Physical Therapist Assistant license. The applicant is to complete the entire form and submit it with the other documentation as requested on page 9.

## LICENSURE METHODS AND DEFINITIONS

*Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.*

<u>Licensure Methods</u>	<u>Definition</u>
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

# IMPORTANT NOTICE

## Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

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"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

## REFERENCE SHEET - A

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees and examination dates if prevailing circumstances necessitate such action.

### CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

Profession Name	Profession and Test Code	Licensure Method	Application Fee	Application Fee after July 1, 2010
Physical Therapist	070	Examination (CTS)	\$ 92.50	\$ 95.50
		Examination (FSBPT)	\$350.00	\$350.00
Physical Therapist	070	Acceptance of Examination	\$100.00	\$100.00
Physical Therapist	070	Endorsement of License	\$100.00	\$100.00
Physical Therapist	070	Restoration	See Supporting Document <b>RS</b>	
Physical Therapist Assistant	160	Examination (CTS)	\$ 92.50*	\$ 95.50
		Examination (FSBPT)	\$350.00*	\$350.00
Physical Therapist Assistant	160	Acceptance of Examination	\$100.00	\$100.00
Physical Therapist Assistant	160	Endorsement of License	\$100.00	\$100.00

\*NOTE: After successful completion of examination, you will be notified of the \$100 licensure fee.

### CHART II - EXAMINATION CODES AND FEES

Since the application for examination is a dual process, you must:

- Complete the Department's licensure/examination application by applying online at [www.continentaltesting.net](http://www.continentaltesting.net) and pay the required administration fee; and
- Register for the examination online with the Federation of State Boards of Physical Therapy (FSBPT) at [www.fsbpt.org](http://www.fsbpt.org) and pay the required examination fee by credit or debit card.

Once you have completed both processes and are determined eligible you will receive:

- An approval letter from CTS; and
- An Authorization to Test (ATT) that will contain the necessary information to schedule yourself for this examination requiring an additional fee of \$65 for the physical therapist exam or \$50 for the physical therapist assistant exam. This ATT eligibility lasts for 60 days only. You must take the examination within those 60 days or reapply with new fee.

### CHART III - EXAMINATION DATES - Information will be available once you are approved for the exam.

#### REQUEST FOR ASSISTANCE

If assistance is needed, direct your request (based upon your licensure method) to:

<p style="text-align: center;">Licensure Methods <b>Except</b> Examination 217-782-8556</p> <p style="text-align: center;">Telecommunication Device for the Deaf (TDD) 217-524-6735</p> <p>Please allow 6 weeks from mailing your application before making an inquiry concerning its status.</p>	<p style="text-align: center;">Examination Licensure Method <b>Only</b> 708-354-9911</p>
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# Illinois Department of Financial and Professional Regulation

## Division of Professional Regulation

### Application Checklist for Physical Therapist

*In order for your application to be processed,  
**ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED**  
 with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

<b>FOUR-PAGE APPLICATION REVIEW</b>	<b>COMPLETED</b>
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
<b>SUPPORTING DOCUMENTS</b>	<b>SUBMITTED</b>
<b>ED Form</b>	
<b>CT Form</b> from <i>original</i> state of licensure and <i>current</i> state of licensure (if applicable)	
<b>FSBPT Examination Scores</b>	
<b>Credentials Evaluation from FCCPT</b>	
<b>Official Transcripts</b> (if applicable)	
<b>Course Descriptions</b> (if applicable)	
<b>TOEFL Score</b> (if applicable)	
<b>TSE Score</b> (if applicable)	
<b>RS Form</b> (if applicable) ( <b>NOTE:</b> if restoring)	
Proof of Approved Continuing Education hours (if applicable)-- (40 hours for PT; 20 hours for PTA)	
Copy of <b>DD214</b> if restoring from active military service	

**All supporting documents *may not be required*. Please refer to application instructions for your specific method of licensure.**



NAME (Last, First, MI):

SS#:

Profession:

**PART III: Education Information**

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12      Graduated High School?     Yes     No      Received OR G.E.D.?     Yes     No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____/____/____ Month / Year
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5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8      Graduated?     Yes     No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM	TO	
		Month/Year	Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM	TO	
		Month/Year	Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

SS#:

Profession:

**PART IV: Record of Licensure Information**

*If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.*

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

*(If additional space is needed, attach a separate sheet.)*

**PART V: Record of Examination**

*If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.*

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

*(If additional space is needed, attach a separate sheet.)*

PART VI: Personal History Information <i>(This part must be completed by all applicants)</i>	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>		
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>		

**PART VII: Examination Coding Information *(This part is for examination applicants only)***

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

a) CHART II - Select examination(s) you desire and enter Test Codes.

b) CHART III - Select the examination site you desire and enter Test Center Code:

c) CHART IV - Find your School of Graduation and enter school code:

d) Record the number of times you have taken this exam in Illinois or any other state:

**PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)**

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes  No   
*(NOTE: If you are not subject to a child support order, answer "no.")*

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes  No

**PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

\_\_\_\_\_

Signature of Applicant Date

**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.



**PART III - CERTIFICATION OF EXAMINATION SCORES**

A1. National or other Profession Specific Examination  
*(Record all available information)*

Date of Examination \_\_\_\_\_

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

**PART IV - FORMAL ACTIONS**

- A. Is there now or has there ever been any formal action commenced against the applicant?  Yes  No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)**  Yes  No

**PART V - RECIPROCAL REGISTRATION**

This state  does  does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

<b>S E A L</b>	_____	_____
	Print Name	Signature
	_____	_____
	Title	Date
	_____	_____
	Agency/Board Street Address	Area Code (     )
	City, State, ZIP Code	Telephone Number

**Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.**

**Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.**

NAME (Last, First, MI):

SS#:

Profession:





**IMPORTANT NOTICE:** Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

## VERIFICATION OF EMPLOYMENT / EXPERIENCE

SUPPORTING DOCUMENT

# VE

**APPLICANT:** *Complete the application section of this form, then forward it to your employer. Upon receipt of the completed form from the employer, include it with your Application for Licensure/Examination. You are authorized to photocopy this form as necessary.*

1. NAME      LAST                      FIRST                      MIDDLE	2. DATE OF BIRTH ____ / ____ / ____ Month      Day              Year	3. SOCIAL SECURITY NUMBER ____ - ____ - ____
4. ADDRESS    STREET, CITY, STATE, ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application.  <div style="display: flex; justify-content: space-between;"> <span>_____ Profession Name</span> <span>____ Profession Code</span> </div>	
6. MAIDEN OR GIVEN SURNAME	7. JOB TITLE OR POSITION APPLICANT HELD	
8. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year      Month Day Year	9. SUPERVISOR NAME	

**EMPLOYER:** *Complete the remainder of this form. Return the completed form to the applicant in a sealed envelope.*

**PART I - EMPLOYMENT INFORMATION**

A. EMPLOYER NAME		B. BUSINESS / INSTITUTION NAME	
C. EMPLOYER REGISTRATION/ LICENSE NUMBER	D. STATE OF EMPLOYER REGISTRATION/LICENSE	E. BUSINESS ADDRESS    STREET    CITY    STATE    ZIP CODE	
F. BUSINESS REGISTRATION/ LICENSE NUMBER (If Applicable)	G. STATE OF BUSINESS REGISTRATION/LICENSE	H. BUSINESS TELEPHONE NUMBER Area Code (____) _____ - _____	

**PART II - APPLICANT EMPLOYMENT INFORMATION**

A. NUMBER OF HOURS WORKED PER WEEK	B. TYPE OF EMPLOYMENT [ ] Full-time [ ] Part-time	C. DATES OF EMPLOYMENT From ____ / ____ / ____ To ____ / ____ / ____ Month Day Year      Month Day Year
D. RECORD APPLICANT'S POSITION TITLE(S)		
E. GIVE BRIEF DESCRIPTION OF DUTIES PERFORMED BY THE APPLICANT.		

I do hereby declare that this information is true and correct.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title