

Wisconsin Department of Safety and Professional Services

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Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

PHYSICAL THERAPY EXAMINING BOARD

PT/PTA COMPACT CANDIDATE REQUEST TO TAKE JURISPRUDENCE EXAM

FOR PHYSICAL THERAPIST OR PHYSICAL THERAPIST COMPACT CANDIDATES ONLY

The Department must deny your application if you are liable for delinquent WI state taxes, UI contributions, or child support (Wis. Stat. §§ [440.12](#) and [440.13](#)).

APPLICANT: This form is **ONLY** for candidates submitting an application to the **PT Compact**. Applicants for a Wisconsin single-state license via **LicensE** cannot use this form. (An online, open-book exam on [WI Statutes and Administrative Code](#) is required for WI COMPACT privileges. Exam access will be emailed once your request is received and payment has been processed. **The cost of the exam is \$75 per attempt.** Official exam results will be emailed to you approximately 10 business days after completion. Complete form to request exam access as a compact privilege candidate. Submit to the Department via fax (608) 251-3036 **or** e-mail with "PT/PTA COMPACT" in the subject line to DSPSCredPhysicalTherapy@wisconsin.gov. **Applying for** (check one): **Physical Therapist** **PT Assistant**

Except as provided by Wis. Stat. § [448.985\(3\)](#), your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § [440.14](#)).

LAST NAME	FIRST NAME	MI	FORMER / MAIDEN NAME(S)

ADDRESS (number/street)	(city)	(state)	(zip code)

COMPACT APPLICATION NUMBER (if available)	E-MAIL ADDRESS

DATE OF BIRTH (mm/dd/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAYTIME PHONE NUMBER	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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SOCIAL SECURITY NUMBER	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Your Social Security Number must be submitted on this form. The Department may not disclose the Social Security Number collected except as authorized by law.
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PAYMENT INFORMATION - EXAM FEE \$75.00 (per attempt)

NAME OF CARD HOLDER	<input type="checkbox"/> Same as above.
E-MAIL ADDRESS	<input type="checkbox"/> Same as above.
DAYTIME PHONE	<input type="checkbox"/> Same as above.

TOTAL AMOUNT TO CHARGE	\$ _____	Note: For all credit and debit card transactions, a 2% convenience fee will be assessed and will appear as a separate charge on your statement. This fee is non-refundable.
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CARDHOLDER'S ADDRESS <input type="checkbox"/> Same as above (number/street)	(city)	(state)	(zip code)

CREDIT CARD NUMBER:	EXPIRATION DATE:
<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	SECURITY CODE: <input type="text"/> <input type="text"/> <input type="text"/>	For Receiving Purposes
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I understand by signing below, I authorize the State of Wisconsin Department of Safety and Professional Services to charge my credit card for the above amount and a 2% convenience fee assessed at the time of processing.

CARDHOLDER'S SIGNATURE (If unable to provide a digital signature, print and sign form.)	DATE (mm/dd/yyyy)
	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>